



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

Ref. No.: Stores/2018-19/517/1

Dated: 06/02/2019

**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 cum Stores Officer, hospital Complex Building Third Floor , AIIMS, Saket Nagar, Bhopal(462020 )** so as to reach on or **before 20<sup>th</sup> February 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/2018-19/517/1, dated: 06/02/2019 due on 20/02/2019 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 "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

MANU

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

Signature of Approving Authority .....

Date .....

Designation of Officer ..... **Dr. DEBASIS BISWAS**

Professor & Head  
Department of Microbiology  
All India Institute of Medical Sciences  
AIIMS, 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**