B/13015/54/25-26/64/Dr.SuchitraSurve 1/27321/2025





आई सी एम आर — राष्ट्रीय प्रजनन एवं बाल स्वास्थ्य अनुसंधान संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

> ICMR-National Institute for Research in Reproductive and Child Health

Department of Health Research, Ministry of Health and Family Welfare, Government of India

21st May, 2025

File No. B/13015/54/25-26/64/Dr. Suchitra Surve

Computer No. 235637

## Purchase of items on Proprietary basis - Inviting objections / Quotations thereon

ICMR-NIRRCH intends to procure the following from Manufacturer/Authorized distributor/dealer on proprietary basis:

			संख्या / मात्रा & पैक का
क्र.सं. Sr. No.	विशिष्टता / बनाए / कैटलॉग संख्या Specification / Make / Catalogue No.	वस्तु / सामग्री का विवरण Item / Material Description	आकार
			Number /
			Quantity &
			Pack Size
1	2702154	Variant II Beta thalassemia test kit 500	C DI
	(Bio-Rad Pvt. Ltd.)	Tests	6 Pack
2	553X (Bio-Rad Pvt. Ltd.)	Lyphocheck Hemoglobin A2 Control MP	_
		Bilevel (2x0.5 mL)	10 Pack
3	S-10 (Hemex Health)	Gazelle™ Hb Variant Test Multipack 25	
		tests	150 Pack

- 2. The Notice is issued for general information of Aspirant Manufacturer/ Dealer/Distributor to submit their objection/ proposal, if any, on proprietorship of this item in terms of Rule 166 (i) of GFR, 2017.
- 3. In case, the product of any other Manufacturer/ Authorized distributor/ dealer conforms to the aforesaid item, they may submit their proposal for the supply of same item along with the following: (a) Item brochure (b) Point-by-point compliance, along with all relevant documentary evidence (c) Authorization certificate from OEM.
- 4. The objection/proposal / Quotation in hard copy should be sent in sealed envelope so as to reach the address, "Section Officer (Stores), ICMR NIRRCH, Parel, Mumbai -400012" on or before 31/05/2025 (10 days) up to 12:00 PM to, failing which it will be presumed that no any other vendor is interested to offer comments/ objection and the case will be decided accordingly on its merit. The quotation/objection should be addressed to, "The Director, ICMR NIRRCH, Parel, Mumbai -12"

Digitally signed by Guram Vinod Murlidhar Datesedibn Officer (Stores) 10:00:5 Por Director

Encl:

1. Schedule of requirement

B/13015/54/25-26/64/Dr.SuchitraSurve 1/27322/2025





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## Schedule of requirements to be procured under PAC PAC के अंतर्गत खरीदी जाने वाली आवश्यकताओं की अनुसूची

क्र. सं. Sr. No.	विशिष्टता / बनाए / कैटलॉग संख्या Specification / Make / Catalogue No.	वस्तु / सामग्री का विवरण Item / Material Description	संख्या / मात्रा & पैक का आकार Number / Quantity & Pack Size
1	<b>2702154</b> (Bio-Rad Pvt. Ltd.)	Variant II Beta thalassemia test kit 500 Tests	6 Pack
2	553X (Bio-Rad Pvt. Ltd.)	Lyphocheck Hemoglobin A2 Control MP Bilevel (2x0.5 mL)	10 Pack
3	S-10 (Hemex Health)	Gazelle™ Hb Variant Test Multipack 25 tests	150 Pack

Digitally signed by Guram Vinod Murlidhar Date: 21-05-2025 10 Seption Officer (Stores) For Director