



भारतीय
प्रौद्योगिकी
संस्थान
काशी हिन्दू विश्वविद्यालय



ANNEXURE-1-A

INDIAN
INSTITUTE OF
TECHNOLOGY
BANARAS HINDU UNIVERSITY

SCHOOL OF MATERIALS SCIENCE AND TECHNOLOGY

QUOTATION ENQUIRY

Ref: IIT(BHU)/SMST/BNP/SERB/2016-17/PD/1

Date:,19/11/2016
(Date of tender enquiry)

Due Date: 10/12/2016, 5:00 PM
(Last date and time of quotation receiving)

Dear Sir,

Please submit your lowest rate for supplying the under mentioned items **(in hard copy in sealed envelope)**. It must be ensured, before submission of the quotations that each **and every submitted paper has been signed and the seal of the firm affixed**. 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/CIF New Delhi.
2. Sales tax at concessional rate as applicable to educational institution.
3. Your VAT / CST registration number , PAN & TAN 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 an undertaking as per annexure -I-B.
8. Further, if you want to quote any additional features, you are suggested to use a separate sheet.

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. | ITEM | Approx. Qty. |
|---------|------|--------------|
|---------|------|--------------|

1. TECHNICAL SPECIFICATION FOR OPTICAL POWER AND ENERGY METER01 No.

| | |
|----------------------------|---------------------------------------|
| Compatible sensor: | Photodiode, Thermopile, Pyroelectric |
| Optical power range: | 100pW to 200 W or better |
| Optical energy range: | 3µm to 15 J or better |
| Sensor wavelength range: | 185 nm to 25 µm |
| Bandwidth: | DC to 100 kHz or better |
| Photodiode sensor range: | 5nA to 50 mA or better |
| Thermopile sensor range: | 1mV to 1V or better |
| Pyroelectric sensor range: | 100 mV to 100V or better |
| Interface: | USB 2.0 |
| Display: | LCD display |
| Software: | Associate software should be included |

2. SPACIFICATION FOR PHOTODIODE

| | |
|--------------------|------------------------|
| Wavelength range: | 200-1100 nm or wider |
| Power range: | 5 nW to 50 mW or wider |
| Detector type: | Si photodiode |
| Resolution: | 1nW or better |
| Linierity: | ±0.5% or better |
| Aperture diameter: | 0.9 cm or bigger |

02 All optional Items (Quote prices separately)

-
- **Payment condition: On bill basis on installation of instrument**
 - **Quote should include F. O. R to the IIT(BHU) price.**
 - **Validity of the Quotation: Minimum 90 Days**
 - **Supply Period of the quoted Instrument: Minimum 80 Days**

**Dr. BholaNath Pal
Project Investigator
School of Materials Science and Technology
Indian Institute of Technology (BHU) 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 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 Charges will be payable to local Stockist/Dealer : YES / NO
(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

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)