

Section III: Returnable Bidding Forms

Supply of Medical Equipments (Biomedical Waste Autoclaves 60 L , 40L, 20 L and Biomedical waste Shredder 25kg/hr) to Department of Health and Family Welfare, Government of Mizoram under Mizoram Health System Strengthening Project (MHSSP); e-Sourcing reference: (ITB/2025/55990)

Note to Bidders: The following returnable forms are part of this ITB and must be completed and returned by bidders as part of their Bid. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed and return them as part of your bid by uploading them against their specific Document Checklist in the UNOPS e-Sourcing system.

This Section comprises the following Returnable Bidding Forms:

- Form A: Offeror Information Form
- Form B: Joint Venture Partner Information Form
- Form C: Bid Submission Form
- Form D: Price Schedule Form
- Form E: Technical Bid Form
- Form F: Delivery Requirement and Distribution Breakdown List
- Form G: Performance Statement Form
- Form H: Manufacturer's authorization form
- Form I: Performance Security Form

****Copies of Product Literature / Manual / Catalogue of the offered products along with valid copies of Certifications and Quality Standards for each Lot/s offered are to be furnished.**

Form A: Offeror Information Form

The Offeror shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.

ITB reference no: (ITB/2025/55990)

Name of Offeror: [insert name of Offeror]

Date: [insert submission date]

1. Background and Expertise of Organization:

Full legal name of Offeror	[complete]
What year was your firm/organization established?	[complete]
Address of registered office	[complete]
Name of Offeror Representative	[complete]
Has your firm/organization ever filed or petitioned for bankruptcy? (If YES, explain in detail the reasons why, filing date, and current status.)	[complete]
Does your firm have an actual or potential conflict of interest in this procurement process? (Refer to Section I: Instructions to Bidders, Article 3, for details on conflict of interest)	[Insert either "No", or "Yes" in which case please provide details on your actual or potential conflict of interest here]

2. UNGM Registration and UNOPS Vendors

As part of the Proposal, it is desired that the Offeror goes to the United Nations Global Marketplace (UNGM) registration website: <https://www.ungm.org/Registration/RegisterSupplier.aspx> and fills out the registration. If the Offeror is already registered with UNGM, please provide your UNGM registration number in the table below and please ensure that your firm's information on UNGM is current.

The Offeror may still Proposal even if not registered with the UNGM. However, if the Offeror is selected for Contract award, the Offeror must register on the UNGM prior to Contract signature.

Are you a UNGM registered vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, [insert UGNM vendor number]
Are you a UNOPS vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, [insert UNOPS vendor ID]

3. Contact details of persons that UNOPS may contact for requests for clarification during Proposal evaluation

Name/Surname	[complete]
---------------------	------------

Title	[complete]
Tel Number (direct)	[complete]
Email address (direct):	[complete]

Form B: Joint Venture Partner Information Form

The Bidder shall fill in this Form in accordance with the instructions indicated below.

ITB reference no: [ITB/2025/55990](#)

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/ Consortium/ Association.

JV / Consortium/ Association Information; if applicable	
Name	[complete]
Names of each partner and contact information (address, telephone numbers, fax numbers, e-mail address)	[complete]
Name of leading partner (with authority to bind the JV, Consortium, Association during the Bidding process and, in the event a Contract is awarded, during contract execution)	[complete]
Proposed proportion of responsibilities between partners (in %) with indication of the type of the services to be delivered by each	[complete]

Signatures of all partners of the JV:

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the fulfilment of the provisions of the Contract.

Name of partner: _____

Name of partner: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Form C: Bid submission form

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Subject: ITB for the provision of Supply of Medical Equipments (Biomedical Waste Autoclaves 60 L with shredder for DH, 40L for CHC and 20 L for PHC) to Department of Health and Family Welfare, Government of Mizoram under Mizoram Health System Strengthening Project (MHSSP); e-Sourcing reference: ITB/2025/55990

We, the undersigned, declare that:

- a. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
- b. Our quotation shall be valid for the period of time of **90 Days** from the date fixed for the submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- c. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS ;
- d. Our firm confirms that the offer or and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
- e. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the Contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 3, Eligibility (Section I);
- f. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
- g. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
- h. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any Contract awarded.

I, the undersigned, certify that I am duly authorized by [**insert full name of bidder**] to sign this quotation and bind [**insert full name of bidder**] should UNOPS accept this quotation:

Name: [complete]

Title: [complete]

Date: [complete]

Signature: _____

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

Form D: Price Schedule Form

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

ITB reference no: [ITB/2025/55990](#)

Currency	INR
-----------------	-----

Table 1: Cost breakdown per deliverable/output

Prospective vendors should include clear timelines for the assignment keeping in mind the Key Outputs and Deliverables as per Section II, Schedule of requirement

Lot No	Description	Quantity	Unit Price	Delivery Timeline (from signing of contract)	Total price excl. taxes & duties
Lot 1	Biomedical Waste Autoclave 60 L (± 10%) - High pressure autoclave for DH/SDH	11		Within 60 days	insert
Lot 2	Biomedical Waste Shredder (25Kg / hr)- For DH/SDH	11		Within 60 days	insert
Lot 3	Biomedical Waste Autoclave 40 L (± 10%) - High pressure autoclave for CHC	10		Within 60 days	insert
Lot 4	Biomedical Waste Autoclave 20 L (± 10%) - High pressure autoclave for PHC	67		Within 60 days	insert
	Taxes and Duties				insert
	Total Price including duties and taxes				insert

Note:

*DDP: Delivery Duty Paid (INCOTERM)

*GST (Goods and Service Tax). Please indicate item wise/lot wise GST percentage

*UNOPS shall compare all substantially responsive bids to determine the lowest priced substantially compliant offer. Bid comparison will be made on the total cost per lot, delivered to the final destination. For the purpose of creating a stockpile of spare parts for the final user, UNOPS reserves the right to increase or decrease the quantities of goods for not more than 20% of the total price per lot without any change in the unit prices or other terms and conditions of the bid and the Bidding Documents.

* If any bidders wish to quote in any other form of currency, they can use the UNORE equivalence in INR (Indian Rupees) of bid submission deadline.

List of subcontractors or suppliers

Bidder must identify the names of all subcontractors/suppliers who will be providing goods/services under this Contract and the type of work being subcontracted, if applicable.

- (A) [Full legal name and address of subcontractors]
- (B) _____
- (C) _____

List of legal entities associated to the Bidder

Bidder must also identify and disclose any information regarding all legal entity/s associated to it, by providing their full legal name and address:

[Full legal name and address of the associated legal entity]

- (A) _____
- (B) _____
- (C) _____

In case of no related entities, the Bidder must sign the following statement to that effect:

[Delete or cross out if not applicable]:

I, the undersigned, certify that there are no legal entities associated to the [insert full name of Bidder]

_____.

I, the undersigned, certify that I am duly authorized by [insert full name of Bidder] to sign this quotation and bind [insert full name of Bidder] should UNOPS accept this quotation:

Name : _____

Title : _____

Date : _____

Signature : _____

Form E: Technical Bid Form (Comparative Data Table)

ITB reference no: : **ITB/2025/55990**

Name of Bidder: **[Insert name of Bidder]**

Bidders are required to complete Annex.III as below to demonstrate compliance with UNOPS Minimum requirements. Bidders are NOT allowed to make any change in the "UNOPS Minimum Technical Requirements". Such changes might disqualify your quotation.

Annex.-III-Compliance Sheet (Submit the Compliance Sheet in company(if it's a manufacturer) Letterhead /OEM's(is it's a supplier/distributor and not a manufacturer) Letterhead duly signed by the authorised signatory)

Sl. No	UNOPS Minimum Technical Requirements	Compliance (Yes/No)	Remarks
1	Vertical Autoclave - Steam jacketed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment should be designed for sterilization of regulated biomedical waste generated from hospital for destruction of bacteria and related organism (Spores).		
Product Eligibility Criteria:			
1	Should be CE certified and BIS approved product.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Manufacturer should be ISO certified for quality standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Shall meet General Requirements of Safety for medical devices from a competent authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Should have valid electrical and functional safety test report from ERTL / BIS or test report provided by Govt.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Copy of the certificate/test report shall be produced along with the technical bid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chamber Volume:			
1	Should have chamber volume of aprox. 60 Litres ($\pm 10\%$) for DH and SDH, 40 Litres ($\pm 10\%$) for CHC & 20 Litres ($\pm 10\%$) for PHC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Should have a triple walled construction and steam jacketed type. (Operating a vacuum autoclave, medical waste shall be subjected to a minimum of three pre-vacuum pulse to purge the autoclave of all air.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	The working chamber, steam jacket, outer chamber and the lid should be made of SS 316 grade.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Should have water inlet and outlet valves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Should have a water level gauge.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Should have gauges for measuring inner and outer steam pressure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Should have an inner temperature indicator.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Should have automatic pressure control switch, safety valve and eject valve.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9	Should have joint-less silicone gasket, with BIS rating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Should have automatic low water protection (cut off with audible alarm) and should not use high voltage earthing system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Should have 121°C working temperature at 15 psi pressure per autoclave residence time of not more than 45 minutes or 135°C working temperature at 31 psi pressure per autoclave residence time of not more than 30 minutes. The air removed during the pre-vacuum, cycle should be decontaminated by means of HEPA and activated carbon filtration, steam treatment, or any other method to prevent release of pathogen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Chamber volume for 60 Liters should be approximately 375mm diameter and 550mm depth. For 40 Liters should be approximately 325mm diameter and 500mm depth. For 20 Liters should be approximately 275mm diameter and 350mm depth	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Should have foot operated lid opening with radial locking lid.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Should have vacuum system with minimum vacuum of 6 inches mercury (- 0.2 kg/ cm2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Should supply minimum 2 nos of bins of compatible & suitable size for autoclave.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Water inlet and outlet pipe should be provided and connections should be done.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	The piping and the fittings are of stainless steel and brass.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	Epoxy powder coated compatible stand to place Autoclave	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spore testing			
1	The autoclave should completely and consistently kill the approved biological indicator at the maximum design capacity of each autoclave unit. Biological indicator for autoclave shall be Geobacillusstearothermophilus spores using vials or spore Strips; with at least 1X10 ⁶ spores.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	The pressure test certificate should be submitted with the bid.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The equipment (Autoclaves) should have following features:			
1	Heating Element, should be BIS rating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Pressure Gauge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Digital Temperature & Pressure Indicator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Temperature recorder with printing facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Steam release valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Door lock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Safety valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	User control	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Timer Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Water Level Indicator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Biohazard symbol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Warranty: 3 years on-site comprehensive warranty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Documentation: 1. User's Manual, 2. Log-Book Epoxy powder coated compatible stand to place Autoclave	<input type="checkbox"/> Yes <input type="checkbox"/> No	

14	Accessories required: Heating Element- 05 Nos, should be BIS rating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Spare Parts & Consumables- use only genuine OEM-approved spare parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Power Input voltage- 220V AC, 50Hz, single-phase fitted with Indian plug of appropriate rating.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

UNOPS Minimum Technical Requirements of Biomedical Waste Shredder (25Kg / hr)- For DH/SDH				
General			Compliance (Yes/No)	Remarks
1. Use				
1.1	Overview of Functional Requirement	A closed system shredder designed for shredding of recyclable plastic hospital where the final treated waste should be non- reusable & non recognizable and should be reduced to 70 to 80% of the volume.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standards and Safety				
2. Quality Standard relating to				
2.1	Product	a) Product should be CE or BIS approved product. b) Cutter motor should be ISI marked. c) Should be CPCB approved with compliance under Gazette Notification 1998 and revisions there upon.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.2	Manufacturer	Should be ISO 9001 certified for quality standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3	Electrical Safety	Should conform to the standards for electrical safety as per BIS.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.4	Test certificates	Test certificates from Govt. approved laboratory or NABL approved laboratory for Steel grade certificate should be furnished in the technical bid.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical				
3. Technical requirements, desirable characteristics:				

3.1	Operational requirement	<p>1. Should be of robust design with minimum maintenance requirement.</p> <p>2. Should be properly designed and covered to avoid spillage and dust generation. It should be designed such that it has minimum manual handling.</p> <p>3. The hopper and cutting chamber of the shredder should be so designed to accommodate the waste bag full of biomedical waste.</p> <p>4. The shredder blade should be highly resistant and should be able to handle/ shred wet waste, especially after microwave/ autoclave/ hydroclave.</p> <p>5. The motor should be connected to the shredder shaft through a gear mechanism, to ensure low rpm and safety for better gripping and cutting of the biomedical waste.</p> <p>6. Should have induction motor and the minimum capacity of the motor attached with the shredder should be adequate enough for carrying out for 25 Kg/hr. This would ensure efficient cutting of the bio- medical waste as prescribed in the bio- medical waste (Management & handling) Rules.</p> <p>7. Should be provided with sliding System to avoid spreading of waste during removal of collection trolley.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2	Technical characteristics:	<p>a) Capacity of Shredder: 25 Kg/Hr</p> <p>b) Type: Low Speed / Low RPM (preferably 30 to 40 rpm)</p> <p>c) Material of Construction of Outer Body: Mild Steel (M.S), 5 mm Thickness</p> <p>d) Material of Construction of Cutter : Non-Corrosive & hardened Alloy Steel</p> <p>e) Waste Feeding Platform: MS Structure having minimum 3 feet height from discharge point to ground level.</p> <p>f) Waste Feeding System : Manual Through Hopper</p> <p>g) Electric Load: 3 KW or less with at least 4HP induction motor</p> <p>h) Shaft : Double Shaft</p> <p>i) Drive : Belt or Gear Drive</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3.7	Control Panel	a) Should be Pre-Wired and Powder Coated. Should be provided with auto stop/reversing, Emergency stop & Limit Switch with audio and/or visual alarm or indicator for the stoppage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Safety Features to operate this type of device				
4.1	Operational Safeties	a) Interlocking with Limit Switch b) Shock proof & insulated as per safety norms. c) Protection against scattering of shredded waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.2	Safeties for Overloading	a) Reverse Motion to avoid overloading or jamming mechanism b) Motor overload protection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3	Automatic emergency stop	a) Limit switch should be provided to switch off the Shredder if hopper lid or door of collection box is opened, so that shredder should stop automatically for safety of operator. b) In case of shock-loading (non-shred able material in the hopper), there should be a mechanism to automatically stop the shredder to avoid any emergency/ accident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.4	General Safety	a) The unit should be suitably designed for operator safety, mechanical as well as electrical. b) Anti-vibration mounting should be provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Physical Characteristics				
5.1	Noise (in dBA) & Vibration	Low Noise (below 60 dB) and No Vibration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.2	Heat dissipation	Should maintain nominal Temp & heat should be disbursed by a cooling mechanism.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.3	Mobility, portability	Stationary Installation Type	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Energy Source (electricity, UPS, solar, gas, water etc.)				
6.1	Power requirement	Power Input voltage- 220V AC, 50Hz, single-phase fitted with Indian plug of appropriate rating.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE:

- Refer Annex. I for Technical Specifications
- Refer Annex.II for Consignee details
- Submit Annex. III- Compliance sheet in Company/OEM's Letter Head duly signed by authorised signatory

Form F: Delivery Requirement and Distribution Breakdown List

Delivery requirements and Comparative Data Table

UNOPS Requirements	
Who can participate	Manufacturers/Importers/ Authorized Distributors/Authorised Suppliers
Delivery time	Bidder shall deliver the goods (100% quantity) within 60 days of issue of Purchase Order including installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff at designated locations. All equipment should come with User Manual for ready reference by the end users.
Delivery place (Consignee details)	Refer Annex.II (<i>various Consignees-District Hospitals (DH), Sub-divisional hospitals (SDH), CHCs, PHCs, UPHCs in the state of Mizoram</i>)
Incoterms Rules	DDP Final Destinations in Mizoram In addition to DDP, the Bidders shall also cover the costs and therefore include in the total price for the offered Lot(s) the cost of transport, offload, installation, basic configuration (as per manufacturer's official instructions) and demo in the premises of the beneficiaries. If required, the Bidders should also cover the costs related to export/import procedures, including the costs for engagement of the freight forwarder or the customs clearance agency. No additional cost will be borne by UNOPS and it's client. No tax exemption is applicable.
UNOPS Right to vary requirements	At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20% per lot, without any change in the unit prices or other terms and conditions of the ITB.
Notice	<ol style="list-style-type: none"> The bidders must submit the Returnable Bidding Forms (as per Section III) in e-sourcing portal without which the bid will be rejected. UNOPS shall compare all substantially responsive bids to determine the Lowest priced substantially compliant offer. Bid comparison will be made on the total cost per lot, delivered to the final destination. At any time during the evaluation process UNOPS may request clarification or further information in writing from Bidders. The Bidder's responses shall not contain any changes regarding the substance, including the technical and financial part of their bid. UNOPS may use such information in interpreting and evaluating the relevant bid. UNOPS reserves the rights to accept or reject the bid without assigning any reason thereof. Any bidder who is blacklisted either by the Tender Inviting Authority or by any state Government or Central Government organization / UN agencies including World Bank for the quoted item/s is not eligible to participate in

	the bid during the period of blacklisting. Copies of stay order(s) if any against the blacklisting should be furnished along with the bid
Partial Bid	<p>Bidders shall be allowed to quote prices for one or more items identified in Section II: Schedule of Requirements. Evaluation will be done separately per each LOT. Partial bids are allowed. Bidders are allowed to quote for any lot. However, bidders have to quote for full quantity.</p> <p>UNOPS reserves the right to split the contract between several suppliers and place several contracts or place multiple awards for different Lots. UNOPS reserves the right to award partial quantities depending on the evaluation outcome.</p>
Alternative Bid	Not allowed
Sustainability Requirements – Gender issues (e.g. gender mainstreaming, women -owned businesses) and Environmental Management system	<p>The bidder shall provide documentation (Self certification by the authorised signatory in the company letterhead) that details their approach to ensuring equal opportunity, diversity, and inclusion within their organisation (e.g. equal pay policy, parental leave, the ratio of female to male employees, % of females in management positions, grievances disaggregated by gender, transparency of promotion criteria, sexual harassment policies etc.). A statement with details on how diversity and inclusion / anti-discrimination are ensured in the organisation should be provided. <i>Environmental Management System in place.</i></p>
Performance Security	<p>Performance Security (Applicable only for the winning bidder): The performance security shall be required from the successful Bidder in the amount of 5 % of the total Contract amount (In India Rupees), in the form of a Bank Guarantee as set out in the Performance Security Form Form I.</p> <p>To minimize Credit Risk, UNOPS will only accept Bank Guarantees from Banks or other Financial Institutions with a minimum Long Term Credit Rating of BBB- with Standard and Poor's, a minimum Long Term Credit Rating of Baa3 with Moody Investor Services, or a minimum Long Term Credit Rating of BBB- with Fitch Ratings. Any Bank Guarantee issued by a financial institution with a credit rating below the outlined credit ratings will require prior validation from UNOPS. Performance security should be valid for 6 months from the date of contract signature. The successful bidder has to submit the security within 7 days from the date of award the contract. The successful bidder has to submit the security within 7 days from the date of award the contract. The Tender Inviting Authority will release the Performance Security without any interest to the successful bidder on completion of the successful bidder's all contractual obligations confirming that all the contractual obligations have been successfully complied with.</p>
Liquidated damages	<p>UNOPS will deduct from the Contract price, as liquidated damages, a sum equivalent to the percentage of 0.1% of the original total Contract price for each day of delay until actual delivery or performance, up to a maximum deduction of 10%. Once the maximum is reached, UNOPS may terminate the Contract pursuant to the General Conditions of Contract.</p>

Payment Terms	Within 30 days after receipt of the goods/services and on submission of payment documentation.
Document Indexing	Please ensure that the documentary evidence that you will be submitting along with the bid and returnable bidding forms should be properly indexed with page numbers, reference numbers etc for easy reference for evaluation.

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section II: Schedule of Requirements**.

Yes No

ANY DEVIATION MUST BE LISTED BELOW:

Name : _____

Title : _____

Date : _____

Signature : _____

Form G: Performance Statement Form

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

Bidder shall have successfully executed a minimum 50% of the required quantity (as mentioned in schedule of requirement) (executed directly by manufacturer or through distributor) of the equipment(s)/ similar equipments mentioned in the schedule of requirement to any Govt. organization / Corporate Hospitals / PSU Hospitals /INGOs/ UN Agencies in India/other countries. As proof, the Bidder must submit purchase order copies in support of that in last 3 years, along with invoices or contracts in support of the provided information. The past performance of the Bidder shall be taken into account for evaluation.

Year	Order placed by (Full address of purchaser)	Order no & date	Description & quantity of ordered items	Model No. and OEM	Value of Order	Date of completion of Delivery		Remarks indicating reasons of late delivery, if any	Was the supplies of goods satisfactory?
						As per Contract	Actual		
Yr.1									
Yr.2									
Yr.3									

Name : _____

Title : _____

Date : _____

Signature : _____

Form H: Manufacturer's Authorization Form

A letter issued by the manufacturer authorizing the applicant to participate in this particular ITB must be submitted with the bid in the format provided in this Form.

To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: UNOPS

WHEREAS

We **[insert complete name of manufacturer]**, who are official manufacturers of **[insert type of goods manufactured]**, having factories at **[insert full address of manufacturer's factories]**, do hereby authorize **[insert complete name of bidder]** to submit a bid the purpose of which is to provide the following goods, manufactured by us **[insert name and or brief description of the goods]**, and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 4.5 of the General Conditions of Contract for the provision of Goods, with respect to the goods offered by the above firm.

Signed: **[insert signature(s) of authorized representative(s) of the manufacturer]**

Name: **[insert complete name(s) of authorized representative(s) of the manufacturer]**

Title: **[insert title]**

Dated on _____ day of _____, _____ **[insert date of signing]**

Form I: Performance Security Form (Bank Guarantee)

Note to bidders: This form, when required, shall **only be completed by the successful Bidder** after contract award. The bank, as requested by the successful bidder, shall fill in this form in accordance with the instructions indicated.

Date: [Insert date (as day, month, and year) of submission]

ITB No. and title: [xx-xxx and title of the ITB]

Bank's Branch or Office: [Insert complete name of guarantor]

Beneficiary: [Insert legal name and address of UNOPS]

Performance Guarantee No.: [Insert Performance Guarantee number]

We have been informed that [insert complete name of supplier] (hereinafter called "the supplier") has entered into Contract No. [Insert number] dated [Insert day and month], [Insert year] with you, for the supply of [description of goods and related services] (hereinafter called "the contract"). Furthermore, we understand that, according to the conditions of the contract, a Performance Guarantee is required.

At the request of the supplier, we hereby irrevocably undertake to pay you any sum(s) not exceeding [insert amount(s)¹ in figures and words], upon receipt by us of your first demand in writing declaring the supplier to be in default under the contract, without cavil or argument, or your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee shall expire no later than the [insert number] day of [insert month] [insert year],² and any demand for payment under it must be received by us at this office on or before that date.

This guarantee is subject to the Uniform Rules for Demand Guarantees (2010 Revision), International Chamber of Commerce Publication No. 758, except that the supporting statement under article 15(a) is excluded.

[Signatures of authorized representatives of the bank and the supplier]

¹ The bank shall insert the amount(s) specified in the SCG and denominated, as specified in the SCG, either in the currency(ies) of the Contract or a freely convertible currency acceptable to UNOPS.

² UNOPS should note that in the event of an extension of the time to perform the Contract, UNOPS would need to request an extension of this Guarantee from the Bank. Such request must be in writing, and must be made prior to the expiration date established in the Guarantee. In preparing this Guarantee, UNOPS might consider adding the following text to the Form, at the end of the penultimate paragraph: "We agree to a one-time extension of this Guarantee for a period not to exceed [six months], in response to UNOPS's written request for such extension. Such a request is to be presented to us before the expiry of the Guarantee."