

**MINING ENGINEERING DEPARTMENT
INDIAN INSTITUTE OF TECHNOLOGY (BHU) VARANASI**

ENQUIRY

Ref: Min/BKS/16-17/22

Date: 12/08/2016

Due Date: 27th August 2016

To

Dear Sir,

Please submit your lowest quotation 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/CIF New Delhi.
2. Sales tax at concessional rate as applicable to educational institution.
3. Your sales tax registration number and TAN number.
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

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

Sr. No.	Name of Instruments	Quantity
1	Convergence indicator telescopic (upto 5.0 m)	2
2	Two point tell tale (5.0 m)	80
3	Rotary convergence indicator (single point) (single point upto 5.0 m)	40
5	Base support Load cell (VW) (40 T)	8
6	Roof bolt load cell (VW) (25 T)	5
7	Stress cell (VW) (40 MPa)	7
8	Intrinsically safe Read out unit (VW) for above instruments	2



**Principle Investigator
(Prof. B K Shrivastva)**

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 Dealer : 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 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. : YES / NO
If yes, please enclose a photocopy of the same. :
- 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)***

PROPRIETARY CERTIFICATE FORM

I hereby certify to the best of my knowledge and belief that the stores indented for
are _____ of _____ proprietary _____ dealers _____ being _____ M/s

And the requirement of the department/School/Centre will not be met by any
substitute stores due to the following reasons:

1. _____
2. _____

This is against purchase indent No. _____ Dated _____

Purchaser
Signature

Head of the Department/School/Centre Signatures

With Office seal with office seal

Date: