



NIQ No: 17/IISER/Tirupati/NIQ/2025-26

Date: 12.12.2025

**NOTICE INVITING QUOTATION**

Item rate sealed quotation are invited by the undersigned on behalf of Director IISER Tirupati for the following work.

Sl. No	Name of Work	Time period of contract	Start Date of Bid	End Date & time of Bid	Opening Date & time of Bid
1	Validation of BSL-3 facility as per <b>RCGM-DBT 2025</b> guidelines at IISER Tirupati Campus, Yerpedu	7 Days	12.12.2025	18.12.2025 at 03:00 p.m.	18.12.2025 at 03:30 p.m.

Quotation can be obtained from IISER Tirupati website <http://www.iisertirupati.ac.in/tenders/>

**TERMS AND CONDITIONS**

- 1) No advance payment shall be made by IISER Tirupati.
- 2) **Qualification criteria for considering NIQ:** The agency should have completed full facility validation and instrumentation calibration as per ISO/IEC 17025 guidelines in at least ONE BSL-3 laboratory as per the recent RCGM-Dept. of Biotechnology, Govt. of India guidelines. **The documentary evidence for the same is to be submitted along with the quotation for consideration.** Failing to provide the documentary proof will subject the quote to be disqualified.
- 3) **Agency must visit the site before quoting the NIQ to understand the Scope of Work. The detailed scope of work is attached as Annexure I with this document and the Site visit declaration form is provided in Annexure II.**
- 4) Time period for completion of work shall be **7 (Seven) Days** from the date of placing the confirmed order by IISER Tirupati. The act of backing-out after quotation will debar such agencies for participating in future quotations of IISER Tirupati. Bidder may e-mail queries on [engineering@iisertirupati.ac.in](mailto:engineering@iisertirupati.ac.in) or submit to the IISER Tirupati office in hard copy on all working days before a day of the submission date of quotation.

Signature & Stamp of the Agency

*[Handwritten Signature]*





- Village 9 Jan. 12/12/20



Enclosed: Schedule of quantity




**SCHEDULE OF QUANTITIES**

**Name of the Work:** Validation of BSL-3 facility as per RCGM-DBT 2025 guidelines at IISER Tirupati Campus, Yerpedu.

S.No	Item Description	Qty	Unit	Rate	Amount
1 a	Visiting to the existing BSL-3 facility for detailed review and assessment by highly experienced BSL-3 lab facility operation team, and submission of detailed assessment report.	01	Lump Sum		
1 b	BSL Lab-3 (AS PER ISO 17025 GUIDELINES) 1. Air Velocity Test & Air Changes Test 2. HEPA Integrity Test 3. Non-Viable Particle Count Test 4. Temperature & RH Test 5. Light Intensity Test 6. Noise Level Test 7. Fire and Security Alarm Response Test 8. Containment Leak Test 9. Differential Pressure Test 10. Negative Air Flow Pattern Test 11. Double Door Interlocking Test				
2	Bio Safety Cabinet Validation for 5 Nos				
3	Autoclave Calibration for 2 Nos				
4	Dynamic Pass Box Validation for 3 Nos				
Total Amount					

**Total Amount in Words:**

**Note:** - Amount quoted above shall be inclusive of GST, transportation, statutory, labour fees etc. nothing extra shall be payable.

  
**Executive Engineer (E), IISER Tirupati**

On behalf of Director IISER, Tirupati

(To be filled by the Agency)



**Signature of the bidder** :  
**Name of the Agency** :  
**Mobile Number & E-mail ID** :  
**Correspondence Address** :

**Annexure I**

**Scope of work: Validation of IISER Tirupati BSL-3 facility as per RCGM-DBT 2025 guidelines**

The work shall be carried out in TWO phases as described below.

**PHASE- I**

Visit to the existing BSL-3 facility in the IISER Tirupati permanent campus (Plan of the facility is attached with this document for reference) for a detailed review and assessment by an experienced BSL-3 lab facility operation team, consisting of technocrats. A detailed assessment report to be submitted within 2-3 days of the completion of the review visit.

**PHASE-II**

1. The agency should start the system balancing and start validation work as mentioned below, as per latest RCGM stipulated guidelines by **ISO/IEC-17025 certified testing agency after** required modifications / upgradations work is successfully completed by IISER Tirupati in coordination with the existing contractor with satisfactory system performance results.
2. The final facility validation as per the below test shall be conducted and the final documents to be submitted to the IISER team for onward submission to the DBT-RCGM for obtaining the operational certificate.

Room differential pressure test

Room Temp. / RH test

AHU and Air Velocity test

Air Change Flow Rate (ACPH)-Video Clip

Particle Count Test (Class: D)- Video Clip

HEPA filter integrity test (DOP)- Video Clip

Negative Air Flow Pattern test- Video Clip

Light LUX level test

Noise Level test

Fire and Security alarm response test- Video Clip

Facility Containment leak test- Video Clip

Bio-safety cabinet for 5 Nos - Validation test

Autoclave test for 2Nos -Video Clip

Dynamic Pass-box test for 3 nos- with Video Clip

Double door interlock test- Video Clip

Safety & Security system and response management check

**The agency should provide calibration certificate of the testing equipment used in the above validation work in phase II.**

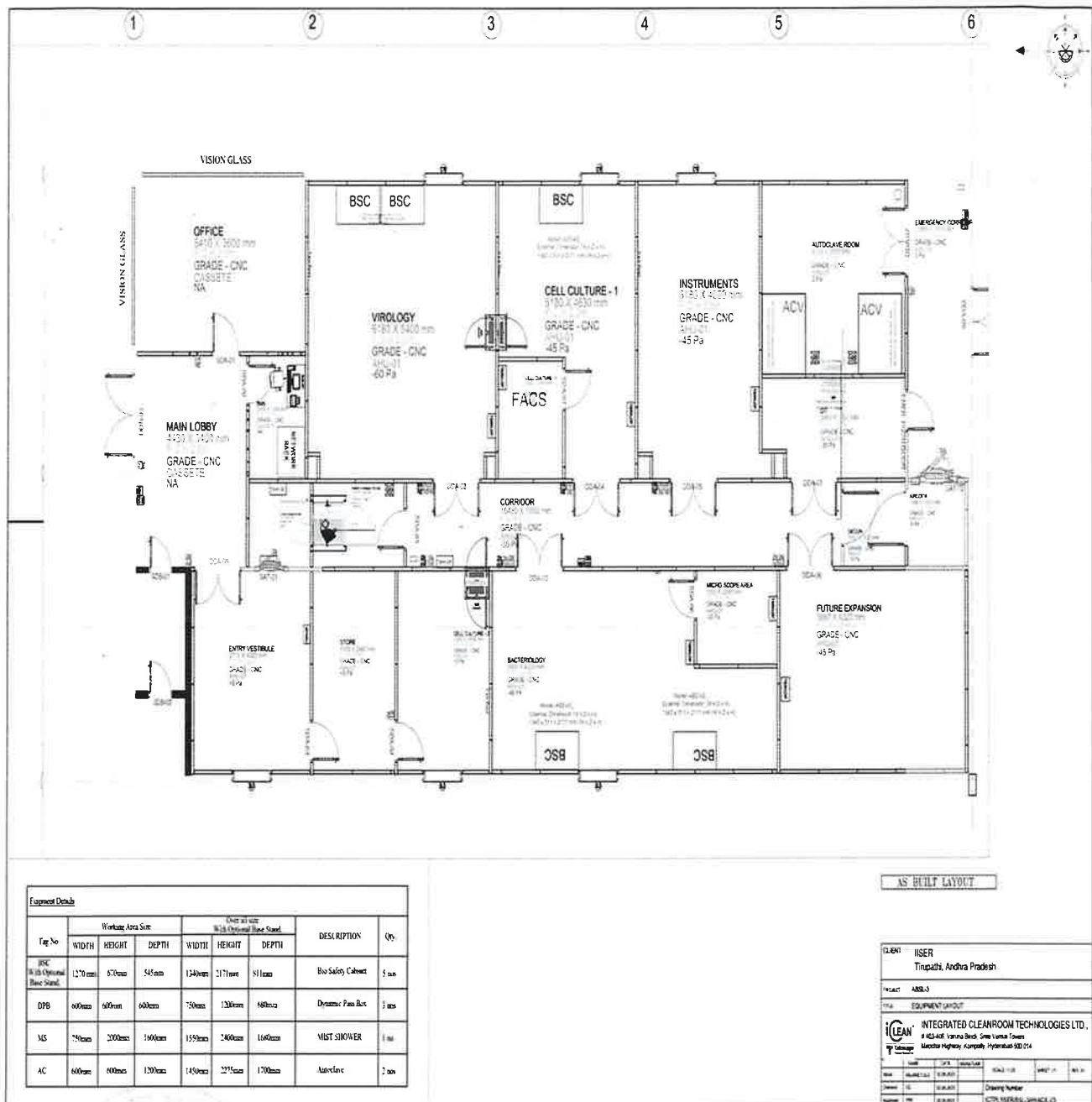
Signature & Stamp of the Agency

*V. Ramesh Kumar*





**भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान तिरुपति**  
**INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH TIRUPATI**  
 (An Autonomous Institution of Ministry of Education, Govt. of India)  
 Permanent Campus: Srinivasapuram-Jangalapalli Village, Panguru (G.P) Yerpedu Mandal,  
 Tirupati, Andhra Pradesh – 517 619.



Plan of the existing facility for reference.

*V. Ramesh Kumar*







**UNDERTAKING FOR THE SITE VISIT**

**(On Company Letterhead)**

**Date:**

**Place:**

I/We, \_\_\_\_\_, hereby declare that I/We have visited the site and inspected the BSL3 facility (Laboratory for Infectious Diseases) at the site, got acquainted about the premises, Lab facilities and scope of work. I/We acknowledge that I/We fully understand the location of the site and the prevailing conditions.

Representative of IISER Tirupati

Name:

Designation:

Contact No.

Representative of Agency

Name:

Designation:

Contact No.

*V. H. G. G. G.*

