



CENTRAL UNIVERSITY OF SOUTH BIHAR

SH-7, Gaya- Panchanpur Road, Village- Karhara, Post- Fatehpur,
P.S- Tekari, District- Gaya (Bihar) PIN- 824 236

NOTICE INVITING TENDER

Supply of Laboratory Equipment for Department of Pharmacy

Central University of South Bihar Gaya invites proposals for Gaya Campus for **Supply of Lab Equipment for Department of Pharmacy** as per details mentioned below (**Annexure-A**) from the reputed Manufacturer/ Distributor/ Reseller/ Service Provider/ Stockiest/ Indian Agency. You are requested to kindly send the quotations/ proposals latest by **25/11/2025 till 4:00 PM** to the below mentioned address **by registered post / speed post /in drop box (Tender Box)**:

To,

**The Registrar (Tender Document)
Central University of South Bihar
SH-7, Gaya- Panchanpur Road,
Village- Karhara, Post- Fatehpur,
P.S- Tekari, District- Gaya (Bihar)
PIN- 824 236**

Email- registrar@cub.ac.in

Website- www.cusb.ac.in

Contact – 0631-2229519

CPP Portal web site:

www.eprocure.gov.in/epublish/app/epublish/app



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Index for Tender Form

| Sl. No. | Details | : | Deadline |
|---------|--|---|---|
| 1. | Tender Notice No. | : | CUSB/PSD/PHARMA/EQUIP/T/17/2025-26 Date: 04/11/2025 |
| 2. | Name of work | : | Supply of Lab Equipment for Department of Pharmacy |
| 3. | Tender Fee | : | Rs. 500/- in shape of DD |
| 4. | Earnest Money Deposit | : | Rs. 10,000/- in shape of DD in favour of Central University of South Bihar payable at GAYA . |
| 5. | Start of submission of Bids | : | 04/11/2025 |
| 6. | Last date and time for receipt of Bids | : | 25/11/2025 by 4:00 PM |
| 7. | Place of opening of Bids | : | CUSB Panchanpur, Gaya |
| 8. | Time allowed for completion of delivery and installation | : | 8 weeks after issue of Purchase Order |

Note: Prospective bidder may visit the site to understand the location, surroundings, terrain and specifications/requirement before submission of bid.

Financial:

The firms should have an average annual financial turnover of at least of Rs. 20 Lakhs during the preceding last 3 (three) consecutive financial year from 2023-24.

Physical:

The firms should have submit at least three copy of orders related to supply of lab equipment out of those, one must be value of at least 5 lakhs issued in last three years as proof of experience.

Price Bid: The bidder has to quote the rate in ‘**Financial Bid Proforma**’ as per the item list given in **Annexure-A** in a separate sealed envelope stating ‘*Financial Bid Document*’ along with *Tender Number* kept in Main Envelope. The rate quoted should be inclusive of all taxes, packing, labour charges, freight charges etc. in figure as well as in words for total amount. The University reserves the right to cancel the tender, if any false information is furnished.

Tender Documents should be kept in these forms

| | |
|-------------------|--|
| Envelop -A | EMD & Tender Fee / MSME Certificate |
| Envelop-B | Technical bid with all requisite certified documents and credentials along with un-filled (blank) financial bid. |
| Envelop-C | Financial Bid Document. |



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Terms & Conditions

1. Bid/ Quotation will be sent by courier/ registered post/ speed post/ by hand (to be submitted in Tender Box) and will not be accepted after last date of submission.
2. The relevant papers in regards to eligibility criteria along with Tender Fee/EMD should be in sealed envelope. Bidders should clearly mention NIT reference on envelop CUSB/PSD/PHARMA/EQUIP/T/17/2025-26, Date: 04/11/2025. EMD in shape of Demand Draft of **Rs. 10,000/-** should be in favour of “Central University of South Bihar” Payable at Gaya.
3. The rate offered should be quoted **F.O.R CUSB Gaya Campus**.
4. Quoted amount should be inclusive of all and no extra charges shall be paid over that if once order is placed.
5. The firms are requested to give detailed description and specification together with detailed drawings and printed leaflets and literature of the articles quoted.
6. Quotation should have validity of at least 90 days from the date of opening.
7. The right to reject all or any of the quotations and to split up the requirements or relax any or all of the above conditions without assigning any reason is reserved to the Competent Authority of University.
8. **On submission of MSME/Other relevant Govt. Documents as per GFR norms, EMD shall be exempted. But Tender Fee is to be submitted anyhow.**
9. **Splitting is allowed for this tender. Tenderer shall quote for one or all equipment and L-1 shall be decided on lowest quoted price of the each equipment.**
10. **WARRANTY :** Equipment supplied should not be obsolete /used/old stock but should be of requisite specification/make with standard warranty but not less than **one year**.
11. **Delivery period :** for supply of material within **8 weeks**, F.O.R. CUSB Gaya from the date of issuance of Purchase Order.
12. **PENALTY :** The penalty @ 1% per week subject to a maximum of 10% of the delayed delivery price will be deducted from the balance payment if supply is not completed within stipulated period.
13. **Payment Terms :** Our standard payment terms & condition is 100% against delivery and successful satisfactory report by concerned section/ department.
14. **Security Deposit / Performance Bank Guarantee :** 10% equivalent to invoice value shall be kept as Security Money to be submitted in form of DD/BF/FDR for a period beyond 60 days of warranty of the items.
15. Unless otherwise stated delivery of goods at **CUSB Gaya Campus** as per conditions as specified in Purchase Order.



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16. Copies of GST registration certificate of the firm, with the TIN number clearly indicated therein will have to accompany the quotation to be submitted.
17. Compliance sheet about the specification asked must be enclosed with the proposal.
18. The bidders to submit the signed copy of tender document with the proposal.
19. EMD of unsuccessful bidders shall be refunded once order is placed but the same of Successful bidder shall be refunded after completion of one year period.
20. The quotations are liable to be rejected if the fore going conditions are not complied with. Printed conditions of the firm, if any, will not be binding on us. Late and delayed tender will not be considered.
21. All disputes are subject to exclusive jurisdiction of Competent Court and Forum in Gaya, India only.
22. CUSB reserves the right to cancel the tender at any stage.



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CHECKLIST

We hereby declare that the following requirements have been fulfilled by us –

| Sl. No. | Particulars | Page Number |
|---------------------|--|-------------|
| ENVELOPE-‘A’ | | |
| 1 | Tender Fee Rs. 500/- in form of Demand Draft in favour of “Central University of South Bihar”, Payable at Gaya. | |
| 2 | Earnest Money Deposit (EMD) of Rs. 10,000/- in form of Demand Draft/Bank Guarantee/FDR in favour of “Central University of South Bihar”, Payable at Gaya. | |
| 3 | MSME / OTHERS for waive off the EMD, if registered | |
| ENVELOPE-‘B’ | | |
| 4 | Copy of PAN Card | |
| 5 | Copy of GST No. | |
| 6 | Copy of ITR of the last three years. | |
| 7 | Audited Balance Sheet of last 03 years, if applicable | |
| 8 | Documentary evidence for the turnover of last financial year with compliance to Financial Eligibility Criteria | |
| 9 | Experience certificate of job in related areas and copy of Purchase Order be attached with the tender document with compliance to Physical Eligibility Criteria | |
| 10 | Any Product Manual | |
| 11 | Certificate related to one year warranty of supplied Items | |
| 12 | Copy of Memorandum and Article of Association, Certificate of Incorporation, Partnership Deed, Registration Certificate issued by the Registrar of Firms etc. | |
| 13 | ISO Certificate | |
| 14 | Non-Blacklisting Certificate | |
| 15 | Every page of the tender documents and the enclosed copies of the certificates must be signed with seal. | |
| ENVELOPE-‘C’ | | |
| 16 | Duly filled in ‘PRICE BID PROFORMA’ in separate envelope kept in Main Envelope | * |



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TECHNICAL BID PROFORMA

| | | |
|------------------|--|---|
| NIT No. : | CUSB/PSD/PHARMA/EQUIP/T/17/2025-26, Date: 04/11/2025 | |
| Subject : | Supply of Lab Equipment Department of Pharmacy | |
| 1. | Name of the Organization/Firm | |
| 2. | Head Office / Registered Office | |
| | Telephone No/mobile No. | |
| | Fax No. | |
| | Email | |
| | Web site (if any) | |
| | Date of Establishment | |
| | Branch Office in Gaya , if any | |
| | (Provide Complete Address) | |
| | Telephone No. | |
| | Fax No./Email | |
| 3. | Name of Director / Chief Executive/ Proprietor / Partners with Designation | |
| | Telephone No./Mobile No. | |
| | Fax No./ Email | |
| 4. | Name of Contact Person | |
| | Telephone No./Mobile No | |
| | Fax No./Email | |
| 5. | Type of Organization | Certified Documents to be enclosed |
| a. | Proprietary | Trade License |
| b. | Partnership | Partnership Deed, Trade License |
| c. | Private Limited Company | Memorandum of Article |
| d. | Public Limited Company | Certificate of Registration |
| e. | Public Sector | Trade License |



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| | | | | | |
|---|--|---------------------------|--|-----------------------------|--|
| 6. Nature of Business (tick the relevant) | | | | | |
| Manufacturing | | Service | | Dealership | |
| Stockiest | | Indian Agent | | Indian Branch Office | |
| Others Pl. Specify | | | | | |
| 7. Class / Type of Product / Materials Manufactured / Sold / Serviced/ Fabricated | | | | | |
| Scientific Equipment | | Electronics | | Lab Consumables & Chemicals | |
| Electrical Items | | Computer Peripherals | | Computers | |
| Laboratory Equipments | | Office Automation Product | | Electrical Works | |
| Sport Materials | | Water Coolers | | Air-conditioners | |
| AV Equipments | | Boards | | Other, please specify..... | |
| Audited Annual Turnover during last 3 years (Rs. In Lakhs) (enclose Chartered Accountant's certification & Income Tax Return Copy) | | | | | |
| Year | | Rupees (in Lakhs) | | Annexure (Number) | |
| 2023-24 | | | | | |
| 2022-23 | | | | | |
| 2021-22 | | | | | |
| 8. Commercial Information (enclose Attested Copy wherever Applicable) | | | | | |
| Sl. No. | Information | Details | | Annexure (Number) | |
| a. | GST Registration Number | | | | |
| b. | Excise Registration Number Trade / Factory License Number | | | | |
| c. | PAN No. | | | | |



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| | | | | |
|----|---|--------------------------|----------------------|-----------------------------------|
| d. | Details of Registration Certificate with DGS&D/NCCF | | | |
| e. | SSI/NSIC/MSME Certificate | | | |
| f. | Current dealership agreement with Principal Letter No. / Date / Valid upto | | | |
| g. | Relevant IISI/ SO Certificate, if any | | | |
| h. | <u>Bank Details :</u> Account No. | | | |
| i. | Name of Bank & Branch | | | |
| j. | IFSC Code | | | |
| k. | Details of Tender Fee | Amount: | DD No. & Date | Name of the issuing Bank & Branch |
| | | | | |
| l. | Details of EMD | Amount: | DD No. & Date | Name of the issuing Bank & Branch |
| | | | | |
| m. | Details of Previous Supply in Govt. Organisations/ Govt. Educational Institutions | Name of the organization | Item Supplied / Qty. | Total Value (Rs in lakhs) |
| | | | | |
| | | | | |
| | | | | |



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| | | | | | | |
|--|--|---------|-----|----|----|-------|
| 9. | MSME Entrepreneur | Comment | | | | |
| 9.1. | Is the bidder MSME Entrepreneur | Y/N | | | | |
| 9.2. | If yes, the category (GEN/OBC/SC/ST/Women) | GEN | OBC | SC | ST | WOMEN |
| | | | | | | |
| I/ We hereby give an undertaking that the information provided are true to the best of my knowledge and belief. If anything found to be false at any stage my tender will be liable to be rejected and EMD amount will be forfeited. | | | | | | |
| Signature of authorized representative: | | | | | | |
| Date: | | | | | | |
| 10. | Note | | | | | |
| 10.1. | Separate information sheet may be provided for item (s) in case space provided is not adequate. | | | | | |
| 10.2. | Affidavit on Non Judicial stamp paper duly attested by Magistrate/Notary shall also be furnished by the bidder regarding Non-blacklisting. | | | | | |

Sd/-

Registrar



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VENDOR DETAILS FORM

| | | | | |
|---|---|--|---|---------------|
| 1. | Do you have a PFMS Unique ID (please tick) | NO | YES | UID No.- |
| 2. | Name of the Firm | | | |
| 3. | Address with City Name & Pin Code | | | |
| 4. | Contact No. | | | |
| 5. | Email ID | | | |
| 6. | GST No. (Yes / No) | GST No. - | | |
| | | If YES, a copy of GST CERTIFICATE must be attached. | If NO, duly signed/sealed attached DECLARATION OF GST NON-ENROLMENT must be submitted. | |
| 7. | PAN No. | | | |
| 8. | TIN No. | | | |
| 9. | ADHAR No. | | | |
| 10. | Name of the Contact Person With Mobile No. & E-mail ID | Name : | | |
| | | Mobile : | E-mail ID : | |
| 11. | Bank Account Details | | | |
| | Beneficiary Name | | | |
| | Bank Name & Branch | | | |
| | Bank Account Number | | | |
| | IFSC Code | | | |
| | MICR Code | | | |
| | Type of Bank Account | Saving Account | Current Account | Cash Credit |
| Telephone no. and E-mail of Bank Branch | Telephone | | | |
| | Email ID | | | |
| 12. | Vendor Type (please tick) | Manufacturer | Distributor | Reseller |
| | | Service Provider | Stockiest | Indian Agency |

Signature of Vendor with Seal

Name: _____

Date: _____



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DECLARATION OF GST NON-ENROLMENT

DECLARATION OF GST NON-ENROLMENT

Dear Sir/Madam,

Sub: Declaration of non-requirement of registration under the
Central/State/UT/Integrated Goods and Services Tax Act, 2017

I/We.....(*Name of the service provider/business entity*), do hereby
declare that I/we am/are not registered under the Goods and Services
Tax Act, 2017 as (*select and fill below for the relevant reason*)

-I/We deal in/supply the category of goods or services
.....(*Describe the nature of the services/goods*) which are
exempted under the Goods and Service Tax Act, 2017.

-I/We have the annual aggregate turnover below the taxable limit
as specified under the Goods and Services Tax Act, 2017.

-I/We are yet to register ourselves under the Goods and Services
Tax Act, 2017.

I/We hereby also confirm that if anytime during any financial year
I/we decide or require or become liable to register under the GST,
I/we undertake to provide all the requisite documents and
information.

I/We request you to consider this communication as a declaration for
not requiring to be registered under the Goods and Service Tax Act,
2017.

I/We hereby also confirm that(*Name of the service
recipient*) shall not be liable for any loss accrued to me/us, due to
any registration default with the GST.

Signature of Authorised Signatory:

Name of the Authorised Signatory:

Name of Business:

Date:

Stamp/Seal of the business entity:



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UNDERTAKING BY THE TENDERER(S)

(On letterhead)

NAME OF WORK:

Tender Notice No. :

We confirm that we have quoted the rates in the tender considering Inter-alia the

1. **Tender Document(s) including all Annexures, Technical Specification, Scope of Vendor, Special Condition of Contract & Purchase Rules and Procedure of University.**
2. **Additional Document(s) (if any)**
3. **BOQ Document (Price Bid Format)**
4. **Corrigendum (if any)**
5. **Pre Bid Meeting Minutes (if any)**

We _____ (Name of the Tenderer) hereby certify that we have fully read and thoroughly understood the tender requirements and accept all terms and conditions of the tender including all corrigendum/addendum issued, if any. Our offer is in confirmation to all the terms and conditions of the tender including all corrigendum/addendum, if any and minutes of the pre-bid meeting. In the event our offer is found acceptable and contract is awarded to us, the complete tender document shall be considered for constitution of Contract Agreement.

SIGNED FOR AND ON BEHALF OF TENDERER(S)

Name of Tenderer(s)

Date : _ _ / _ _ / _ _ _ _

Place :

Seal & Signature of Tenderer

NOTE: This declaration should be signed by the Tenderer's authorized representative on COMPANY LETTERHEAD who is signing the Bid and same to be submitted with Tender.



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Annexure-‘A’

(LIST OF LABORATORY EQUIPMENT)

| Sl.No. | Name of Equipment | Specification | | Qty. |
|-------------|--|-------------------------------------|--|------|
| 1 | Microcentrifuge | Rotor Capacity | Dual Row with 18 x 2 ml and 18 x 0.5 ml. with screw on lid, These two different size tubes (i.e. 2 ml. and 0.5 ml) in one rotor should run without using adapters. | 1 |
| | | Max RCF | 21,100 xg | |
| | | Max Speed | 14,800 rpm | |
| | | Max Noise Level | 56 dBA (ventilated); 50 dBA (refrigerated) | |
| | | Acceleration/ Deceleration Rates | 11/12 seconds (ventilated); 10/12 seconds (refrigerated) | |
| | | Time Set Range | 1 min - 99 min; 1 min increments + HOLD mode | |
| | | Temperature Range | Set from -9 °C to +40 °C per 1 °C increment | |
| | | Certifications | CSA certified, CE marked, IVD compliant, Certified biocontainment | |
| | | Technical Standards | IEC 61010-1, IEC 61010-2, IEC 61010-020 | |
| | | Dimensions | 330 x 295 x 445 mm (12.9 x 11.6 x 17.5 in) | |
| | | Safety standards | Confirms to the latest clinical and safety standards, including 98/79/EC In vitro diagnostic directive | |
| | | Rotor material | Lightweight engineered polymer rotors | |
| Performance | Fast acceleration and deceleration, and outstanding corrosion resistance | | | |
| 2 | Animal Weighing Balance | Weighing range | 0.5 gm. to 6 Kg | 1 |
| | | Pan size | 275 x 220 mm. | |
| | | Display | Digital | |
| 3 | Rat/Mice Restrainer | Flat Bottom Restrainer | (Head and Tail Adjustable Type) | 2 |
| | | Adjustment mechanism | Should have provided with Screw and rod system for adjusting the head and nose piece | |
| | | Animal Weight Range | 15 to 30 gm. | |
| | | Restraining ID (mm) | 30 mm. | |
| | | Length Min x Max (mm) | 42 x 87 mm. | |



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| | | | | |
|---|--|--|--|---|
| 4 | Rat/Mice Restrainer | Flat Bottom Restrainer | (Head and Tail Adjustable Type) | 2 |
| | | Adjustment mechanism | Should have provided with Screw and rod system for adjusting the head and nose piece | |
| | | Animal Weight Range | 125 to 250 gm. | |
| | | Restraining ID (mm) | 65 mm. | |
| | | Length Min x Max (mm) | 103 x 160 mm. | |
| 5 | Euthenesia chamber (upto 500 gm. Animals) with Co2 Cylinder and regulator | Size (LxWxH) inches/(cm)(Inner dimensions) | 11"x5.75"x7"(27.94x14.60x17.78) | 1 |
| | | Euthenesia Chamber volume | 7.25 L | |
| | | Co2 Cylinder | 7 Cubic meter | |
| | | Regulator | Single stage with double gauge with pipe compatible to the chamber | |
| 6 | Cryo Can | Capacity | 11.6 Ltr. | 1 |
| | | No. of Canister | 6 | |
| 7 | Cryo Can | Capacity | 3.9 Ltr. | 1 |
| | | No. of Canister | 6 | |



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FINANCIAL BID PROFORMA

TENDER NOTICE NO. : CUSB/PSD/PHARMA/EQUIP/T/17/2025-26

DATE : 04/11/2025

SUB.: Supply of Lab Equipment for Department of Pharmacy.

Name of the Bidder: _____

| S. NO | EQUIPMENT NAME | Qty | Warranty | Unit Rate | GST @ | Total Price including GST |
|----------------------|---|-----|----------|-----------|-------|---------------------------|
| 1 | Microcentrifuge | 1 | | | | |
| 2 | Animal Weighing Balance | 1 | | | | |
| 3 | Rat/Mice Restrainer | 2 | | | | |
| 4 | Rat/Mice Restrainer | 2 | | | | |
| 5 | Euthenesia chamber (upto 500 gm. Animals) with Co2 Cylinder and regulator | 1 | | | | |
| 6 | Cryo Can | 1 | | | | |
| 7 | Cryo Can | 1 | | | | |
| Total: | | | | | | |
| Total of GST: | | | | | | |
| Rupees: | | | | | | |

Note: (i) Above rates are inclusive of all and no other charges shall be paid extra.

(ii) No overwriting or use of whitener is permitted. If done it will be summarily rejected.

Date:

Signature _____

Name: _____

Designation & seal