



No: AIIMS/R/CS/Patho/20/29/PAC/RC/

Dated:- 02.06.2020

NOC

**Sub:-** Rate Contract of **Consumable Item for Liquid Based Cytology System (LBC) Under PAC in the Pathology & Lab Medicine Department at, AIIMS, Raipur on Proprietary basis- Inviting Comments Thereon.**

The institute is in the process to purchase of **Consumable Item for Liquid Based Cytology System (LBC) Under PAC in the Pathology & Lab Medicine Department at, AIIMS, Raipur, from M/s Becton Dickinson India Pvt Ltd Boomerang, Unit No. 310, A – wing 3<sup>rd</sup> floor, Chandivali farm Road Near Powai, Andheri – East Mumbai on proprietary basis. The local agent for above item is M/s Varad Corporation c- 314 Shailendra Nagar, Raipur (C.G.). The proposal submitted by department of Pathology & Lab Medicine at AIIMS, Raipur and PAC Certifications are attached which is to be upload on website.**

The above documents are being uploaded for open information to submit objection/ comments, if any from any manufacturer/distributor/dealer regarding proprietary nature of the items within 07 days from the date of issued/uploading of the notification by reference No. AIIMS/R/CS/Patho/20/29/PAC/RC/. The objection/comments should be sent to Stores Officer, Gate No. 05 Medical College Building, 2<sup>nd</sup> floor AIIMS, Raipur or may be send to email id: store@aiimsraipur.edu.in on or before 09.06.2020 up to 3.00 pm. failing which it will be presumed that any manufacturer/distributor/dealer having no objection/comments to the uploaded offer.

**Encl:-**

01. Proprietary letter of Vender.
02. Authorization letter of Vendor.
03. Certificate for Purchase of Proprietary Article

  
**Stores Officer**  
**AIIMS Raipur (CG)**  
**भंडार अधिकारी (के क्रय)**  
**Stores Officer (CP)**  
**एम्स, रायपुर (छ.ग.)**  
**AIIMS Raipur (C.G.)**



3

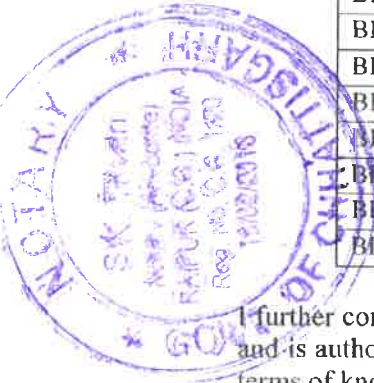
BD Life Sciences  
7 Loveton Circle  
PO Box 999  
Sparks, MD 21152

bd.com

### Proprietary Article Certificate

I hereby declare that the products listed below are registered trademarks of Becton, Dickinson and Company. All trademarks mentioned below are proprietary items under international intellectual property rights.

PRODUCT	CATALOG NO.
BD SurePath™ GYN Preservative Vial Kit	490527
BD SurePath™ PreCoat Slides	491248
BD PrepMate™ Installation Kit	491288
BD PrepStain™ Install Kit	491289
BD PrepStain™ Non-GYN Test Kit	491303
BD CytoRich™ Red Preservative	491336
BD SurePath™ Preservative Fluid	491337
BD SurePath™ GYN Preservative Vial Kit with Cervex Brush	491438
BD SurePath™ Direct-to-Slide	491451
BD SurePath™ Collection Vial Kit 500	491452
BD PrepStain™ Consumables Kit	491454
BD PrepMate™ Consumables Kit	491455



I further confirm that Becton, Dickinson India Pvt. Ltd. (BD India) is a 100% subsidiary in India and is authorized to market these products as proprietary items and provide necessary services in terms of knowledge and training.

For Becton, Dickinson and Company  
Sincerely,

Mark Sistare  
Regulatory Affairs Manager

12 Mar 2019  
Date

State of North Carolina  
County of Durham  
I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:  
Mark Sistare  
Name of Principal(s)  
Date: 12 MAR 2019  
Sandra B. Brinson  
Notary Public's Signature  
My Commission Expires 08 Sept 2023

SANDRA D. BRINSON  
Notary Public  
Wake County, North Carolina  
My Commission Expires 08/09/2023



Advancing the world's health

30 JAN 2020

Patho/145/201w/Anims/RPR  
05/02/2020



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## LETTER OF AUTHORIZATION

To whom it may concern,

We, Rovers Medical Devices B.V., located at Lekstraat 10, 5347 KV Oss, The Netherlands, hereby authorize Becton, Dickinson India Pvt. Ltd. (BD India), a subsidiary of Becton, Dickinson and Company, to register, distribute, and sell the proprietary products listed below and provide necessary service in terms of knowledge and training.

PRODUCT	Rovers Catalog No.	BD Catalog No.
Rovers® Cervex-Brush®	380100331	490524 491461 490722
Rovers® Cervex-Brush Combi®	380101031	490526 491462 490723



The present LOA is drawn up at the request of the interested party in order to be submitted to the Health Authorities of India.

Oss, March 11<sup>th</sup>, 2019

On behalf of Rovers Medical Devices B.V.

H. Vissers  
Quality Assurance/Regulatory Affairs Manager

DOC.ID.:2019070A

Rovers Medical Devices B.V. Lekstraat 10 • 5347 KV Oss • The Netherlands • T +31 (0)412 648 870 • F +31 (0)412 623 835  
 info@roversmedicaldevices.com • www.roversmedicaldevices.com  
 VAT nr. NL806793119801 • CoC nr. 16089473 • BIC: INGBNL2A • IBAN: NL67INGB0655288716  
 Our general conditions registered at the Chamber of Commerce in 's-Hertogenbosch are applicable to all our agreements.



30 JAN 2020



Becton Dickinson India Pvt Ltd  
Regd . Office: 204, Tolstoy House  
15, Tolstoy Marg, New Delhi-110001, INDIA  
CIN : U74899DL1995PTC064117  
bd.com

Date: 28.01.2019

BD/BC/GGN/Jan/17-20

To,  
The Store  
All India Institute of Medical Science  
Raipur (M.P.)

Sub: Authorization for Varad Corporation Confirmation

Dear Sir,

This is inform you that Varad Corporation address C-314 SHAILENDRA NAGAR , RAIPUR ( CG) 492 001 is our authorized dealer for supply WHC Media and Kits at your esteemed organization.  
The authorization is valid for 31.03.2021

Thanking you in anticipation,

Regards,

For Becton Dickinson India Pvt. Ltd (BD INDIA)

  
Ashutosh Singh  
Branch manager - Diagnostic Systems  
BD India Pvt Ltd  
Email : ashutosh\_singh2@bd.com  
Mob : +91.9820403725

ATTESTED

  
S.K. TIWAR.  
NOTARY (ADVOCATE)  
RAIPUR (C.G.)

30 JAN 2020

Identifying Witness

Becton Dickinson India Private Limited  
Regd. Office : 204, Tolstoy House, 15, Tolstoy Marg, New Delhi-110 001, INDIA



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)  
 All India Institute of Medical Sciences, Raipur (Chhattisgarh)  
 Tatibandh, GE Road,  
 Raipur-492 099 (CG)  
[www.aiimsraipur.edu.in](http://www.aiimsraipur.edu.in)

स्वामित्व प्रमाण पत्र  
**Proprietary Article Certificate**

फाइल संख्या और संदर्भ File Number and Reference		
1	सामाग्री का विवरण Description of article	Consumables reagents for Liquid Based Cytology System (20)
2	पूर्वानुमानित मात्रा/वार्षिक आवश्यकता Forecast of quantity/annual requirement	As per PPRF
3	उपरोक्त मात्रा हेतु अनुमानित मूल्य Approximate estimated value for above	As per PPRF
4	निर्माता का नाम एवं पता Maker's name and address	BD INDIA PVT. Ltd. Boomerang Unit NO. 310, A Wing 3rd Floor, Chandivdi Farm Road Near Powai, Andhri East Mumbai. 400172
5	अधिकृत डीलर/स्टाकिस्ट का नाम Name(s) of authorised dealers/stockists	M/s Varad Corporation C-314, Shailendra Nagar Raipur - 492001 (CG)
6	<p>मैं पी ए सी के आधार पर उपरोक्त खरीद को स्वीकार करता हूँ और यह प्रमाणित करता हूँ कि:                      नोट- (बी), (सी-1) या (सी-2) में से केवल एक को बनाए रखने के लिए टिक करें, जो भी लागू हो और दूसरो को काट दें। कृपया (ए) टिक कर पुष्टि करें इसके बिना पीएसी प्रमाण पत्र अवैध होगा                      I approve the above purchase on PAC basis and certify that:-                      Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others.                      Please do confirm (a) by ticking it - without which PAC certificate will be invalid.</p>	
6 (a)	यह एकमात्र फर्म है जो इस मद का निर्माण/संग्रहण कर रहा है। और This is the only firm who is manufacturing /stocking this item. AND	✓
6 (b)	किसी अन्य फर्म द्वारा समरूप मद निर्मित/विक्रय नहीं किया जाता है, जिसका उपयोग इसके बदले किया जा सकता है। अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	✓
6 (c-1)	कोई अन्य मेक/ब्रांड निम्नलिखित कारणो ( जैसे ओईएम/वारंटी के) के लिए उपयुक्त नहीं होगा। अथवा No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR	
6 (c)	कोई अन्य मेक/ब्रांड निम्नलिखित कारणो से उपयुक्त नहीं होगा (अगर पीएसी	

	पिछले खरीद में भी दिया गया था, तो कृपया इसके बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	
7	प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by stores & Account Department)	

पिछले तीन सालों में इस मद की पीएससी खरीद का इतिहास नीचे दिया जा सकता है (यदि कोई हो) History of PAC purchase of this item for past three years may be given below (if any)

प्रदायक का नाम Name of the Supplier	M/s Varad Corporation		
आदेश/निविदा संदर्भ और दिनांक Order/Tender reference & Date	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर (₹) Basic Rate on order (Rs.)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any
AIIMS/R/CS/PAC/18/46/ST/50295, date-11.06.2018	As per P.O.	As per P.O.	Nil
AIIMS/R/CS/PAC/18/141/ST/51223 date-13.08.18	As per P.O.	As per P.O.	Nil
Nil	Nil	Nil	Nil

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर

डॉ. निगहत हुसैन  
Dr. Nigahat Hussain

दिनांक 02/01/2020

अतिरिक्त - (अतिरिक्त) कोऑर्डेटी मेडिसिन)  
Additional - (अतिरिक्त) कोऑर्डेटी मेडिसिन)  
अखिल - (अतिरिक्त) कोऑर्डेटी मेडिसिन)  
All India Institute of Medical Sciences, Raipur (C.G.)

CS/1/031



**Purchase Pr**

To  
The Director,  
AIIMS, Raipur.

Dept Indent No. 14-243

Department : **Department of Pathology & Lab Medicine**

Nature of Items:  PAC / Non PAC (if yes, kindly filled PAC  
[PAC = Proprietary Article Certificate])

**Types of Material:**

<input type="checkbox"/>	Consumable
<input type="checkbox"/>	Non-Consumable
<input type="checkbox"/>	Capital Asset
<input type="checkbox"/>	Imported
<input type="checkbox"/>	Indigenous

Please Tick where ever-applicable

► **Item Details of Required Items**

S.No.	Complete Description of items (Specification Model, Catalog No)		
	Use separate Sheet if required & signed by indenter and HOD		
	Reagent Name	Pack size	Make/Brand
	BD SurePath GYN Lab Pack Kit (Pack Size 480 Test) for PrepStain System	One Kit (480 Test)	BD

**Justifications:** The reagent is required to perform tests on  
Medicine. This requested quantity is for next 6-8 weeks Rate

► **Warranty / AMC / CMC (if required)**

Sr.	Name of Item	Warranty Period (in year)

► **Consumption detail (If any)**

Sr. No.	Name of Item	Item code