

KAMLA NEHRU HOSPITAL BUILDING, BHOPAL – 462 001

**PURCHASE REQUISITION**

Dated : \_\_\_\_\_

From \_\_\_\_\_ (Name and Designation of the requisitioner)

Please arrange to procure the following material for the \_\_\_\_\_  
(Please mention the No. & Name of the Sub-Store)

S.No.	Item Description	Quantity	Suggested specification if Furniture, Computer peripheral etc.	Suggested Brand (If Any)	Remarks
1					
2					
3					
4					
5					

Justification for requirement of above mentioned requisite item(s) : \_\_\_\_\_

**No. & Name of the Sub-store :-**

1. Administration	2. Medicine	3. Respiratory Medicine	4. Ophthalmology	5. Paediatrics
6. Obst. & Gynae.	7. Mental Health	8. Dermatology	9. Neurology	10. Nephrology
11. Pulm. Function Lab	12. Radiology	13. Pathology	14. Biochemistry	15. Microbiology
16. Molecular Biology	17. Field Unit	18. Computer Unit with data management System	19. Statistical Unit	

**Signature**

**NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH  
INDIAN COUNCIL OF MEDICAL RESEARCH  
KAMLA NEHRU HOSPITAL BUILDING, BHOPAL – 462 001  
TEL : (0755) – 2533106 Fax : (0755) - 2533976**

**PURCHASE ORDER**

No. NIREH/PO/2013-14/

Date. \_\_\_\_\_

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please supply the following item(s) mentioned hereunder in the Purchase Order, subject to the terms and conditions mentioned overleaf :-

S.No.	Item Description	Quantity	Brand / Make	Basic Price (In Rs.)	Discount %	VAT %	Total Amount (In Rs.)
1							
2							
3							
4							
5							

Total Value in Rs. \_\_\_\_\_

*Note : A copy of this purchase order must be attached with the supplies.*

Prepared By

Checked By

Authorized Signatory

## TERMS & CONDITIONS

1. **Basic Price** : FOR Destination. Prices shall remain firm till the execution of the entire Purchase Order.
2. **Payment Terms** : 30 Days after receipt of material.
3. **Consignee** : National Institute for Research in Environmental Health (NIREH), Kamla Nehru Hospital Building, Bhopal – 462 001.
4. **Dispatch Documents** : A copy of Purchase Order must accompany the Dispatch Documents.
5. **Make / Manufacturer** : The seller must ensure that all supplies are strictly of the Brand / Make shall be entertained after the release of Purchase Order except under specific conditions like Discontinuation / Takeover / Subsidiary Company etc. for which written approval has to be obtained.
6. **Transit Insurance** : Shall be arranged by the seller
7. **Intimation of Dispatch** : Intimation of Dispatch should be given by the seller to the Head, NIREH immediately by Fax / Telephone / E-mail.
8. **Inspection** : Purchaser reserves the right to inspect the materials against Expiry / Damages and the same shall have to be replaced free of cost. The expiry should not be less than six months from the date of delivery of goods.
9. **Pasting and Marking** : Seller should ensure that the materials are strongly & properly packed for protecting the consignment so as to avoid damage in transit detention under normal handling. Outer packing must contain the P.O. No. and the consignee.
10. **Communication** : All the correspondence / intimations concerning this order shall be addressed to the National Institute for Research in Environmental Health (NIREH), Kamla Nehru Hospital Building, Bhopal – 462 001 with acceptance of P.O. in writing within three days after receipt of P.O.
11. **Taxes** : If the amount of taxes not mentioned in P.O. separately, then it means P.O. rates are including of all taxes.

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**FORM - C**

**APPLICATION FORM FOR REGISTRATION OF VENDORS IN NIREH, BHOPAL**

S.No.	PARTICULARS	DETAILS
1	Name of the Vendor	
2	Constitution (Company/Partnership/Proprietorship)	
3	Details of Registration (Registering Authority, Registration No. & Date)	
4	Year of commencement of Business	
5	Sales Tax / TIN No.	
6	PAN No.	
7	Whether Manufacturer / Authorized Distributor / Dealer / Agency	
8	Name(s) of the Proprietor / Partner / Director / Official with Designation, authorized to make Commitment to NIREH	
9	Telephone Nos.  Mobile Nos.  E-mail IDs .	
10	Postal Address	
11	Copies of Balance Sheet for last three financial years duly certified by C.A.	
12	Municipal Corporation Registration Certificate	
13	Annual Turnover for last three years	
14	EMD of Rs. 25,000 in case business is more than Rs. 50,000 per annum.	
15	Whether vendor holds valid license on the date of application? Give details of Dug License(s)	
16	Whether the vendor has been convicted by the State Drugs Controller or any case is pending against the vendor under Drugs & Cosmetics Act.	
17	Whether the vendor has defaulted in supply of material in Govt. / Semi Govt./ Public Sector	

	Organisation / Corporate Hospitals.	
18	VAT Clearance Certificate	
19	Whether the billing system is computerized ?	
20	Name (s) of the Govt. / Public Sector / Corporate clients of the vendor for bulk supply of materials with contact person (s)name and Telephone Numbers (s).	
21	Copy of Purchase Orders of supply in reputed institutes with contact person(s) name and telephone number of Institute.	
22	Authorization of Companies a. b. c.	

I have read and understood the eligibility criteria and terms and conditions for empanelment of vendors for supply of drugs and consumables. I fully accept the terms and conditions and I declare that the information provided in this format is true and correct to the best of my knowledge and belief. I also understand that NIREH reserves the right to accept any or reject any or all of the applications without assigning any reasons.

**Name :**

**Signature :**

**Designation :**

**Date :**

*Note : If any information furnished in this format is found to be incorrect, the vendor / Company will be blacklisted and will not be entertained in future.*

