

ICAR-CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES, HISAR
Tel.No. 01662-281611, website www.cirb.res.in

TENDER NOTICE

On behalf of Secretary ICAR, Director CIRB, Hisar invites item wise sealed quotation/tender for purchase of paint items & labour charges from the Firms/contractors registered with CPWD, MES, Railway, PWD or other Central/State Govt./Semi-Govt. agencies. The Firms/Contractors must have valid IT-PAN/TIN registration for the item/work. **Last date for submission of tender: 25.09.2017 up to 2.30 PM. Details may visit CIRB website www.cirb.res.in**

Administrative Officer

ICAR-CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES
SIRSA ROAD, HISAR-125 001 (HARYANA)
Phone No.01662-281611 Website: www.cirb.res.in

TENDER NOTICE

On behalf of Secretary ICAR, Director CIRB, Hisar invites item wise sealed quotation/tender for following items/works from the Firms/contractors registered with CPWD, MES, Railway, PWD or other Central/State Govt./Semi-Govt. agencies. The Firms/Contractors must have valid IT-PAN/TIN registration for the item/work mentioned below:

| SN | Name of item | Quantity | Amount quoted by firm/contractor | EMD |
|----|--------------------------------------|-----------------|----------------------------------|---------|
| 1 | Exterior Paint (Matt) | 60 ltr. | | 5000.00 |
| 2 | Oil Band Distemper | 1000 ltr. | | |
| 3 | Paint | 100 ltr. | | |
| 4 | Tarpin Oil | 30 ltr. | | |
| 5 | Brushes 5", 4", 2" | 30 number | | |
| 6 | Wall Putty | 100 kg. | | |
| 7 | Colour for O.B.D. | 30 number | | |
| 8. | Sand Paper | 10 meter | | |
| 9 | Dhoti | 20 number | | |
| | | Total: A | | |
| | LABOUR CHARGES | | | 5000.00 |
| 1 | White was & Painting of Qtrs. Type-I | 32 number | | |
| 2 | Type-II | 01 | | |
| 3 | Type-III | 11 number | | |
| 4 | Type-IV | 04 number | | |
| 5. | Type-V | 01 number | | |
| | | Total: B | | |
| | | GT: A+B | | |

Last date for sale of tender : 23.09.2017 up to 2.30 PM
Last date for submission of tender in the office : 25.09.2017 up to 2.30. PM
Opening of tender : 25.09.2017 at 3.00 PM
Cost of tender : 1000.00 (Non Refundable)
EMD : 5000+5000=10000.00
Details may visit CIRB website www.cirb.res.in

Subject to the following terms & Conditions:

1. The work shall be executed as per CPWD specifications.
2. Income Tax, work Tax & work cess as per norms shall be recovered from the bill
3. 1% water & electricity charges will be recovered from the bill if supplied by the Department
4. The work shall start within 07 days from the date of award and complete within two months failing which a penalty @1% per day delay will be imposed on the bill amount maximum up to 10%
5. The agency shall deposit security @ 10% of the sanctioned amount .
6. Any other items to be required at site to complete the work shall be executed as per lowest quoted rates.
7. The rates quoted shall remain valid for 180 days from the date of opening of quotations/tenders.
8. For any quarry related to the work, Please contact Shri B.P. Singh, ACTO
9. The Director CIRB has the right to reject any or all the quotations/tenders without assigning any reason.
10. The quantity of work may be increased or decreased at the time of execution of work

Administrative Officer

Check List

| Sr. No. | Specification | Yes/No | | | | | | | | |
|--------------------------------|--|--------------------------------|--------------------------|-----------------|---------------|-----------|-----------|--|-------|--|
| 1. | <table border="0"><tr><td data-bbox="295 407 475 504">Details of EMD and Tender Cost</td><td data-bbox="475 407 949 504">1. Rs..... 2. Rs.....</td></tr><tr><td data-bbox="295 586 475 651">a. Name of Bank</td><td data-bbox="475 586 949 651">DD/Ch.No.....</td></tr><tr><td data-bbox="295 678 475 712">b. Branch</td><td data-bbox="475 678 949 743">Date.....</td></tr><tr><td></td><td data-bbox="475 833 949 855">.....</td></tr></table> | Details of EMD and Tender Cost | 1. Rs..... 2. Rs..... | a. Name of Bank | DD/Ch.No..... | b. Branch | Date..... | | | |
| Details of EMD and Tender Cost | 1. Rs..... 2. Rs..... | | | | | | | | | |
| a. Name of Bank | DD/Ch.No..... | | | | | | | | | |
| b. Branch | Date..... | | | | | | | | | |
| | | | | | | | | | | |
| 2. | Registered with.....agencies. (submit copy of the registration certificate) | | | | | | | | | |
| 3. | IT-PAN/TIN No. (with documentary proof) | | | | | | | | | |

Signature of the Firm with Full Address