

Quotation should be addressed to the **Registrar, HBTU, Kanpur, Uttar Pradesh-208002**. The envelope should be super scribed with **Quotation for TEQIP-III Package Name – “..... ”(As Applicable) .** For any query contact to Dr. P. K. S. Yadav(7081300577).
Quotation are invited for procurement of the item as per the details given below-

Sr. No	Package Name	Item Name	Specifications	Quantity	Last Date & Time of Submission of Quotation	Quotation Opening Date & Time
1	OT 1.1	Microwave assisted Solvent extraction TEQIP-III/UP/hbti/232	Microwave Frequency -2450 MHz Rotor design - Load 12 Closed Digestion Vessels Vertically Pressure Measurement & Control System (1500psi) ; Accuracy : +/- 0.01 MPa Piezo-electric Crystal Pressure Sensor Pressure Control range: 0-10Mpa Temperature Measurement & Control System- High Precision Platinum Resistance temperature sensor (Pt 100); Teflon Encased; Temperature Range: 0°C - 300°C Outer Vessel Material- Explosion Proof Aerospace Composite Fibre Chamber Exhaust System- High-Power Anti-Corrosion Brushless Fan Exhaust Speed: 3.5m ³ /min Working Environment Conditions ventilated - 15-80% RH / 10°C-40°C / Dust-Free Well Maximum Pressure - 15Mpa (2250psi) Maximum Sustained Temperature- 300°C Maximum Working Temperature- 250°C Inner Vessel Volume- 100 ml Number of Vessels - 12	1	28/01/2019 16:00 Hrs	29/01/2019 13:30 Hrs
2	OT 1.2	Soap Cutting Machine TEQIP-III/UP/hbti/234	Single cutting blade & the capacity to cut wide range of bar lengths at convenience with a soft touch control panel. Encoder while rolling over the soap bar measures the length & activates the blade to cut the desired length Capacity- 100 Cakes/hr	1	28/01/2019 16:00 Hrs	29/01/2019 13:30 Hrs
3	OT 1.3	Soap Stamping Machine TEQIP-III/UP/hbti/235	Vertical reciprocating stamper with counter weight & foot paddle suitable for small capacity soap production Capacity-100 Cakes/hr	1	28/01/2019 16:00 Hrs	29/01/2019 13:30 Hrs

4	OT 1.4	Ross miles foam test apparatus TEQIP-III/UP/hbti/237	<ul style="list-style-type: none"> •Automatic foam height measurement in accordance with ASTM D 1173 with a resolution of 0.4 mm •Automatic start of measurement when the initial foam height is recorded •Exact measurement of foam height after 60, 180 and 300 seconds •Recording of the entire height curve •Recording of the liquid level for measuring drainage Quick compilation of multiple measurements in comparison tables and charts 	1	28/01/2019 16:00 Hrs	29/01/2019 13:30 Hrs
5	OT 1.5	Semi continuous refrigerated centrifuge TEQIP-III/UP/hbti/239	<ul style="list-style-type: none"> •Maximum Speed 10,000 rpm •Maximum Capacity 100 ml x 4 •Temperature Setting Range From -9? to +42? (1? increment) •Speed Setting Range 100 to 10,000 rpm (100 rpm increments) •Safety Devices <ul style="list-style-type: none"> • Imbalance detector, • Lid interlock, • Lid open/close detector, • Abnormal speed detector, • Over-current circuit breaker, • Rotor identification system, • Motor over-current detector, • Abnormally high or low chamber temperature detector 	1	28/01/2019 16:00 Hrs	29/01/2019 13:30 Hrs

FORMAT FOR QUOTATION SUBMISSION

(In letterhead of the supplier with seal)

Date: _____

To:

Sl. No.	Description of goods (with full Specifications)	Qty	Unit	Quoted Unit rate in Rs. (Including Ex Factory price, excise duty, packing and forwarding, transportation, insurance, other local costs incidental to delivery and warranty/ guaranty commitments)	Total Price (A)	Sales tax and other taxes payable	
						In %	In figures (B)
Total Cost							

Gross Total Cost (A+B): Rs. _____

We agree to supply the above goods in accordance with the technical specifications for a total contract price of Rs. _____ (Amount in figures) (Rupees _____ amount in words) within the period specified in the Invitation for Quotations.

We confirm that the normal commercial warranty/ guarantee of _____ months shall apply to the offered items and we also confirm to agree with terms and conditions as mentioned in the Invitation Letter.

We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in bribery.

Signature of Supplier

Name: _____

Address: _____

Contact No: _____