



**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH
(NIPER)**
Sector 67, S.A.S. Nagar (Mohali)
Telephone No. 2214682-87, Fax No. 0172-2214692

No.NIPER/PUR/NIQ/2017-18/IND15331

Dated: 14.03.18

NOTICE INVITING QUOTATION

Quotations are invited for the items as detailed below:-

NIQ. No.	Description of Materials	Qty	Article Specification
15331	As per BOQ Attached bellow	5	As per BOQ Attached bellow

Note: While submitting quotations please take note of the instructions given below. Quotations are liable to be rejected if any of these conditions are not compiled without any correspondence.

- (i) Late/ Delayed tenders are liable to be rejected.**
- (ii) It is mandatory to provide Authorization Certificate from the manufacture, in case of Distributor/Vendor**

We are interested to purchase the items mentioned above, please send your quotation in double cover, the inner cover should be sealed and should indicate (I) Name of the material , (II) reference of this letter and (III) date of opening of Quotation. The outer cover should bear only address without any indication that there is a quotation within. Your quotation should reach Reception Counter in the Secretariat Building of NIPER on or before **04.04.18** upto 3:00 p.m. to be opened on **04.04.18** of NIPER.

Late/Delayed tenders are liable to be rejected.

For Indigineous **INSTRUCTIONS**

- We are interested in material either of good quality indigenous manufacture of foreign make, available from ready stock. Any offer to supply of Forward Delivery Basis under suppliers own quota licence will also be considered.
- Your rate should include packing and forwarding charges. The goods should be insured against theft, loss or breakage during transit and insurance charges should not exceed 3% of the cost of material supplied.
- The rates of Sales Tax should be clearly indicated wherever chargeable. Form 'C' & 'D' is not applicable to us.
- Specific mention should be made of whether the delivery will be ex-stock or will have to be imported and how much time will be required for delivery after placing the order
- The date of delivery should be strictly adhered to otherwise the supply order is liable to be cancelled.
- The Director NIPER is a Direct Demanding Officer of the Directorate General of suppliers and Disposals. In case any of the items mentioned overleaf is not the current rate contract list, please quote D.G.S. & D. rate and rate contract number.
- The quotation will be opened in the presence of the representatives, if any of the quoting firms at 3:30 P.M. on the same working day of the last date of receipt of the stores in good condition.
- Our Bankers are State Bank of Patiala, Phase 7, S.A.S. Nagar, Mohali. Payment will be made by crossed Accounts Payee Cheque only after receipt of the stores in good condition.
- The acceptance of the quotation will rest with the Director who does not bind himself to accept the lowest quotation and reserves the right to himself to reject or partially accept any or all the quotation received without assigning any reason.

IMPORTANT NOTES :-

- If you are on D.G.S. & D. rate contract, please quote D.G.S& D rate & rate contract number enclosing a copy thereof.
- For an offer of imported material ,please give full break up of your rates supported by S.T.C. formula or your Principal's Invoice/Quotation, as the case may be.
- Please indicate your Permanent Income Tax Number on your Proforma Invoice/Bill.

BOQ

Reference No. with Date _____

Name of Supplier _____

Address with Contact No _____

E-mail: ID _____

Indent No / Date**15331**

Sr. No	Detailed Specifications of the Items	Make	Qty.	Unit Cost (Each)	C.S.T (if applicable)	Total Value(INR)
1	Disposable Needle 18G "Dispovan"Make Box		20			
2	DISPOSABLE SYRINGE 1 ml WITH NEEDLE, MAKE-DISPOVAN,(BOX OF 100 pcs)BOX		100			
3	DISPOSABLE SYRINGE 2 ml WITH NEEDLE, MAKE-DISPOVAN,(BOX OF 100 pcs)BOX		75			
4	DISPOSABLE SYRINGE 20 ml WITH NEEDLE, MAKE-DISPOVAN,(BOX OF 25 pcs)BOX		20			
5	Insulin syringe 1ml with Needle "Dispovan"Make,		100			

- 1) Proper Letter pad should be used as forwarding letter mentioning Name, Address, Contact Numbers, sales tax no etc.
- 2) Please Provide a copy of your PAN Card and TIN Number /**GST** alongwith this quotation
- 3) Rate should be F.O.R NIPER Mohali

Signature & Seal of Vendor _____**Name** _____**Contact No-** _____