



**All India Institute of Medical Sciences Bhopal**  
**Saket Nagar, Bhopal – 462020**

Ref. No.: Stores/2019-20/231/04

Dated: 30/08/2019

**Subject:** Purchase of "Molecular Kits and reagents " on Proprietary basis- **Inviting comments thereon.**

The request received from Department of Microbiology medical college building, AIIMS Bhopal for the purchase of captioned Item from M/s Qiagen India P Ltd (New Delhi) on Proprietary basis.

The Notice is being uploaded for general information of Aspirant Manufacturer/Dealer/Distributor to submit their objections/proposal, if any, on proprietorship of these items.

In case, the product of any Manufacturer/Authorized distributor/dealer conforms to the enclosed specifications, they may submit their proposal for the supply same Consumables/Analyzers along with the following:-

- (i) Consumable/Analyzers brochure;
- (ii) Point-by-point compliance of the enclosed specifications, along with all relevant documentary evidence;

**The objection/ proposal** should be sent in sealed cover to **The I/c Sr. Procurement Officer Hospital Complex Building Third Floor , AIIMS, Saket Nagar, Bhopal(462020 )** so as to reach on or **before 20<sup>th</sup> September 2019 upto 14:00 Hrs.**, failing which it will be presumed that no any other vendor is interested to offer comments/protest and case will be decided accordingly on its merit.

The reference number: Stores/2019-20/231/04, dated:30/08/2019 due on 20/09/2019 should be super scribed on sealed envelope.

**Yours faithfully,**  
**I/c Sr.Procurement cum Stores Officer.**

- Encl: 1. Authorization Certificate**  
**2. PAC Certificate**  
**3. Schedule of requirement**

## Authorization Certificate



Date:-27-06-18

### AUTHORIZATION LETTER

To  
The Director,  
All India Institute of Medical Sciences, Bhopal  
AIIMS Campus, Saket Nagar, Habib Ganj,  
Bhopal, Madhya Pradesh 462020

Dear Sir,

We hereby authorize M/s Naman Scientific Agency as our authorized distributor for All India Institute of Medical Sciences, Bhopal.

*This authorization is valid for the above mentioned customer & for the financial year 2018-2019.*

**Address:-**

M/s Naman scientific Agency  
Rajesh Gupta  
63-B Tilak Nagar, Indra Vihar Colony  
Airport Road Near Bank of Baroda  
Bhopal (M.P)- 462030

Thanks & Regards,

QIAGEN India Pvt Ltd  
A circular stamp with the text "QIAGEN INDIA PVT. LTD." around the perimeter and "NEW DELHI INDIA" in the center. A signature is written across the stamp.  
Authorized Signatory

QIAGEN India Pvt. Ltd.  
Sanyak Towers, Property # 29, Pusa Road, Karol Bagh  
New Delhi, 110005; Tel: +91 11 4712 8301 Fax: +91 11 4712 8302  
[www.qiagen.com](http://www.qiagen.com)

## Proprietary Article Certificate

Annexure 6

MANUAL FOR PROCUREMENT OF GOODS 2017  
Ministry of Finance  
Department of Expenditure



### Annexure 6: Proprietary Article Certificate (Refer Para 4.6.1)

Valid for the Current Financial Year

File Number and Date Reference		
1	Description of article	• RNA Extraction Kit (250 Tests)
2	Forecast of quantity/annual requirement	• 12Kits
3	Approximate estimated value for above quantity	Rs. 1010459.52
4	Maker's name and address	M/s Qiagen India Pvt. Ltd.
5	Name(s) of authorised dealers/stockists	M/s Naman Scientific 63-B Tilak Nagar Indra Vihar Colony, Near Bank of Borada, Airport Road, Bhopal
6	I approve the above purchase on PAC basis and certify that: – Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it – without which PAC certificate will be invalid.	
6(a)	This is the only firm who is manufacturing/stocking this item. AND	<input type="checkbox"/>
6(b)	A similar article is not manufactured/sold by any other firm, which could be used in lieu OR	<input type="checkbox"/>
6 (c-1)	No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): CDC, USA & NIV Pune recommends these kits only for tests like H1N1 influenza, Zika etc. OR	<input checked="" type="checkbox"/>
6(c)	No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	<input type="checkbox"/>
7	Reference of concurrence of finance wing to the proposal	

History of PAC purchases of this item for past three years may be given below

Name of the Supplier	Quantity	Ordered Basic Rate on Order (Rs.)	Adverse Performance Reported if Any
Order/Tender Reference & Date			

Signature of Approving Authority .....

Date ..... 30/7/2019 .....

Designation of Officer

**Dr. DEBASIS BISWAS**  
Professor & Head  
Department of Microbiology  
All India Institute of Medical Sciences  
AIMS, Saket Nagar, Bhopal-462020

**Schedule of requirement**

SNo	Name	Pack Size	Qty
1	RNA Extraction Kits	01 kit (250 Test)	12 Kits

**\*\* Note: Please don't quote the prices of the above schedule requirement**