

P B Katke
Engineer



Wednesday, February 4, 2026

Ref. NIA/ENGG/TCHAIRS /2025-26

Balewadi, Baner Road, NIA P.O.,
Pune 411 045 (India).
Tel. (D): 020-27204047
Tel. (O): 020 – 27204000 / 27204443
Fax: 020-27204555
Email: pramodkatke@niapune.org.in
Website: www.niapune.org.in

Subject: Supplying and Placing Foldable Training Chairs.

Dear Sir,

NIA invites you to submit your offer for sealed envelope super scribing Ref & Due date for the “**Supplying and Placing Foldable Training Chairs.**”, at NIA Pune.” in complete accordance with enquiry documents/attachments:

| | |
|---|---------------------------------|
| Terms & conditions | : As per attached Enclosure-I |
| Schedule of Quantities & format for quotation | : As per attached Enclosure-III |
| Draft of letter & details of Contractor | : As per attached Enclosure-II |
| Due Date | : 10/02/2026 |

Complete Form along with supporting Documents is to be submitted in sealed format in Tender Box placed with Security Personal at Reception of Administrative Building, National Insurance Academy, Balewadi, Pune, 411045 through personal drop off/courier.

Thanking You,

Yours truly,

Engineer

Engg. Dept., NIA

ENCLOSURE – I

Ref. NIA/ENGG/TCHAIRS /2025-26

Date: 04/02/2026

TERMS AND CONDITIONS:

1. Prices- Rates quoted should be firm.
2. The rates should be quoted on the basis on the units specified in words as well as in figures without any cutting, in case of differences of values / rates in figure and words or any confusion it will be constituted to take the rates which are lowest.
3. Payment- Payment shall be made within 15 days from receipt of chairs and tax bills from the agency/firm/company after the completion of work.
4. Guarantee / Warrantee must be written in the quotation.
5. The quotation should be valid for a minimum period of 90 days from the date of enquiry letter date.
6. The acceptance of items are subject to inspection by the Engg Dept.
7. In case of transportation work, agency/firm/company shall strictly observe the regulations as laid down by Traffic Police / Motor Vehicle act. NIA shall not be responsible / accountable for violation of these rules. Any damage to NIA property / material during transportation shall be recovered from the agency/firm/company bill.
8. Incomplete quotation will be rejected summarily.
9. A List of Preferred Brand Names are mentioned below to ensure adequate quality and material assurance. Godrej, Wipro, Herman Miller, Nikamal, Steelcase, Kepler Brooks or equivalent. (Equivalent Brands Should Provide Product Proof, the same shall be first approved by the academy)
10. The bidder to note that NIA may repeat the order in same or more quantity at same quoted rates within validity of 90 days of this quotation.

Engineer

Engg. Dept., NIA

ENCLOSURE – II

The Director
National Insurance Academy
S.No. 25, Baner Road,
Balewadi,
N.I.A Post office,
Pune - 411045.

Dear Sir,

Subject: Supplying and Placing Foldable Training Chairs.

With respect to the quotation in above mentioned, I / We hereby submit my / our quotation in a required format.

I / We have adhered to the requirements prescribed by NIA Pune. I / We have carefully gone through the guidelines / terms and conditions and prescribed format and I / We accept the same without any alternations / modifications.

I / We understand that you are not bound to accept the lowest or any tender you may receive.

Thanking you,

Yours faithfully,

Signature and seal of contracting agency/firm/company

Date:

Address:

Details of Vendor:

| AGENCY/FIRM/COMPANY PROFILE | | |
|------------------------------------|--|--|
| Required Information | | |
| 1 | Name and registered address of the agency/firm/company | |
| 2 | Legal status (Individual, proprietary, partnership firm, limited company, corporation, etc. | |
| 3 | Name, designation, and telephone nos. of the contact person / persons, Mobile No., E-mail id | |
| 4 | Month and Year of commencement of service business. | |
| 5 | Statutory details | |
| | (Photocopies to be attached) | |
| | Registration number of the firm. (As per Shop and Establishment act.) | |
| | PAN No. | |
| | GST NO. | |
| | Bank Details with IFSC | |
| | MSME Registration and Declaration | |

(Note- kindly attach zerox copy of above mentioned in No.5)

Signature and seal of contracting agency/firm/company

Date:

Address:

ENCLOSURE – III

Supplying and Placing Foldable Training Chairs

Format for quotation

To be filled by agency

| No | Item / Particular | Qty | Rate | Amount | | | | | | | | | | | | | | |
|-----------------|--|---------|-------------------------|------------|---------------|------------|---------------|--------------|----------------|-----------------|----------------------------|---------------|---------------------------|----------|--|---------|--|--|
| 1 | <div>Providing, assembling, transporting & placing/fixing of Foldable Training Chair with detachable writing pad</div> <div>1. Structural Design & Frame<ul style="list-style-type: none">Frame Material: Heavy-duty Mild Steel (MS) ERW pipe (typically 20x30 mm or 25 mm diameter).Finish: Premium Powder-Coated finish for rust resistance and durability.Functionality: Fully Foldable and Stackable (nesting design) for easy storage and space management.Base: Fixed leg frame with integrated 60mm Nylon Twin-Wheel Casters for mobility and floor protection.</div> <div>2. Seating & Comfort<ul style="list-style-type: none">Backrest: High-grade Polypropylene (PP) frame with breathable Netted Mesh for ventilation during long sessions.Seat Material: PU Moulded Foam (high density, 32D–45D) on a hot-compressed plywood base.Upholstery: High-quality fabric (breathable and wear-resistant).Ergonomics: S-shaped tilting backrest providing active lumbar support and pressure relief.</div> <div>3. Armrests & Accessories<ul style="list-style-type: none">Armrests: 2D PP ArmrestsWriting Pad: Integrated side-mounted writing tablet/pad, usually made of high-impact ABS or reinforced PP.Tilt Mechanism: Integrated backrest tilting mechanism for dynamic seating.</div> <div>4. Dimensions & Performance<table><tr><th>Feature</th><th>Specification (Approx.)</th></tr><tr><td>Seat Width</td><td>48 cm – 53 cm</td></tr><tr><td>Seat Depth</td><td>45 cm – 50 cm</td></tr><tr><td>Chair Height</td><td>90 cm – 100 cm</td></tr><tr><td>Weight Capacity</td><td>Tested for 120 kg – 150 kg</td></tr><tr><td>Certification</td><td>BIFMA Standards compliant</td></tr><tr><td>Warranty</td><td>1 to 3 Years (Manufacturer's Warranty)</td></tr></table></div> | Feature | Specification (Approx.) | Seat Width | 48 cm – 53 cm | Seat Depth | 45 cm – 50 cm | Chair Height | 90 cm – 100 cm | Weight Capacity | Tested for 120 kg – 150 kg | Certification | BIFMA Standards compliant | Warranty | 1 to 3 Years (Manufacturer's Warranty) | 40 nos. | | |
| Feature | Specification (Approx.) | | | | | | | | | | | | | | | | | |
| Seat Width | 48 cm – 53 cm | | | | | | | | | | | | | | | | | |
| Seat Depth | 45 cm – 50 cm | | | | | | | | | | | | | | | | | |
| Chair Height | 90 cm – 100 cm | | | | | | | | | | | | | | | | | |
| Weight Capacity | Tested for 120 kg – 150 kg | | | | | | | | | | | | | | | | | |
| Certification | BIFMA Standards compliant | | | | | | | | | | | | | | | | | |
| Warranty | 1 to 3 Years (Manufacturer's Warranty) | | | | | | | | | | | | | | | | | |
| | Total | | | | | | | | | | | | | | | | | |
| | GST | | | | | | | | | | | | | | | | | |
| | GRAND TOTAL | | | | | | | | | | | | | | | | | |
| | Specify warranty / Guarantee | | | | | | | | | | | | | | | | | |

Signature and seal of contracting agency/firm/company

Date:

Address:

Confirmation on Applicability of “Micro, Small and Medium Enterprises Development Act, 2006 (MSMED ACT, 2006)

Name of the Entity/ organization: _____

Registered Office Address: _____

Contact Number: _____

Email ID: _____

I / We hereby confirm the following:

- a. Our organization is registered under MSMED Act, 2006 YES/NO
- b. If answer to Q1 is “YES”, please provide details of registration (Attached copy of UDYAM Registration Certificate)
- | Registration No. | Date of Registration |
|------------------|----------------------|
| _____ | _____ |
- c. That the certificate, so obtained is valid as on date: _____

I / We hereby undertake, that in case of any change in, any of the above particulars, the same shall be intimated immediately to mail ID: _____

I / We hereby confirm that, we comply with the investment criteria required for Micro enterprises under MSMED Act, 2006.

For

AUTHORISED SIGNATORY

Place: _____

Date: _____