OFFICE OF THE REGISTRAR: BODOLAND UNIVERSITY

Debargaon, P.O. Rangalikhata Kokrajhar – 783370, BTC, Assam. bodolanduniv@gmail.com



Tel./Fax No. 03661-277183 (O) Tel. No. Mobile No. 8812080155

F. No- BU/TIC/Engg/2021/01/377

date - 06/12/2021

EXPRESSION OF INTEREST

Expression of interest is invited from the reputed Firm/Supplier for Analysis of samples and Repairing of Lab Instruments works at the existing laboratory at HYT Centre of Bodoland University respectively.

Detailed specification and any other special features along with company manuals, price list should be submitted with their application of EOI. This is an expression of interest for above job and invitation of financial bid. Total approved amount is Rs. 50,000.00 and Rs. 90,000.00 respectively.

The bidders are advised to visit the website <u>www.bodolanduniversity.ac.in</u> for download the detail forms.

Application with complete details and relevant documents along with a Demand Draft for an amount of Rs. 500/- as EOI fee (non-refundable) in the form of bank draft in favour of the Registrar, B.U, Kokrajhar payable at SBI, North Kokrajhar Branch may be submitted to Registrar, Bodoland University, Deborgoan, Distt. Kokrajhar (BTC.) Pin-783370 or cash on or before 12.00 PM on 27/12/2021. The payment would be released by the University authority, after receiving the fund from BTC authority.

The university authority reserves the right to reject or accept any one or all proposal without assigning any reasons thereof.

Registrar

Copy to :-

- 1. The P. S to V.C for kind appraisal to him
- 2. The Finance Officer for information.
- 3. Dr. Sandeep Das, PI, for information.
- **4**. The System Administrator for upload in university website.
- **5**. The Assistant Engineer for information.

Registrar

1. Analysis				
SL. No	Particulars	Specification		
1.	Analysis	GC MS, HPLC analysis and sequencing of some tissue cultured samples.		

2. Instrument Repair					
SL. No Particulars		Particulars	Specification		
	1.	Instrument Repair	Repairing of BOD incubator (3		
			numbers of compressor filter gas, 1		
		BOD incubator SCR), autoclave			
			controller (3 numbers), autoclave wate		
			sensor (1 number), hot air oven		
			controller(1). Hot air motor (3), uv light		
			for laminar air flow (15 numbers)		

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EXPRESSION OF INTEREST RESPONSE FORM

The form should be typewritten in uppercase (or written in capital letters) and completed clearly and accurately ensuring that all questions are answered. The numbers below correspond to item numbers on the registration form.

SECTION 1: COMPANY DETAILS AND GENERAL INFORMATION

1. NAME OF COMPANY/INSTITUTION:
II HAME OF COME ANT/MOTION
2. STREET ADDRESS: 3. P.O. BOX and MAILING ADDRESS: ——————————————————————————————————
4. TEL NO:6. E-MAIL ADDRESS:
8. CONTACT NAME AND TITLE:
9. PARENT COMPANY (Full legal name):
10. SUBSIDIARIES, ASSOCIATES AND/OR OVERSEAS REPRESENTATIVE(S): (Attach list, if necessary)
11a. NATURE OF BUSINESS (Tick one box only):
Manufacturer: Trader: Authorized Agent: Consulting Company: Other (specify):
44L TYPE OF BUGINESS.
11b. TYPE OF BUSINESS: Corporate/Limited: Partnership: Government Agency: University:
Other (specify):

12. YEA	R ESTABLISHED:	13. NUMB	ER OF FULL-T	IME EMPLOY	EES:		
	LICENCE NUMBER/STA REGISTERED:	TE WHERE					
		E	VALUATION	CRITERIA			
1.	The companies will be	e evaluated accordin	ng to the follo	wing proced	ure:		
CRI	TERIA: Pass/Fail					YES	No
_	istration information orporation and Certific	• •	•				
Com	npany Profile: Summa	ry indicating the con	mpany details	S			
Mar	nufacturer's authoriza	tion: (for represent	ative compa	nies)			
	evant Experience: Exponal and Government			_	S		
	ders should sign all the mit with the EOI/Tend	-	ents and rele	evant docum	ents and		
>	When a firm is	shortlisted it does n	ot guarantee	that a firm v	will get or	der.	
>	Firms will rema	iin in the register foi	r a minimum	period of on	e year.		
C	ERTIFICATION:						
	I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:						
	Name		Fun	ctional			

Declaration

- 1. I declare that all the terms and conditions stated in the Notice Inviting Tender are acceptable to me/us and I/We shall abide by the same in case the contract is awarded to me/us.
- 2. I also declare that the specification given would strictly be maintained by me/us.
- 3. I/we understand that non-fulfillment and/or partly fulfillment of specification as made is liable for penalty as deemed fit and necessary by the University authority.
- 4. All the particulars furnished by me/us in the bid are true to the best of my/our knowledge.
- 5. I/We will also abide by the conditions that should be stipulated during the period of contract.
- 6. The decision of the authority will be accepted by me/us during and after the bid evaluation process, without any assigning reason thereof.

Date:	(Signature of the Bidder)
	Name:
Place:	
	Contact Number:
	Address:

A. Analysis works:-

Sl. No	Particulars	Specifications	Rate	Amount including all taxes
1	Analysis	GC MS, HPLC analysis and sequencing of some tissue cultured samples.		
			Total Rs.	

Signature of the bidder with seal

Financial bid:-

B. Instrument Repair works:-

Sl. No	Particulars	Specifications	Rate	Amount including all taxes
1	Instrument Repair	Repairing of BOD incubator (3 numbers of compressor filter gas, 1 BOD incubator SCR), autoclave controller (3 numbers), autoclave water sensor (1 number), hot air oven controller(1). Hot air motor (3), uv light for laminar air flow (15 numbers)		
			Total Rs.	

Signature of the bidder with seal