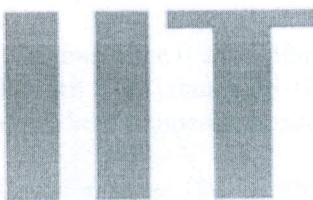


भारतीय
प्रौद्योगिकी
संस्थान
काशी हिन्दू विश्वविद्यालय



INDIAN
INSTITUTE OF
TECHNOLOGY
BANARAS HINDU UNIVERSITY

SCHOOL OF BIOMEDICAL ENGINEERING

QUOTATION ENQUIRY

Ref: IIT (BHU) / BME/15-16/QTN/6290

Due Date: 29.01.16
(Last date of quotation receiving)

Date: 11.01.16
(Date of tender enquiry)

Dear Sir,

Please submit your lowest rate for supplying the under mentioned items. Quotation in duplicate must reach us before the date marked above and should contain the following information:

1. Full specification and make of the item offered and its rate F.O.R. Varanasi/ Delivery duty paid upto
2. Sales tax at concessional rate as applicable to educational institution.
3. Your VAT / CST registration number, PAN & TIN numbers.
4. Conditions of supply and terms of payment.
5. If you are a manufacture of the item or if you have proprietary right over it, please mention it in the quotation and provide a certificate.
6. Please mention your agency commission in Indian Rs., if applicable (in case of imported items).
7. Please give undertaking as per annexure-I-B
8. Quotations should clearly state net final price inclusive of all taxes, freight etc.
9. All items should bear at least 1 year's warranty after installation
10. Price for individual items should be quoted along with essential accessories
11. Price of optional accessories should be clearly mentioned separately.

Quotation must be sent in a **sealed envelope** with word "QUOTATION", our reference number, and due date as given above, clearly marked over it.

SL. NO	Name of Items	Discription / Technical Specification	Quantity
1	Medium Pressure Chromatography System (GE Life Science/BioRad or equivalent)	Fast Protein Chromatography system with suitable fraction collector, stationed in an appropriate refrigerated unit and along with suitable workstation having preinstalled software to run the system. Minimum flow rate range should be 0.01 to 10ml/min Pressure range atleast 0-5MPa and above Standard UV detection at 254nm and 280nm Piston style gradient pump Unique high pressure valves for sample injection and buffer selection. Compatible with columns from other manufacturers Optional valves for multiple buffer selection, column sorting, tandem chromatography.	1

The utility software should have single window control of all parameters
Minimum Two inlet valves for buffer, one sample inlet and other additional inlets
Minimum Fraction volume range 0.1 to 250ml
Suitable refrigerated unit with stands to fit the machine and the fraction collector and where temperature and humidity both can be controlled.
Minimum Sample injection range 10ul to 50ml
Suitable workstation with pre-loaded software for controlling the FPLC system.

Essential Columns

Superdex 200 Increase 10/300 GL (Qty 1)
HiTrap HP 1 X 1ml (Qty 10)
HiTrap ProteinA HP 5 X 1ml (Qty 2)
HiTrap NHS-ACTIV HP 5 X 1ml (Qty 1)
Column PD10 (Qty 1box)

Additional Columns

Superose 6 Increase 10/300 GL (Qty 1)
Hi Load 16/600 Superdex 200 pg (Qty 1)

N.B. : Other terms & conditions pertaining to item mentioned above, shall be mentioned below:

The Sealed quotations will be opened on 02.02.16...at ..12 noon.... in the office of Coordinator, School of Biomedical Engineering.... (This is mandatory in case of e-publishing).

Ramendra Kumar Singh

Arlo

HOD/COS/PI

समन्वयक
CO-ORDINATOR
जैव चिकित्सा अभियांत्रिकी स्कूल
SCHOOL OF BIOMEDICAL ENGG.
भारतीय प्रौद्योगिकी संस्थान
INDIAN INSTITUTE OF TECHNOLOGY
बनारसी हिन्दू विश्वविद्यालय
BANARAS HINDU UNIVERSITY
वाराणसी-221005
VARANASI-221005

INDIAN INSTITUTE OF TECHNOLOGY (BHU) VARANASI

TO BE RETURNED

Following proforma should be filled in and duly signed by the firm and sent along with the quotation. (Please refer to the detailed instructions/notes before filling this proforma).

1. Validity of the offer :
2. Approximate Delivery Period :
3. (a) Whether rates have been quoted F.O.R. site and covers packing forwarding and insurance charges.: YES / NO
- (b) If not, please mention the same :
4. (a) Whether the prices are inclusive of Sales Tax and : other taxes. YES / NO
- (b) If not, kindly specify the amount / rate :
5. If the Sales Tax is charged extra, declaration for charging Sales Tax correctly attached. : YES / NO
6. (a) Whether supply will be made directly or through any Local/Regional/Authorized Dealer / Stockist: Directly/Stockist/Authorized Dealer
- (b) If through a Stockist / Dealer: -
 - (i) Name and full address of the Party :
 - (ii) Whether the order to be placed with the : Principal / Stockist / Dealer
 - (iii) Who will raise the bill : Principal / Stockist / Dealer
 - (iv) Cheques will be drawn in favour of : Principal / Stockist / Dealer
 - (v) Whether any Delivery, Packing and Forwarding YES / NO

Charges will be payable to local Stockiest/Dealer: (Please specify the amount/percentage etc, if any)

7. Our terms of payment (Please indicate your preference by a (✓) mark). Please note that no other payment terms are likely to be accepted.

(a) For Local Firms or if the bills are raised by the Local Dealers.

- (i) 100% Payment on bill basis :

OR

- (ii) 100% payment against Proforma Invoice after receipt of materials in good condition, installation and satisfactory report.
(Only under exceptional cases)

(b) If the bills are raised by outstation Firms

(i) 100% Payment on bill basis :
OR

(ii) 100% payment against Proforma Invoice after receipt of materials in good condition, installation

and satisfactory report :
OR

(iii) D.G.S. & D. Terms of Payment for D.G.S. & D Rate Contract items :
OR

(iv) 75% against Proforma Invoice (at site) or documents through Bank and 25% after receipt of materials in good condition, installation and satisfactory report. :

OR

(v) 90% payment against Proforma Invoice (at site) or documents through bank and 10% after receipt of materials in good condition, installation and satisfactory report (Only under special Circumstances). :

8. Whether any Excise Duty is payable on the items. : YES / NO
If yes, indicate the amount / percentage. :%
9. Whether any installation charges are payable extra. : YES / NO
If yes, amount to be specified. :
10. Whether any discount for educational institution :
offered on the printed price list of the manufacturer. : YES / NO
Please mention the amount / percentage. :
11. Whether the product is on DGS &D/D.I. Rate contract.
If yes, please enclose a photocopy of the same. : YES / NO
12. Whether the product bears I.S.I. Mark. YES / NO
If yes, please mention the I.S.I. License no. :
13. (a) Whether the firm is Sales Tax payer. : YES / NO
If yes, please mention the Sales Tax Numbers. :
- (b) Whether the Local Dealer(s) is / are Sales Tax payer(s) : YES / NO
If yes, please mention the Sales Tax numbers of each :
14. Whether printed / authenticated price list of the Firm's Products and Catalogue etc. enclosed. : YES / NO

Signature of the Authorised Official with Seal

TO BE RETURNED WITH QUOTATION

UNDERTAKING

WE HEREBY UNDERTAKE THE FOLLOWING:

1. We will not sell the product (s) to other institutions, bodies and also in the market on the rates less than those quoted by us to the Institute.
2. The goods on which Sales Tax has been charged are not exempted for payment of Sales Tax under C.S.T. Act or U.P.S.T. Act or the rules made there under and the amount mentioned on account of Sales Tax on goods is not more than what is payable under the provisions of the relevant Act or Rules made there under.
3. The rate of Excise Duty mentioned in the quotation is in accordance with the provisions of the rules and the same is payable to the Excise Authorities in respect of the stores.
4. The goods / Stores / articles offered shall be of the best quality and workmanship and their supply will be strictly in accordance with the technical specifications and particulars as detailed in the quotation.
5. The information furnished by us in the quotation is true and correct to the best of our knowledge and belief.
6. We have read and understood the rules, regulations, terms and conditions and agree to abide by them.

Authorised Signatory
(Seal)