



# CIBA



भाकृअनुप - केन्द्रीय खारा जलजीव पालन अनुसंधान संस्थान  
ICAR - CENTRAL INSTITUTE OF BRACKISHWATER AQUACULTURE

ISO 9001:2008 CERTIFIED [www.ciba.res.in](http://www.ciba.res.in)

(Indian Council of Agricultural Research, Govt. of India) 75, Santhome High Road, Raja Annamalai Puram, Chennai - 600028, Tamil Nadu, India

## Form for Registration of Vendors

1. Name of the Company : \_\_\_\_\_
  
2. a) Head Office / Registered Office : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Telephone No : \_\_\_\_\_  
  
Fax No : \_\_\_\_\_  
  
Email : \_\_\_\_\_  
  
Web site (if any) : \_\_\_\_\_  
  
Date of Establishment : \_\_\_\_\_  
  
b) Branch Office in Chennai : \_\_\_\_\_  
If any : \_\_\_\_\_  
  
Telephone No. : \_\_\_\_\_  
  
Fax No. : \_\_\_\_\_
  
3. Name of Chief Executive /  
Proprietor / Partners : \_\_\_\_\_  
  
Telephone No. : \_\_\_\_\_  
  
Fax No. : \_\_\_\_\_  
  
Email : \_\_\_\_\_
  
4. Name of contact person : \_\_\_\_\_  
  
Fax No. : \_\_\_\_\_  
  
Email : \_\_\_\_\_

**5. Type of Organization****Documents to be enclosed**

- |                            |                          |                                 |
|----------------------------|--------------------------|---------------------------------|
| a. Proprietary             | <input type="checkbox"/> | Trade License                   |
| b. Partnership             | <input type="checkbox"/> | Partnership Deed, Trade License |
| c. Private Limited Company | <input type="checkbox"/> | Memorandum of Article           |
| d. Public Limited Company  | <input type="checkbox"/> | Certificate of Registration     |
| e. Public Sector           | <input type="checkbox"/> | Trade License                   |

**6. Nature of Business**

- |                      |                          |              |                          |                      |                          |
|----------------------|--------------------------|--------------|--------------------------|----------------------|--------------------------|
| Manufacturing        | <input type="checkbox"/> | Service      | <input type="checkbox"/> | Dealership           | <input type="checkbox"/> |
| Stockist             | <input type="checkbox"/> | Indian Agent | <input type="checkbox"/> | Indian Branch Office | <input type="checkbox"/> |
| Repair & Maintenance | <input type="checkbox"/> | Fabrication  | <input type="checkbox"/> | Others _____         |                          |

**7. Class/Type of Product / Materials Manufactured / Sold / Serviced/ Fabricated:**

- |  |                          |
|--|--------------------------|
| 1. Laboratory Instruments / Scientific Equipments                                  | <input type="checkbox"/> |
| 2. Farm machineries, Field Equipments and Feed Mill machineries                    | <input type="checkbox"/> |
| 3. Tools/ Tanks and Aquatic machineries  | <input type="checkbox"/> |
| 4. Pumps & Motors for Water Supply/Aeration  | <input type="checkbox"/> |
| 5. Information Technology - Computer, Peripherals, Software, Office Automation etc | <input type="checkbox"/> |
| 6. Electronic Items such as Photocopier, Fax, etc                                  | <input type="checkbox"/> |
| 7. Laboratory/Office furniture   | <input type="checkbox"/> |
| 8. Electrical items/ appliances  | <input type="checkbox"/> |
| 9. Plumbing items (GI, PVC, CPVC etc.)   | <input type="checkbox"/> |
| 10. Others (Specify Feed Ingredients/Furnishing/Gases,etc.).....                   | <input type="checkbox"/> |

**Note:** Supporting documents such as 1) User list with contact number, 2) Manufacturing Certificate (if bidder is a manufacturer) 3) Authorization certificate from principal manufacturer (if the bidder is an agent/ dealer distributor) to be provided for consideration of selected item(s) .

**8. Annual Turnover during last 3 years (Rs. Lakhs) (Enclose Balance Sheet for last year)**

- a) 2014-15 \_\_\_\_\_  
b) 2015-16 \_\_\_\_\_  
c) 2016-17 \_\_\_\_\_

**9. Documents required for e-payment**

- a) ECS Mandate (as per enclosed format) Form  
b) Copy of cancelled cheque leaf

**10. Commercial Information Registration (Enclose Attested Copy wherever Applicable)**

- a CST Regn. No. : \_\_\_\_\_  
b State ST Regn: No : \_\_\_\_\_  
c TIN No. : \_\_\_\_\_  
d Excise Center No. : \_\_\_\_\_  
e Trade License No : \_\_\_\_\_  
f Service Tax Regn.No. : \_\_\_\_\_  
g PAN No : \_\_\_\_\_

**11. Details of Major Customers**

Names of Autonomous institutions/Government departments/Major Public sector undertakings/Research and Development institutions where your firm is registered.

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

**12. Details of Registration fee**

**Registration fee of Rs.15,000/-(Non-Refundable) drawn in favour of "ICAR UNIT, CIBA payable at CHENNAI" to be submitted alongwith the application.**

BC/DD.No : \_\_\_\_\_ Date : \_\_\_\_\_  
Bank : \_\_\_\_\_  
Branch : \_\_\_\_\_

## DECLARATION BY VENDOR

I /we confirm that

1. No employee or direct relation of any employee of CIBA is in any way connected as Partner/Shareholder/Director/ Advisor/ Consultant/ Employee etc. with the Company.
2. The information furnished are correct to the best of my knowledge and belief.

(Signature of Proprietor/Partner/Chief Executive)

Name: (In Capital Letter)

Place:

(Seal of Vendor)

Date:



## Vendor Registration

### GENERAL INSTRUCTIONS TO VENDORS

1. The Vendor must have experience of supplying goods! Providing services in relevant! Similar lines for at least three years.
2. The Vendor must have Sales Tax Registration No. /Service Tax/VAT registration No. separate PF code No. /Permanent Account No/ TIN/ whichever is applicable **(Applicable for Indian Vendors Only)**.
3. Vendors are required to complete all parts of the form and provide-exhaustive information requested therein in one go to the satisfaction of CIBA. Wherever the answer is a statement of fact, it must be accurate and supported by documentary evidence as' required. Wherever it is a statement of opinion, it must be both true and reasonable. It is Vendor's responsibility to answer the question with such clarity that will ensure CIBA does not misinterpret any of the responses
4. The registration process will consist of a multiphase evaluation with the possibility of Vendor's presentation, Factory/ Site visit for inspection, verification of documents/Information, assessment turnover, past performance, infrastructure. After completion of document review and other 'assessment, as applicable, the case shall be taken up for approval .by competent authority and issue of registration letters.
5. **SUCCESSFUL REGISTRATION BY CIBA IS NO GUARNATEE OF ANY FUTURE AWARD OR WORK OR INCLUSION ON A PARTICULAR TENDER LIST**
6. Any inaccuracy in any response given in the form, or failure to substantiate any response as required by CIBA may result in the failure to qualify for inclusion in the Vendor Master Data Base (VMDB). Wherever any such information comes to notice at a later date, the vendor may be removed from the Vendor Master Data Base (VMDB).
7. Any vendor providing false information or grossly inaccurate or forged documents will stand automatically disqualified for consideration of registration for this or any other future notifications for a minimum period of three years. Again, if such information comes to light after successful qualification and registration, CIBA reserves the right to remove the vendor from the Vendor Master Data Base for the category/item /group/area.



c)

8. It will be the responsibility of the vendor to submit/update CIBA with latest audited Balance Sheet and also to keep CIBA informed of any such matter that may affect the vendor's continued qualification and attributes. If the vendor's future circumstances change so that they no longer meet the registration qualification criteria for that particular category/item/group/area then the vendor should promptly inform CIBA and CIBA reserves the right to remove the vendor from the Vendor Master Data Base (VMDB).
9. Throughout the period of Vendor's registration validity, the vendor shall voluntarily update CIBA with any time-sensitive data supplied at the time of original application for registration without any obligation on part of CIBA to seek such information for continuance of the registration
10. CIBA keeps the right to undertake further pre-tender qualification to identify suitable tenderers for a particular tender list
11. CIBA reserves the right to restrict the size of any specific tender list, in accordance with their regulations to a level, which is justified by the characteristics of the award procedure and resources required to complete it.
12. Retention of suppliers in VMDB shall be subject to satisfactory performance on "execution of orders and evaluation of performance by CIBA
13. **Registration shall be accorded for a period of three years. April 2017 to March 2020.**
14. Director, CIBA reserves the right to accept or reject any Vendor.
15. Application should be submitted along with a registration fee of **Rs.15,000/** (Non-Refundable); in the form of a DD drawn in the favor of **"ICAR UNIT, CIBA" payable at Chennai.**
16. Filled in applications with enclosures should be sent to "The Assistant Administrative Officer (Stores), Central Institute of Brackishwater Aquaculture, # 75, Santhome High Road, Raja Annamalaipuram, Chennai - 600028" superscribing in the envelope **"Vendor Registration"**.
17. Firms registered with the institute as suppliers need not pay EMD (for item value upto Rs. 5,00,000/-). Other need to pay EMD @ 2 to 5% of the estimated value of the goods.

**Note:** The firm should be registered with the Institute as "supplier" before Submitting tenders. Completed application forms should be submitted along with the Registration fee of Rs. 15,000/- (Non-Refundable) in the form of D.D.drawn in favour of "ICAR Unit, CIBA" payable at Chennai.

केन्द्रीय खारा जलजीव पालन अनुसंधान संस्थान (भारतीय कृषि अनुसंधान परिषद)  
#75, संथोम हाई रोड, राजा अण्णामलैपुरम, चेन्नई - 600028, तमिलनाडु, भारत

Phone EPBX: +91 44 24618817, 24616948, 24610565

Fax: +91 44 24610311

Email: director.ciba@icar.gov.in, director@ciba.res.in





**FORM DPM-11**

**MODEL ECS MANDATE FORMAT**

Customer's option to receive payments through e-Payment (CS/EFT/DIRECT/RTGS/NEFT/Other payment mechanism as approved by RBI).

**Credit Clearing Mechanism**

1. Customer's Name :
2. Particulars of Bank Account :
  - a) Bank Name :
  - b) Branch Name :
  - c) Address :
  - d) Telephone numbers :
  - e) IFSC Code :
  - f) 9 Digit code number of Bank and Branch appearing on MICR  
Cheque issued by Bank :
  - g) Account Type (S.B. Account/  
Current Account or Cash) :
  - h) Ledger number :
  - i) Account number as appearing on  
Cheque book :
  - j) E. Mail id :
  - k) Mobile No. :
3. Please attach a blank cancelled cheque, or, photocopy of a cheque or front page of your bank pass book issued by your bank for verification of the above particulars.
4. Date of Effect :

"I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participants under scheme."

Date: (.....)  
Signature of Customer

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp (.....)

Date Signature of the Authorized Official from the Bank.