



सीएसआईआर - प्रगत पदार्थ तथा प्रक्रम अनुसंधान संस्थान
(वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद्)

होशंगाबाद रोड, हबीबगंज नाका के पास, भोपाल - 462 026



(दूरभाष क्र./Phone No.: 2488809, 2457609, 2457615 ई-मेल/E-mail: spo@ampri.res.in, वेबसाइट/Website: www.ampri.res.in)

सन्दर्भ क्र. / Ref. No.: Pur/MC/161(2024-25)

दिनांक/Date: 07.02.2025

प्रति/To,

मेसर्स अनंत इंटरप्राइजेस
Sr. MIG 1-7, द्वितीय तल, रण थम्बोर कोम्प्लेक्स
ज़ोन-2 एम पी नगर, भोपाल - 462 011

निविदा जमा एवं खुलने की तिथि : तुरंत

Time of submission and opening of tender: **Immediate**

महोदय/Dear Sir,

मुझे आपसे अनुरोध करने का निदेश हुआ है की **क्योसेरा मेक फोटोकॉपियर (02 Nos.)** के फुल सर्विस मैन्टेनेन्स एग्रीमेंट के लिए offline प्रस्ताव जमा करें /I am directed to request you to please submit the quotation through offline for Full Service Maintenance Agreement of **Kyocera photocopier (01 no.)**

1. Quotation must be submitted in a sealed envelope by post addressed to "The Director, CSIR-AMPRI, Bhopal.
2. Technical Representative of the firm should attend to ASP service call after receiving intimation from the concerned Division /Section. The services calls will be made by the User Department directly. In case of non attending service call, order can be cancelled by this Institute by giving one month notice.
3. Income tax & surcharge thereon as applicable will be recovered at source from each running bill of FSMA, if applicable.
4. **FALL CAUSE:** The rates charged for FSMA should in no event exceed the lowest price at which the party takes up the FSMA of similar services identical description to any other person/party during the period of contract.
5. The Authorised 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.
6. The rates should be valid for a period of two years from the date of acceptance of order.
7. Unsigned and undated quotation will not be considered.
8. No request for incorporating post tender changes in quoted specification and correcting typographical error will be considered after opening of submitted tenders.
9. **Force majeure:** as deemed fit by this Institute will be made applicable for this contract.
10. **Arbitration:** Any dispute arising out of this contract shall be referred to the Arbitrator nominated by CSIR.
11. Tender which do not fulfill any or all of the above condition or incomplete in any respect, are liable for rejection.
12. In the event, the Equipment/Machine does not work during the FSMA period, the FSMA period will be extended accordingly for the proportionate period.
13. Conditional offer/quotation shall not be accepted. Terms & Conditions included by ASP in the quotation are not bound on AMPRI for acceptance.
14. All the corrections and alternations made in the quotation must be duly countersigned by the authorized signatory, without which quotation will not be considered.
15. In case of non-fulfillment/non-compliance of the above terms and condition, your quotation shall be treated as in complete.
16. Payment Terms: On Bill basis after completion of visit/quarter and invoice received complete in all respects duly certified by concerned user/HOD.
17. Director AMPRI, reserve right to terminate the FSMA /Comprehensive Annual Service Contract due to any unforeseen reason at any stage without assigning any reason.

अनुभाग अधिकारी (भं एवं क्र.)/ Section Officer (S&P)

(To be typed on Firm's Letter Head)

कार्य का प्रकार : फुल सर्विस मेंटेनेन्स एग्रीमेंट

Nature of Work: FULL SERVICE MAINTENANCE AGREEMENT

1) उपकरण का नाम :-01 No.

Name of Equipment:

2) एमसी कार्य का प्रकार : **Comprehensive Annual Maintenance Contract / FSMA**

3) भुगतान की शर्त : युजर/एच ओ डी द्वारा प्रमाणित बिल का भुगतान मासिक / त्रैमासिक आधार किया जायेगा.

Payment Terms: Monthly / Quarterly basis against received of Invoice completed in all respects duly certified by concerned user/HOD

4) एमसी का अवधि : **2 वर्ष (Period of FSMA: 2 Year)**

5) दौरे की संख्या : एक वर्ष की अवधि में। (No. of Visits: as and when required in a year) .

6) दौरे की आवश्यकता : अनुबंध की अवधि में जब चाहे तब बुलाने पर ।

Requirement of visits: As and when required on call basis during contract period.

7) अधिकृत सेवा प्रदाता प्रमाणपत्र निर्माता से प्राप्त निविदा के साथ संलग्न करें ।

Authorised Service Provider certificate from Principal/Manufacturer must be attached with the quotation.

मूल्य अनुसूची

PRICE SCHEDULE

अनुक्रमांक Sr. No.	एमसी का विवरण Description of AMC	मात्रा Qty.	प्रती प्रष्ठ चार्जस Per copy charges
1.	क्योसेरा फोटोकॉपीयर के फुल सर्विस मेंटेनेन्स हेतु 1. Model No.- 3212i, Sr. No. REF3633189 (दो वर्षों हेतु वार्षिक रखरखाव)	01 प्रणाली	
अतिरिक्त सेवा कर (Additional Service Tax)/ GSTN			
प्रती प्रष्ठ चार्जस Per copy charges GST सहित			

(अक्षरो में :-

(In Words):- _____)

विक्रेता के हस्ताक्षर / सेवा प्रदाता

दि.: _____

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 registration]
(I) 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

Address.....

.....

Signature & seal of Bidder

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 and be enclosed with the technical bid.

Date: [insert date (as day, month and year) of Bid Submission]

Tender No.: [insert number from Invitation for 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 2.21 of the General Conditions of Contract, with respect to the Goods offered by the above firm.

Signed: [insert signature(s) of authorized representative(s) of the Manufacturer]

Name: [insert complete name(s) of authorized representative(s) of the Manufacturer]

Title: [insert title]

Duly authorized to sign this Authorization on behalf of: [insert complete name of Bidder]

Dated on _____ day of _____, _____ [insert date of signing]

Format for declaration by the Bidder for Code of Integrity & conflict of interest
(On the Letter Head of the Bidder)

Ref. No: _____

Date _____

To,

(Name & address of the Purchaser)

Sir,

With reference to your Tender No. _____ dated _____ I/We hereby declare that we shall abide by the Code of Integrity for Public Procurement as mentioned under Para 1.3.0 of ITB of your Tender document and have no conflict of interest.

The details of any previous transgressions of the code of integrity with any entity in any country during the last three years or of being debarred by any other Procuring Entity are as under:

- a
- b
- c

We undertake that we shall be liable for any punitive action in case of transgression/contravention of this code.

Thanking you,

Yours sincerely,

Signature
(Name of the Authorized Signatory)
Company

Date: _____ Bid No. _____

To (insert complete name and address of the purchaser)

I/We. The undersigned, declare that:

I/We understand that, according to your conditions, bids must be supported by a Bid Securing Declaration.

I/We accept that I/We may be disqualified from bidding for any contract with you for a period of one year from the date of notification if I am /We are in a breach of any obligation under the bid conditions, because I/We

- a) have withdrawn/modified/amended, impairs or derogates from the tender, my/our Bid during the period of bid validity specified in the form of Bid; or
- b) having been notified of the acceptance of our Bid by the purchaser during the period of bid validity
 - (i) fail or reuse to execute the contract, if required, or
 - (ii) fail or refuse to furnish the Performance Security, in accordance with the Instructions to Bidders.

I/We understand this Bid Securing Declaration shall cease to be valid if I am/we are not the successful Bidder, upon the earlier of (i) the receipt of your notification of the name of the successful Bidder; or (ii) thirty days after the expiration of the validity of my/our Bid.

Signed: (insert signature of person whose name and capacity are shown) in the capacity of (insert legal capacity of person signing the Bid Securing Declaration).

Name: (insert complete name of person signing the Bid Securing Declaration)

Duly authorized to sign the bid for an on behalf of : (insert complete name of Bidder)

Dated on _____ day of _____(insert date of signing)

Corporate Seal (where appropriate)

(Note: In case of a Joint Venture, the Bid Securing Declaration must be in the name of all partners to the Joint Venture that submits the bid)