



**क्षेत्रीय आयुर्विज्ञान संस्थान, इंपाल: मणिपुर**  
**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR**  
 (स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अंतर्गत एक स्वायत्त संस्थान)  
 (An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

Phone : 0385-2414720  
 0385-2414750  
 e-mail : [rims@rims.edu.in](mailto:rims@rims.edu.in)  
 website : [www.rims.edu.in](http://www.rims.edu.in)

**No. PUR/REAG/COLL (BIOC)/2/2026-Pur Sec :**

**NOTICE INVITING OBJECTIONS**

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**Subject:** Proprietary Article Certificate (PAC) for purchase of reagents/ consumables of Immunoassay Analyzer (i-Chroma-III) for the Dept. of Biochemistry, RIMS, Imphal - inviting comments/ objections thereon.

Regional Institute of Medical Sciences, Imphal, is in the process for procurement of reagents/consumables of Immunoassay Analyzer (i-Chroma-III) for use in the Department of Biochemistry, RIMS, Imphal. As per submission of the M/s Boditech Med Inc. Korea, these reagents/consumables are proprietary articles and is imported/marketed in India by M/s CPC Diagnostics Ltd. and authorized for supply of reagent/ consumables to M/s Mehcigrus Instruments, Imphal.

A copy of the PAC submitted by M/s Boditech Med Inc. is attached herewith for open information to all stakeholders inviting objections/ comments if any, from any manufacture/dealer/distributor regarding proprietary nature of these items within 10 days from the date of issue/upload of this Notice. The objections/comments should be sent to [rims.imphal@gov.in](mailto:rims.imphal@gov.in) on or before 11<sup>th</sup> September, 2026 upto 04.00 PM, failing which it will be presumed the aforementioned PAC is correct and other manufactures/ dealers/distributors has no objections/ comments to offer and the matter will be treated as '**FINAL**'.

Encl:-

- i. PAC Submitted by M/s Boditech Med Inc.

Digitally signed by  
 LOUKHAM ARUNAKUMARI DEVI  
 Date: 07-09-2026  
 10:26:31

(Smt. Loukham Arunakumari Devi)  
 Section Officer, Purchase Section

Copy to:-

- i) The P.S. to the Director, RIMS, Imphal for kind information.
- ii) The HOD Biochemisty, RIMS, Imphal.
- iii) The CAO/FA, RIMS, Imphal.
- iv) The System Administrator, RIMS, Imphal, - for uploading the notice at RIMS website.



**जैव रसायन विभाग**  
**OFFICE OF THE DEPARTMENT OF BIOCHEMISTRY**  
**क्षेत्रीय आयुर्विज्ञान संस्थान, इम्फाल, मणिपुर**  
**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR**  
 (An autonomous Institute under the Ministry of Health & Family Welfare, Govt. Of India)  
 (स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

**Proprietary Article Certificate**

Procuring the goods/Consumables/Reagent for i-Chroma-III Immunoassay Analyzer (Boditech Med Inc, Korea; Model: iChroma-III) from a single source under the provision of sub Rule 166 (i) and 166 (iii) as applicable for –

- i) The indented goods are manufactured by: M/s **Boditech Med Inc, Korea.**
- ii) No other make or model is acceptable for the following reasons:

No other Company make the goods/Consumables/Reagent compatible with Boditech Med Inc, Korea; Model: iChroma-III. It is closed system.

31/08/2026  
 (Signature with date and

Designation of the indenting officer)

**Head**  
 Department of Biochemistry  
 Regional Institute of Medical Science  
 Imphal Manipur, India



**Ref. No.: MI/Quot/RIMS/018/26-27**

**Date: 21/ 07/ 2026**

To,  
HOD Biochemistry, RIMS  
Regional Institute of Medical Sciences (RIMS)  
Lamphelpat, Imphal West – 795004  
Manipur

**Subject: Submission of Price Quotation for Reagents and Control Reagents.**

**Respected Sir,**

With reference to the requirement of reagents and consumables for the **Immunofluorescence Analyzer (Model: iChroma III) Installed Against Purchase Order No. PUR/EQUI/COLL(BIOC)1/2023-Pur Sec** installed at your esteemed institute, we are pleased to submit our quotation for your kind consideration. The details of the items offered are as under:

| Reagent Description | PACK SIZE | Price Excluding Tax | GST@5% | Total Price |
|---------------------|-----------|---------------------|--------|-------------|
| ✓TSH                | 25 test   | 137.20              | 6.86   | 144.06      |
| ✓HBA1C              | 25 test   | 170.80              | 8.54   | 179.34      |
| ✓PCT                | 10 test   | 644.00              | 32.2   | 676.20      |
| ✓CRP                | 25 test   | 176.40              | 8.82   | 185.22      |
| ✓TN I PLUS          | 25 test   | 211.68              | 10.584 | 222.26      |
| VITAMIN D NEO       | 25 test   | 392.00              | 19.6   | 411.60      |
| BHCG                | 25 test   | 179.20              | 8.96   | 188.16      |
| ✓NT PRO BNP         | 25 test   | 441.00              | 22.05  | 463.05      |
| T4                  | 25 test   | 184.80              | 9.24   | 194.04      |
| PSA                 | 25 test   | 201.60              | 10.08  | 211.68      |
| T3                  | 25 test   | 179.20              | 8.96   | 188.16      |
| IGE                 | 25 test   | 322.00              | 16.1   | 338.10      |
| ✓TN I               | 25 test   | 210.00              | 10.5   | 220.50      |
| DENGUE NS1          | 25 test   | 263.20              | 13.16  | 276.36      |
| PROLACTIN           | 25 test   | 204.40              | 10.22  | 214.62      |
| FERRITIN            | 25 test   | 229.60              | 11.48  | 241.08      |
| RF IGM              | 25 test   | 187.60              | 9.38   | 196.98      |
| D DIMMER            | 25 test   | 232.40              | 11.62  | 244.02      |
| ANTI CCP            | 25 test   | 392.00              | 19.6   | 411.60      |
| ✓CK MB              | 25 test   | 201.60              | 10.08  | 211.68      |
| MICRO ALBUMIN       | 25 test   | 184.80              | 9.24   | 194.04      |
| FSH                 | 25 test   | 184.80              | 9.24   | 194.04      |
| PROGESTERONE        | 25 test   | 184.80              | 9.24   | 194.04      |
| AMH                 | 25 test   | 686.00              | 34.3   | 720.30      |
| ✓TROPONIN T         | 25 test   | 291.20              | 14.56  | 305.76      |
| LH                  | 25 test   | 184.80              | 9.24   | 194.04      |
| DENGUE IGG/IGM      | 25 test   | 263.20              | 13.16  | 276.36      |
| TESTOSTERONE        | 25 test   | 187.60              | 9.38   | 196.98      |
| AFP                 | 25 test   | 210.00              | 10.5   | 220.50      |
| CEA                 | 25 test   | 210.00              | 10.5   | 220.50      |
| ✓CORTISOL           | 25 test   | 215.60              | 10.78  | 226.38      |



মহাশিলাইক রিসার্চ ইনস্ট্রুমেন্টস  
**Mehcigrus Instruments**

Email : mehcigrus\_instru@yahoo.com  
 #8787493175 | 8794592753

Inovative Laboratory Technology

GSTIN : 14CAZPS1589R1ZA  
 TIN : 14923700176  
 CST : 14923475258

Address :  
**Uripok Tourangbam Leikai,**  
**Near Flyover Bridge,**  
**Imphal - 795001, Manipur, India**

|                        |          |          |       |          |
|------------------------|----------|----------|-------|----------|
| HS-CRP                 | 25 test  | 210.00   | 10.5  | 220.50   |
| COVID 19 AB            | 25 test  | 588.00   | 29.4  | 617.40   |
| ASO                    | 25 test  | 249.20   | 12.46 | 261.66   |
| ✓ TSH PLUS             | 25 test  | 156.80   | 7.84  | 164.64   |
| ✓ CARDIAC TRIPLE       | 25 test  | 660.80   | 33.04 | 693.84   |
| CALPROTECTIN           | 25 test  | 716.80   | 35.84 | 752.64   |
| H PYLORI               | 25 test  | 364.00   | 18.2  | 382.20   |
| IL 6                   | 25 test  | 574.00   | 28.7  | 602.70   |
| ST2                    | 25 test  | 1019.20  | 50.96 | 1070.16  |
| MYOGLOBIN              | 25 test  | 212.80   | 10.64 | 223.44   |
| CYSTATIN               | 25 test  | 249.20   | 12.46 | 261.66   |
| IFOB NEO               | 25 test  | 453.60   | 22.68 | 476.28   |
| ✓ Cardiac Control      | Per Pack | 34300.00 | 1715  | 36015.00 |
| D Dimer Control        | Per Pack | 34300.00 | 1715  | 36015.00 |
| Tumor Marker Control   | Per Pack | 34300.00 | 1715  | 36015.00 |
| ✓ HbA1c Control        | Per Pack | 34300.00 | 1715  | 36015.00 |
| Hormone Control        | Per Pack | 34300.00 | 1715  | 36015.00 |
| ✓ PCT Control          | Per Pack | 34300.00 | 1715  | 36015.00 |
| ✓ CRP Control          | Per Pack | 34300.00 | 1715  | 36015.00 |
| RF control             | Per Pack | 34300.00 | 1715  | 36015.00 |
| Ferritin Control       | Per Pack | 34300.00 | 1715  | 36015.00 |
| Kidney Control         | Per Pack | 34300.00 | 1715  | 36015.00 |
| Anti-CCP Plus Control  | Per Pack | 34300.00 | 1715  | 36015.00 |
| Vitamin D control      | Per Pack | 34300.00 | 1715  | 36015.00 |
| ✓ Trop- I Plus Control | Per Pack | 34300.00 | 1715  | 36015.00 |

### Terms & Conditions

1. The above prices are quoted in Indian Rupees (INR) and are inclusive of GST, as indicated.
2. The quoted prices shall remain **valid up to 31st March, 2028**.
3. Delivery shall be made at the consignee's premises, **Regional Institute of Medical Sciences (RIMS), Lamphelpat, Imphal**, against receipt of Purchase Order(s).
4. All products supplied shall be **new, original, and fully compatible with the I-Corma III** installed at your institute.
5. The shelf life of the reagents/consumables supplied shall be adequate and in accordance with the manufacturer's specifications.
6. Payment shall be released as per the terms and conditions and prevailing financial rules of the Institute.
7. We assure uninterrupted supply and prompt after-sales support during the validity period of this quotation.

We trust that the above quotation will meet your requirements and look forward to the opportunity of serving your esteemed institution. We assure you of our best attention and services at all times.

Thanking you.

Yours faithfully,

**Mehcigrus Instruments**

Uripok Tourangbam Leikai,

Near Fly over bridges

Imphal-Manipur-795001



## AUTHORIZATION LETTER

Ref: CPC/26-27/0150

Date: 26 / 05 / 2026

**To,**  
The Director  
Regional Institute of Medical Sciences (RIMS)  
Lamphelpat, Imphal West - 795004  
Manipur

**Sub: Authorization for Supply of Consumables/Kits for iChroma III**

Dear Sir,

We hereby authorize:

M/s. MEHCIGRUS INSTRUMENTS  
Uripok Tourangbam Leikai,  
Imphal West,  
Manipur - 795001

to supply consumables/kits/reagents/spares for the iChroma III System on our behalf to Regional Institute of Medical Sciences (RIMS), Imphal.

The said firm is also authorized to submit quotations, participate in rate contracts/tenders, raise invoices, and collect payments for the above-mentioned products on our behalf.

We further confirm that all products supplied through M/s. Mehcigrus Instruments shall be genuine products supported by our company warranty and technical support.

This authorization letter shall remain valid up to 31st March, 2027.

Thanking you,

Yours faithfully,

For CPC Diagnostics Pvt Ltd

  
Buvana S



CORPORATE OFFICE

No.70/6, Old No.108/6, 4th floor, Westminster, Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004.  
Phone No: 044-23460168/169

14th July 2025

**PROPRIETARY CERTIFICATE**

To whom it may concern

This is to certify that We, Boditech Med Inc, located at 43, Geodudanji 1-gil, Dongnae-myeon, Chuncheon-si, Gang-won-do, 24398, KOREA, are the sole manufacturer of below ichroma™ instruments and reagent kits, and there is no other manufacturer for these instruments.

Further, all ichroma™ instruments and its reagent kits are our proprietary products, and these products are fully designed and developed by our company. The installations of the system are also performed by our appointed distributor M/S. CPC Diagnostics Pvt. Ltd., in India.

| Device Type/<br>Marker | Product Name            | Catalog Number  |
|------------------------|-------------------------|-----------------|
| Instruments            | ichroma™ II             | FPRR021         |
|                        | ichroma™ III            | FPRR037         |
| Cardiac                | ichroma™ Cardiac triple | CFPC-78         |
|                        | ichroma™ CK-MB          | CFPC-33         |
|                        | ichroma™ D-Dimer        | CFPC-25         |
|                        | ichroma™ hsCRP          | CFPC-6          |
|                        | ichroma™ Myoglobin      | CFPC-37         |
|                        | ichroma™ NT-proBNP      | CFPC-77         |
|                        | ichroma™ ST2            | CFPC-100        |
|                        | ichroma™ Tn-I           | 13011           |
|                        | ichroma™ Tn-I Plus      | CFPC-65         |
|                        | ichroma™ Troponin T     | CFPC-122        |
| Cancer                 | ichroma™ AFP            | i-CHROMA AFP-25 |
|                        | ichroma™ CEA            | 13013           |
|                        | ichroma™ iFOB Neo       | CFPC-15-1       |
|                        | ichroma™ PSA            | i-CHROMA PSA-25 |
| Diabetes               | ichroma™ Cystatin C     | CFPC-43         |
|                        | ichroma™ HbA1c Neo      | CFPC-137        |
|                        | ichroma™ Microalbumin   | i-CHROMA MAU-25 |
| Hormone                | ichroma™ AMH            | CFPC-89         |
|                        | ichroma™ Cortisol       | CFPC-24         |

Boditech Med Inc. [www.boditech.co.kr](http://www.boditech.co.kr)

43, Geodudanji 1-gil, Dongnae-myeon, Chuncheon-si, Gang-won-do, 24398, KOREA

바디텍메드(주) 강원특별자치도 춘천시 동내면 개두단지1길 43(24398) Tel +82-33-243-1400 Fax +82-33-243-9373

|            |                        |                 |
|------------|------------------------|-----------------|
|            | ichroma™ FSH           | CFPC-35         |
|            | ichroma™ LH            | 13010           |
|            | ichroma™ PRL           | CFPC-27         |
|            | ichroma™ Progesterone  | CFPC-21         |
|            | ichroma™ T3            | CFPC-44         |
|            | ichroma™ T4            | CFPC-26         |
|            | ichroma™ Testosterone  | 13012           |
|            | ichroma™ TSH           | CFPC-22         |
|            | ichroma™ β-HCG         | CFPC-36         |
|            | ichroma™ Free T4       | CFPC164         |
|            | ichroma™ ASO           | CFPC-46         |
|            | ichroma™ COVID-19 Ab   | CFPC-114        |
|            | ichroma™ CRP           | i-CHROMA CRP-25 |
|            | ichroma™ IL-6          | CFPC-116        |
|            | ichroma™ PCT           | CFPC-23-1       |
| Autoimmune | ichroma™ Anti-CCP Plus | CFPC-97         |
|            | ichroma™ RF IgM        | CFPC-39         |
|            | ichroma™ Total IgE     | CFPC-91         |
| Infection  | ichroma™ ASO           | CFPC-46         |
|            | ichroma™ CRP           | i-CHROMA CRP-25 |
|            | ichroma™ IGRA-TB 25    | CFPC-86-1       |
|            | ichroma™ IGRA-TB Tube  | CFPO-206        |
|            | ichroma™ IL-6          | CFPC-116        |
|            | ichroma™ PCT           | CFPC-23-1       |
| Others     | ichroma™ Calprotectin  | CFPC-83         |
|            | ichroma™ Ferritin      | CFPC-32         |
|            | ichroma™ H. pylori SA  | CFPC-81         |
|            | ichroma™ Vitamin D Neo | CFPC-133        |

Min Soo Chae

Deputy General Manager

For BODITECH MED INC.

MEK

**Boditech Med Inc.**43, Geodudanji 1-gil, Dongnae-myeon,  
Chuncheon-si, Gangwon-do, South Korea 200-883

T: +82-33-243-1400 F: +82-33-243-9373

**Boditech Med Inc.** [www.boditech.co.kr](http://www.boditech.co.kr)

43, Geodudanji 1-gil, Dongnae-myeon, Chuncheon-si, Gangwon-do 24398, KOREA

바디텍메드(주) 강원특별자치도 춘천시 동내면 거두단지 1길 43 (24398) Tel +82-33-243-1400 Fax +82-33-243-9373

# कार्यालय-प्रधानाचार्य महर्षि वशिष्ठ स्वाशासी राज्य चिकित्सा महाविद्यालय-बस्ती।

E Mail ID-gmcbasti2021@gmail.com

पता-स्वाशासी राज्य चिकित्सा महाविद्यालय, बस्ती रामपुर बस्ती।

पत्रांक सं०-मे०का०बस्ती/पर्वज-47/क्रय/2023-24/

दिनांक:-

क्रयादेश

मेसर्स,

**Jupiter Universal****2/3 KH No-3, Anand Lok Colony,****Faizabad Road, Chinhat, Lucknow, Uttar Pradesh-226021**

विषय:-महर्षि वशिष्ठ स्वाशासी राज्य चिकित्सा महाविद्यालय सम्बद्ध ओपेक चिकित्सालय कैली बस्ती के इमरजेन्सी एवं ट्रामा केयर विभाग (24 घण्टे) में स्थापित Immuno-Analyzer (CHROMA Analyzer) Machine हेतु किट्स उपलब्ध कराने के सम्बन्ध में।

महोदय,

अवगत कराना है कि महर्षि वशिष्ठ स्वाशासी राज्य चिकित्सा महाविद्यालय सम्बद्ध ओपेक चिकित्सालय कैली बस्ती के इमरजेन्सी एवं ट्रामा केयर विभाग (24 घण्टे) में स्थापित Immuno-Analyzer (CHROMA Analyzer) Machine हेतु किट्स क्रय करने हेतु वित्तीय एवं प्रशासनिक स्वीकृति प्राप्त हुई है। तदक्रम में आपको आदेशित किया जाता है कि महर्षि वशिष्ठ स्वाशासी राज्य चिकित्सा महाविद्यालय सम्बद्ध ओपेक चिकित्सालय कैली बस्ती के इमरजेन्सी एवं ट्रामा केयर विभाग (24 घण्टे) में स्थापित Immuno-Analyzer (CHROMA Analyzer) हेतु निम्नलिखित विवरण के अनुसार किट्स उपलब्ध कराना सुनिश्चित करें तथा बीजक भुगतान हेतु तीन प्रतियों में अधोहस्ताक्षरी कार्यालय के समक्ष प्रस्तुत करें। विवरण निम्नवत् है-

| S.No. | Item              | Box Size | Demand Q0 (Box) | Offer Price/Box | Total Price (Rs.) |
|-------|-------------------|----------|-----------------|-----------------|-------------------|
| 1     | Trop I            | 25Test   | 02              | 5600            | 11200             |
| 2     | CK.MB             | 25Test   | 02              | 5800            | 11600             |
| 3     | Hs CRP            | 25Test   | 02              | 5900            | 11800             |
| 4     | Myoglobin         | 25Test   | 02              | 4900            | 9800              |
| 5     | Nt Pro BNP        | 25Test   | 01              | 11600           | 11600             |
| 6     | Procalcitonin-PCT | 10 Test  | 01              | 6800            | 6800              |
| 7     | PSA               | 25Test   | 01              | 5300            | 5300              |
| 8     | TSH               | 25Test   | 01              | 3650            | 3650              |
| 9     | T3                | 25Test   | 01              | 4875            | 4875              |
| 10    | T4                | 25 Test  | 01              | 4875            | 4875              |
| 11    | Micro Albumin     | 25 Test  | 01              | 4950            | 4950              |
| 12    | Trop I Plus       | 25 Test  | 02              | 5625            | 11250             |
| 13    | Cystatin C        | 25 Test  | 01              | 6550            | 6550              |
| 14    | HbA1c             | 25 Test  | 03              | 4505            | 13515             |
| 15    | TSH Plus          | 25 Test  | 02              | 4250            | 8500              |

वित्त नियंत्रक

प्रधानाचार्य

महर्षि वशिष्ठ स्वाशासी राज्य चिकित्सा महाविद्यालय बस्ती।

पत्रांक सं०-मे०का०बस्ती/पर्वज-47/क्रय/2023-24/

तददिनांक:-

प्रतिलिपि:-1. प्रभारी अधिकारी (केंद्रीय भण्डार), महर्षि वशिष्ठ स्वाशासी राज्य चिकित्सा महाविद्यालय-बस्ती।

2. विभागाध्यक्ष (बायोकेमस्ट्री विभाग), महर्षि वशिष्ठ स्वाशासी राज्य चिकित्सा महाविद्यालय बस्ती।

वित्त नियंत्रक

प्रधानाचार्य

महर्षि वशिष्ठ स्वाशासी राज्य चिकित्सा महाविद्यालय बस्ती।



## EMPLOYEES' STATE INSURANCE CORPORATION

ESIC Hospital - Rohini

ESIC Hospital 1 Dental College, Sector 15A, Rohini, New Delhi, Delhi-110089, Delhi

PO No. : PO1150823000598

Date : 17/08/2023

SUP0000011481 - MS INDRAJIT HEALTHCARE  
F-6 FIRST FLOOR PANKAJ CORNER PLAZA-3 PLOT  
NO. 3 LSC I P EXTENSION PATPARGANJ Delhi

PO Type Adhoc  
Purchase Order for Lab Reagents/Kits  
Rate Contract \ Catalogue NA  
Special Remark :  
PO Status: APPROVED

Sir, Please refer to the above-mentioned tender participation / Rate Contract. It has been decide to place an order for the purchase of the under mentioned equipment / items / materials / Drugs on the terms & conditions & Specifications as stated in the original tender / Quotation / Rate contract. The original rates quoted / as per rate contract are as below:

## PR Details

| Sl No. | Purchase Requisition No. | Requisition Date | Requisition Category |
|--------|--------------------------|------------------|----------------------|
| 1      | -NA-                     | -NA-             | -NA-                 |

## PO Item Details

| Sl No. | Generic Name                                     | Item Name/ Particulars                                                      | Supplier/Manufacturer | Pack Size | Unit Rate Rs. | Unit (UOM) | Req. Qty |
|--------|--------------------------------------------------|-----------------------------------------------------------------------------|-----------------------|-----------|---------------|------------|----------|
| 1      | ANTI CYCLIC CITRULUNATED PEPTIDE (CCP) ECLIA KIT | 0000023738 - ANTI CCP TEST KIT iChroma II                                   | -NA-                  |           | 13800.0000    | Nos.       | 6        |
| 2      | BETA-HCG ECLIA KIT                               | 0000023744 - BETA-HCG TEST KIT iChroma II                                   | -NA-                  |           | 6300.00000    | Nos.       | 12       |
| 3      | HORMONE TEST CONTROL ECLIA                       | 0000023752 - HORMONE TEST CONTROL ECLIA KIT iChroma II                      | -NA-                  |           | 40000.0000    | Nos.       | 9        |
| 4      | ANTI CYCLIC CITRULUNATED PEPTIDE (CCP) CONTROL   | 0000023756 - ANTI CCP CONTROL KIT iChroma II                                | -NA-                  |           | 40000.0000    | Nos.       | 3        |
| 5      | PRECICONTROL CARDIAC MARKER CONTROL ECLIA        | 0000030306 - CARDIAC MARKER CONTROL FOR iChroma II SYSTEM                   | -NA-                  |           | 40000.0000    | Nos.       | 2        |
| 6      | PROSTATE SPECIFIC ANTIGEN (PSA), TOTAL           | 0000030307 - PROSTATE SPECIFIC ANTIGEN (T-PSA), TOTAL FOR iChroma II SYSTEM | -NA-                  |           | 6600.00000    | Nos.       | 6        |
| 7      | FERRITIN GEN II ECLIA KIT                        | 0000030308 - FERRITIN TEST KIT FOR iChroma II SYSTEM                        | -NA-                  |           | 8000.00000    | Nos.       | 6        |
| 8      | FERRITIN GEN II ECLIA KIT                        | 0000030310 - FERRITIN CONTROL KIT FOR iChroma II SYSTEM                     | -NA-                  |           | 40000.0000    | Nos.       | 3        |
| 9      | FREE TESTOSTERONE ECLIA KIT                      | 0000023743 - TESTOSTERONE TEST KIT iChroma II                               | -NA-                  |           | 6400.00000    | Nos.       | 6        |
| 10     | TSH ECLIA TEST                                   | 0000030309 - TSH TEST KIT FOR iChroma II SYSTEM                             | -NA-                  |           | 5100.00000    | Nos.       | 6        |
| 11     | CARCINO EMBRYONIC ANTIGEN / CEA                  | 0000023739 - CEA TEST KIT iChroma II                                        | -NA-                  |           | 7000.00000    | Nos.       | 6        |

|    |                                                                              |                                                           |                                   |            |      |   |
|----|------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|------------|------|---|
| 12 | ECLIA KIT<br>UIBC<br>(UNSATURATED<br>IRON BINDING<br>CAPACITY) KIT,<br>SERUM | 000002332:3 - CK-MB<br>kit                                | Beckman Coulter india<br>Pvt.Ltd. | 7000.00000 | Nos. | 4 |
| 13 | PRECICONTROL<br>TUMOR MARKER<br>CONTROL ECLIA                                | 0000023746 -<br>TUMOR MARKER<br>CONTROL KIT<br>iChroma II | -NA-                              | 40000.0000 | Nos. | 3 |

Delivery Details

| Sl No. | Item Name                                                                             | QTY. | Delivery Location      | Due Date of Delivery |
|--------|---------------------------------------------------------------------------------------|------|------------------------|----------------------|
| 1      | 0000023738 - ANTI CCP<br>TEST KIT iChroma II                                          | 6    | ESIC Hospital - Rohini | 16/09/2023           |
| 2      | 0000023744 - BETA-HCG<br>TEST KIT iChroma II                                          | 12   | ESIC Hospital - Rohini | 16/09/2023           |
| 3      | 0000023752 - HORMONE<br>TEST CONTROL ECLIA KIT<br>iChroma II                          | 9    | ESIC Hospital - Rohini | 16/09/2023           |
| 4      | 0000023776 - ANTI CCP<br>CONTROL KIT iChroma II                                       | 3    | ESIC Hospital - Rohini | 16/09/2023           |
| 5      | 0000030306 - CARDIAC<br>MARKER CONTROL FOR<br>iChroma II SYSTEM                       | 2    | ESIC Hospital - Rohini | 16/09/2023           |
| 6      | 0000030307 - PROSTATE<br>SPECIFIC ANTIGEN (T-<br>PSA), TOTAL FOR iChroma<br>II SYSTEM | 6    | ESIC Hospital - Rohini | 16/09/2023           |
| 7      | 0000030308 - FERRITIN<br>TEST KIT FOR iChroma II<br>SYSTEM                            | 6    | ESIC Hospital - Rohini | 16/09/2023           |
| 8      | 0000030310 - FERRITIN<br>CONTROL KIT FOR<br>iChroma II SYSTEM                         | 3    | ESIC Hospital - Rohini | 16/09/2023           |
| 9      | 0000023743 -<br>TESTOSTERONE TEST KIT<br>iChroma II                                   | 6    | ESIC Hospital - Rohini | 16/09/2023           |
| 10     | 0000030309 - TSH TEST<br>KIT FOR iChroma II<br>SYSTEM                                 | 6    | ESIC Hospital - Rohini | 16/09/2023           |
| 11     | 0000023739 - CEA TEST<br>KIT iChroma II                                               | 6    | ESIC Hospital - Rohini | 16/09/2023           |
| 12     | 0000023323 - CK-MB kit                                                                | 4    | ESIC Hospital - Rohini | 16/09/2023           |
| 13     | 0000023746 - TUMOR<br>MARKER CONTROL KIT<br>iChroma II                                | 3    | ESIC Hospital - Rohini | 16/09/2023           |

VAT as Applicable

If no reply is received within 10 (ten) days of the issue of this order, it will be presumed that you have accepted the above-mentioned order and bound to execute the supply within the stipulated period. In case this office does not receive supply of the above item(s), by due or extended date of delivery, the above stated order will stand CANCELLED, (unless extension is sought for and granted by the competent authority for the late supply). In such event, purchase of the above items shall be made from the open market or otherwise at YOUR RISK & COST without your consent and correspondence in these regards. This office reserves the right to recover the difference of excess expenditure so incurred from your incoming bills against any Rate Contract or otherwise and/or forfeiture of the earnest money / security money deposits. Any request for extension of due date of delivery should reach this office in writing at least 3(three) days before the due date of delivery.

The stores / items as stated above may be supplied to the Store Office, at ESIC Hospital & Dental College, during the working hours between 10.00 AM to 3.00 PM in any working day except Saturdays and Sundays, within the due date, and receipt obtained from the concerned Official of the Store, indicating clearly the quantities received.

In addition to the other clauses of terms and conditions of the original tender / rate contract, which shall be in force, it is categorically reiterated about the Warranty / Guarantee clauses and Security Deposit / Performance security clauses, which are to be strictly adhered to. Security Deposit shall be deducted as per the original tender terms. Further, an undertaking is to be submitted along with the challan / bill that the cost of each equipment / item/material being supplied (excepting CRC drug s) as above is not above the Maximum Retail Price (MRP). Failing which the order shall be liable for cancellation.

The stores being supplied should be fresh and recent make at the time of delivery, otherwise the same is liable to be rejected. 'Date of Manufacture', Date of Expiry (Where applicable), Brand Name & Model Number (where applicable), Batch Number (where applicable), etc., should be mentioned clearly on the body of the equipments / Instruments / drugs / dressings / Consumables / non-consumables / materials / items, wherever applicable, or on the packing material as well as on the challans. Bills should be submitted in triplicate, pre-receipted, along with the fixation of revenue stamp on the 1st copy where necessary. No Form C or D is issued by ESI Corporation Office; hence taxes may be claimed as per rules.

In addition, following are applicable for drugs, dressings & Medicines

1. The purchase will be governed by the TERMS AND CONDITIONS laid down in the Tender notice issued for the above said Rate Contract/ quotation and should be executed strictly in accordance with the specifications detailed therein. 2. The rate(s) of the medicine(s) at which the supply order has been placed is subjected to be changed if necessary, consequent upon the Govt. of India Drug Price Controller's orders 1970 & the decision taken thereon. The payment in respect of such supply shall be made only after the final decision of the Government of India is announced. 3. Supplies of stores should normally be of the same batch. Stores declared not of standard quality on testing will have to be replaced within six weeks from the date of intimation issued by this office as per terms and conditions of Rate Contract, failing which the full cost of stores will be deducted from your incoming bill(s) and such sub-standard stores, if not collected within six weeks from the date of its intimation will be destroyed at your risk and cost without any further reference. 4. Stores being supplied should not be "OLDER THAN 1/6 THE OF ITS USEFUL LIFE" otherwise the same is liable to be rejected. Batch No. date of manufacturing & date of expiry should also be mentioned on the body of challans. 5. All outer and inner containers of medicines / stores should be clearly marked "ESI" SUPPLY - NOT FOR SALE. 6. In the case of supply of medical stores under RATE CONTRACT, if the firm fails to execute the supply order within the stipulated period of delivery, a penalty of 2% of the value of order calculated at the contracted rate per week or a part of week will be recovered subject to maximum of 10 percent. Certificates to the following effect may be endorsed on the body of bill(s) of the stores supplied. (a) Certified that the medicines /articles charged for in the bill is / are proprietary brand and the prices charged are not higher than those at which supplies of these medicines/ articles are being made to Govt. Hospitals / Institutions or Departments. (b) Certified that the supplies for which payment is claimed in this bill have suffered C.S.T/ S.T/VAT and we are legally entitled to it and the same will be paid in due course. 7. Bill(s) for part supply will normally not be admitted for payment and the same should be preferred only after executing the supply order, in FULL. 8. Bill should be rounded off to a nearest whole rupee, i.e. fraction of rupee below 50 paise be ignored and 50 paise and above to be rounded off to the next higher rupee immediately after the net total of the amount on the bill and to be expressed in words. 9. Bill older than one year will normally not be entertained for audit and payment. 10. DOOR DELIVERY of stores will be appreciated to avoid deductions due to breakage of stores demurrage charges and also for early payment of the Bill(s).

Yours Sincerely,

Copy for Information and necessary action to

1. Finance and Accounts Branch, ESIC Hospital - Rohini, ESIC Hospital & Dental College, Sector 15A, Rohini, New Delhi, Delhi-110089, Delhi (Sanction of the competent authority exists in the File no. \_\_\_\_\_ at Page No. \_\_\_\_\_, dated \_\_\_\_\_, and concurrence of F & A exists on the File no. \_\_\_\_\_ at Page No. \_\_\_\_\_ dated \_\_\_\_\_)

2. Bill Section, <style pdfFontName=Times-Bold>ESIC Hospital - Rohini</style>, <style pdfFontName=Times-Bold>ESIC Hospital & Dental College, Sector 15A, Rohini, New Delhi, Delhi-110089, Delhi</style>

3. Supplier Name: MS. INDRAJIT HEALTHCARE

Supplier Address: F-4, FIRST FLOOR, PANKAJ CORNER PLAZA-3 PLOT NO. 3, LSC, I.P. EXTENSION PATPARGANJ Delhi

4. Office Copy