



**INDIAN INSTITUTE OF TECHNOLOGY (BHU)**  
**OFFICE OF THE COUNCIL OF WARDENS**  
**VARANASI -221005**

ANNEXURE-I-A

Ref. No.COW/HTL/16-17/ 232

Dated: 02.05.2016

**Enquirey**

Last Date: 30.5.2016

To,

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. IIT(BHU) hostels.
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 give undertaking as per annexure I-B

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

SL.No.	Name of Items	Quantity	Specification
1	Refrigerator	25	Double door refrigerator having capacity at least 320 litter. Make: LG/Samsung/Whirlpool etc (Double Door) Rating: 4 * or better Authorized supplier/Dealer Warranty : at least five years

Yours faithfully

Chairman

Council of Wardens  
Hostels, IIT (BHU)

ANNEXURE-I-B

**INDIAN INSTITUTE OF TECHNOLOGY (BHU) VARANASI**

**TO BE RETURNED**

Following proforma should be filled in and duly signed by the firm and sent alongwith 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 / NOCharges will be payable to local Stockist/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