

## सी एस आई आर - प्रगत पदार्थ तथा प्रक्रम अनुसंधान संस्थान

CSIR - ADVANCED MATERIALS & PROCESSES RESEARCH INSTITUTE (वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद्)

COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH होशंगाबाद रोड, हबीबगंज नाका के पास, भोपाल- 462026

HOSHANGABAD ROAD, NEAR HABIBGANJ NAKA, BHOPAL - 462026



दिनांक / **Date**: 14.11.2025

(दुरभाष क्र./Phone No.: 0755-2488809, 0755-2488355, Email: spo.ampri@csir.res.in, Website: www.ampri.res.in)

सन्दर्भ क्र. / Ref. No.: Pur/MC/80(2025-26)

प्रति /ा०.

M/s Bruker India Scientific Pvt. LTd. Unit No 609, 6<sup>th</sup> floor, west wing, Satellite Gazebo, Gur Hargovindji Marg Andeheri Ghatkopar Road, Mumbai- 400093

Email: bruker axs@bruker.com

निविदा जमा करने की अंतिम की तिथि : त्रंत

निविदा खुलने की तिथि : तुरंत

महोदय/Dear Sir,

I am directed to request you to submit your quotation for "Call Basis, Non -Comprehensive Annual Maintenance of "WD-XRF Model: Bruker AXS, S8 Tiger Series 2, 3kW Serial No.: 213248", online through CPP portal within the stipulated time period as mentioned in the e-tender portal/notice.

- 1. Technical Representative of the firm should attend to ASP service call after receiving intimation from the Division /Section. The services calls will be made by the User Department directly. In case of concerned non-attending service call, order can be cancelled by this Institute by giving one-month notice.
- 2. Income tax & surcharge thereon as applicable will be recovered at source from each bill of Non-Comprehensive Annual Maintenance, if applicable.
- 3. FALL CAUSE: The rates charged for Non-Comprehensive Annual Maintenance should in no event exceed the lowest price at which the party takes up the Non-Comprehensive Annual Maintenance of similar services identical description to any other person/party during the period of contract.
- 4. The Authorized Service Provider (ASP) should quote the rates in figure as well as in words. In case of any disputes/ambiguity and the rates quoted in words/figure, the higher value quoted either of the two shall be considered.
- 5. The rates should be valid for a period of **one year** from the date of acceptance of order.
- 6. Unsigned and undated quotation will not be considered.
- 7. No request for incorporating post tender changes in quoted specification and correcting typographical error will be considered after opening of submitted tenders.
- 8. **Force majure**: as deemed fit by this Institute will be made applicable for this contract.
- 9. Tender which do not fulfill any or all of the above condition or incomplete in any respect, are liable for rejection.
- 10. In the event, the Equipment/Machine does not work during the Non-Comprehensive Annual Maintenance period, the Non-Comprehensive Annual Maintenance period will be extended accordingly for the proportionate
- 11. Conditional offer/quotation shall not be accepted. Terms & Conditions included by ASP in the quotation are not bound on AMPRI for acceptance.
- 12. All the corrections and alternations made in the quotation must be duly countersigned by the authorized signatory, without which quotation will not be considered.
- 13. In case of non-fulfillment/non-compliance of the above terms and condition, your quotation shall be treated as in complete.
- 14. Payment Terms: On Bill basis after satisfactory completion of each preventive maintenance visit against invoice received complete in all respects duly certified by concerned user/HOD.
- 15. Director AMPRI, reserve right to terminate the Non-Comprehensive Annual Maintenance due to any unforeseen reason at any stage without assigning any reason.
- 16. Arbitration: In the event of any question /dispute/difference arising under the agreement or in connection herewith (except as to matters the decision of which is specially provided under this agreement) the same shall be referred to the Delhi International Arbitration Centre for appointment of Arbitrator to adjudicate the dispute.

# (To be typed on Firm's Letter Head)

	Work:		
•	का नाम : f Equipment:	01 N	lo.
.) एएमसी	कार्य का प्रकार:		
•	ती शर्त : युजर/एच ओ डी  द्वारा प्रमाणित बिल का भुगतान t Terms: Monthly / Quietly basis against received of In user/HOD		
<b>)</b> एमसी व	ज अवधि <b>: 1</b> वर्ष (Period of NCAMC: 1 Year)		
) दौरे की उ	संख्या: एक वर्ष की अवधि में। ( No. of Visits: .	as aı	nd when required in a year).
	आवश्यकता : अनुबंध की अवधि में जब चाहे तब बुलाने पर । ment of visits: As and when required on call basis during		d.
٠	<u>सेवा प्रदाता प्रमाणपत्र</u> निर्माता से प्राप्त निविदा के साथ संल खित प्रपत्र कंपनी के लेटर हेड पर तैयार कर जमा करें	ग्न करें । साथ ही	निविदा के साथ संलग्न अन्य
	1 Service Provider certificate from Principal/Manufactur r following document on companies' letter head which a		-
1. Bio	lder Information Form		
2. Pri	ce Certificate		
3. For	mat for declaration by the bidder for code of integrity &	conflict of inte	rest
4. Bio	Securing Declaration Form.		
5. Ma	nufacturer Authorisation form.		
	<u>मूल्य अनुसूची</u> PRICE SCHEDU	<u>I</u> J <u>LE</u>	
अनुक्रमांक	एएमसी का विवरण	मात्रा	रखरखाव प्रभार
Sr. No.	Description of non-CAMC	Qty.	Maintenance Charges
1.	Call Basis, Non -Comprehensive Annual Maintenance of:	01 प्रणाली	
	WD-XRF Model: Bruker AXS, S8 Tiger Series 2, 3kW Serial No.: 213248 (Scope of work attached at Annexure- "A")		
अतिरिक्तः	 प्रेवा कर (Additional Service Tax)/ GSTN		
കപ വദ്ധ	बाव प्रभार /Total CAMC charges GST सहित		
5 1911			

### **Scope of the Work**

AMC Period: One Year

No. of Visits: (a) Preventive Maintenance Visits: 02 (b) Breakdown Visits: 01

(c) Any Other: a) Unlimited phone support during normal business hours b) Software and Firmware updates c) PM kit (that should also have Detektorfole, 0.6 um (C71428A4D14).

**Scope of work:** Preventive maintenance of the WD-XRF Instrument

- General Maintenance on Instrument
- Cleaning of Sample Champers
- Cleaning of Electronic Control rack
- Maintenance of Generator
- Maintenance of Goniometer
- Maintenance of Internal water circuit
- Maintenance of Vacuum circuit including vacuum pump
- Checking of filter and fans
- Maintenance of flow counter detector
- Maintenance of sample handler
- Health check of X-Ray source
- Performance check of instrument with standard sample
- Backing up of Configuration and database

### **Bidder Information Form**

(The Bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted. This should be done of the letter head of the firm] Date: [insert date (as day, month and year) of Bid Submission] Tender No.: [insert number from Invitation for bids]

- 1. Bidder's Legal Name [insert Bidder's legal name]
- 2. In case of JV, legal name of each party: [insert legal name of each party in JV]
- 3. Bidder's actual or intended Country of Registration: [insert actual or intended Country of Registration]
- 4. Bidder's Year of Registration: [insert Bidder's year of registration]
- 5. Bidder's Legal Address in Country of Registration: [insert Bidder's legal address in country of regi stration]
- (l) 6. Bidder's Authorized Representative Information Name: [insert Authorized Representative's name] Address: [insert Authorized Representative's Address] Telephone/Fax numbers: [insert Authorized Representative's telephone/fax numbers] Email Address: [insert Authorized Representative's email address]
- 7. Attached are copies of original documents of: [check the box(es) of the attached original documents] Articles of Incorporation or Registration of firm named in 1, above, in accordance with ITB Sub-Clauses 4.1 and 4.2.

Signature and Seal of the	
Service Provider /Bidder	
Place:	
Date:	

### **Price Certificate**

(To be submitted on the firm's letter head with Technical Bids)

Certified that, rates quoted are not higher than the rates quoted for the same /similar equipment /item charged to any other Govt. Organization /PSUs/CSIR Labs or any firm/ organization

Name	Signature & seal of Bidder
Address	

### Format for declaration by the Bidder for Code of Integrity & conflict of interest

(On the Letter Head of the Bidder)

<b>Ref. No:</b>	<b>Date</b>	
To,		
(Name & address of the Purchaser) Sir,		
,	dated I/We hereby dec	lare
your Tender document and have no conflict of inte	s of the code of integrity with any entity in any cour	
	, ,	
a		
b		
C		(
this code.	ny punitive action in case of transgression/ contravention	ท ดา
		11 01
Thanking you.		11 01
Thanking you,	Yours sincerely,	. 01

# **Bid-Securing Declaration Form**

Date:	Bid No	
	and address of the purchase	
I/We. The undersigned, d	eclare that:	
I/We understand that, acc	ording to your conditions, b	ids must be supported by a Bid Securing Declaration.
I/We accept that I/We ma	ay be disqualified from bide	ding for any contract with you for a period of one year
from the date of notificati	on if I am /We are in a brea	ach of any obligation under the bid conditions, because
I/We		
a) have withdrawn/modi	fied/amended, impairs or de	erogates from the tender, my/our Bid during the period
of bid validity specifie	ed in the form of Bid; or	
b) having been notified of	of the acceptance of our Bi	d by the purchaser during the period of bid validity (i)
fail or reuse to execute	e the contract, if required, o	r (ii) fail or refuse to furnish the Performance Security,
in accordance with the	Instructions to Bidders.	•
I/We understand this Bio	d Securing Declaration sha	ll cease to be valid if I am/we are not the successful
Bidder, upon the earlier of	of (i) the receipt of your no	tification of the name of the successful Bidder; or (ii)
<del>-</del>	ation of the validity of my/or	
Signed: (insert signature	of person whose name an	d capacity are shown) in the capacity of (insert legal
capacity of person signing	the Bid Securing Declaration	on).
Name: (insert complete n	ame of person signing he Bi	d Securing Declaration)
Duly authorized to sign th	ne bid for an on behalf of: (i	nsert complete name of Bidder)
Dated on	_ day of	(insert date of signing)
Corporate Seal (where ap	propriate)	
(Note: In case of a Jo	oint Venture, the Bid Securio	ng Declaration must be in the name of all partners to the

#### MANUFACTURERS' AUTHORIZATION FORM

[The Bidder shall require the Manufacturer to fill in this Form in accordance with the instructions indicated. This letter of authorization should be on the letterhead of the Manufacturer and should be signed by a person with the proper authority to sign documents that are binding on the Manufacturer.

Date: [insert date (as day, month and year) of Bid Submission] Tender No.: [insert number from Invitation for E-bids]

To: [insert complete name and address of Purchaser]

#### **WHEREAS**

We [insert complete name of Manufacturer], who are official manufacturers of [insert type of goods manufactured], having factories at [insert full address of Manufacturer's factories], do hereby authorize [insert complete name of Bidder] to submit a bid the purpose of which is to provide the following Goods, manufactured by us [insert name and or brief description of the Goods], and to subsequently negotiate and sign the Contract.

We hereby extend our full guarantee and warranty in accordance with Clause 21 of the General Conditions of Contract, with respect to the Goods offered by the above firm.