

#### DELHI DEVELOPMENT AUTHORITY OFFICE OF THE CHIEF ENGINEER QUALITY ASSURANCE CELL (ISO 9001-2015)

### LIST OF DOCUMENTS TO BE ATTACHED WITH APPLICATION FOR EMPANELMENT OF LABORATORIES FOR TESTING OF ELECRICAL MATERIAL SAMPLES.

- (1) Copies of certificates of accreditation, along with scope of accreditation, with
- a) NABL
- b) Any other accreditation body which operates in accordance with ISO/IEC 17011 and accredits labs as per ISO/IEC 17025 for testing and calibration scopes is eligible.
- (2) List of empanelment with other government and reputed organization .
- (3) Name of the organization for whom tests have been carried out during the last once year.
- (4) Lists of test facilities available specifying the name of items/tests with National/International standard applicable in proforma Annexure "C".
- (5) List of testing charges along with service tax. If any applicable and discounts offered in proforma Annexure "C".
- (6) Organization structure indicating.
- a) Details of testing personnel on roll along with name, qualification, designation, experience and No. of years with your lab.
- b) Testing personnel on contract basis with name, qualification and experience.
- (7) Details of testing equipment (S) /facilities available for testing specifying.
- a) Name of instrument with No. of equipment (S)(Quality).
- c) Range of accuracy.
- Status of calibration of instruments/equipment indicating date of calibration and calibrating
- (8) List of BIS/IRC cades and technical books in Proforma Annexure "C.
- (9) Copy of registration with service tax department.
- (10) Location plan of the premises of the laboratory along with title.

Encl:1.Detailed EOI -Annexure -'A1'

- 2. Performa for empanelment of laboratories Annexure "B1 to B3"
- 3. Detail of list of test facilities available Annexure "C"

(Er. Sanjay Kumar Khare)

CE(QAC)/DDA

#### **EXPRESSION OF INTEREST**

DELHI DEVELOPMENT ADTRA

Sealed EOI is invited for "Empanelment of Private Testing Laboratories for testing of Electrical items in DDA" from laboratories of repute whose registered office as well as lab situated in National Capital Region of Delhi. The detailed credentials, information about infrastructure, work povernment and semi government organizations are to be furnished with documentary proof. The empanelment shall be done strictly on merits amongst the applicant laboratories fulfilling the terms & conditions as under:

- The laboratories with specific scope of tests having accreditation by NABL or any other accreditation body which operates in accordance with ISO/IEC 17011 and accredits labs as per ISO/IEC 17025 for testing and calibration scopes is eligible.
- 2. The empanelment shall be done for a period of 2 years.
- 3. The empanelment shall remain liable for cancellation, in case any adverse remarks are received against any laboratories. However, Chief Engineer(QAC),DDA reserves the right to cancel the empanelment.
- 4. The laboratories empaneled shall remain open to inspections by Chief Engineer (QAC) or his representative after empanelment as and when required, with prior intimation.
- 5. The empaneled laboratories shall indemnify DDA for any loss of samples/litigation or any other financial loss in the process of testing of materials and shall submit indemnity Bond for amount of Rs. One Lakh.
- 6. The empaneled laboratories shall lift samples from work sites/offices of DDA as per requisition. The cost of Testing Charges quoted shall include all incidental charges such as lifting of samples from sites/office, witness charges etc. but shall be exclusive of GST as applicable. On refusal/delaying in lifting the samples by Lab, Chief Engineer (QAC), DDA reserves the right to cancel the empanelment anytime without assigning any reason.
- 7. The empaneled laboratories shall retain the balance material after testing for at least thirty days from date of report to the department, for conforming test results and sixty days in case of non-conforming test report/result, for witness/verification as per the requirement of the department.
- 8. On receiving of samples, empaneled lab shall perform the tests within prescribed period as per relevant specification and shall submit the test results/reports within three days of conducting test. In case of frequent delay in submission of test reports, Chief Engineer (QAC), DDA reserves right to cancel the empanelment.
- 9. (a) The empaneled laboratories shall report the acknowledgement of receipt of sample from DDA on same day via e-mail at official email ID of concerned office of DDA.
  - (b) Soft copy of Test Report shall be sent to the official email ID of concerned office of DDA on the date of issue of Test Report as well as hard copy to concerned office of DDA. The empaneled lab shall give undertaking in this regard.
- 10. The interested laboratories may send their sealed EOI in the prescribed Performa for empanelment to CE(HQ &QAC), DDA, E Block, ground floor, Vikas Sadan, INA, New Delhi-110023.
- 11. The prescribed Performa can be obtained free of cost from the O/o CE(HQ &QAC) DDA, E Block, ground floor, Vikas Sadan, INA, New Delhi -110023 or can be downloaded from DDA website dda.org.in
- 12. The last date for receipt of complete performa is 15.06.2025 in the O/o of CE(QAC) in hard copy. EOI received after the date and time shall be rejected altogether.

(Er. Sanjay Kumar Khare) CE(HQ &QAC)/DDA

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## Annexure- "B1"

| D.D.A. | PROFORMA FOR EMPANELEMENT OF<br>LABORATORIES                                                                                                                             | Application n For office use | ;                  |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------|
| Please | indicate relevant details in the column observation                                                                                                                      | EE(HQ)/QAC                   | Calaaad            |
| docume | ents. The column observation                                                                                                                                             | and where no                 | ecessary, enclosed |
| Sr. No | Requirements/Details                                                                                                                                                     | Your                         | For Official use   |
| A1     | Name and address of Laboratory                                                                                                                                           | answer                       |                    |
| 2      | Laboratory Reg. No., if any                                                                                                                                              |                              |                    |
| 3      | Telephone/Fax/E-Mail                                                                                                                                                     |                              |                    |
| 4      | Contact Person(s), with designation                                                                                                                                      |                              |                    |
| 5      | Laboratory Management (Name and designation of owners, partners, directors etc.)                                                                                         |                              |                    |
| B1     | Accreditation, with date of validity(enclose copies of certificate)                                                                                                      |                              |                    |
|        | a). NABL                                                                                                                                                                 |                              |                    |
|        | b). Any other accreditation body which operates in accordance with ISO/IEC 17011 and accredits labs as per ISO/IEC 17025 for testing and calibration scopes is eligible. |                              |                    |
|        | c). In case your application is under process for any of above (State name of the certification agency, application no. and current status)                              |                              |                    |
| 2      | Approval by any other organization (enclose copies of approval granted if any).                                                                                          | -                            |                    |
| C1     | Name of the organization for whom test have been carried out during last one year.                                                                                       |                              |                    |
|        | Test facilities available (specify the product/item/test, National/International other standard applicable range/limits of testing operation).                           | List in<br>Annexure<br>"C"   |                    |

P-1/3

Signature of authorized person

With stamp

Name:

Designation:

Date:

| D.D.A.               | PROFORMA FOR EMPANELEMENT OF                                                                                                  | Application n                               | 0.               |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|
|                      | LABORATORIES                                                                                                                  |                                             |                  |
|                      |                                                                                                                               |                                             | EE(HQ)/QAC       |
| Sr. No               | Requirements/Details                                                                                                          | 77                                          | For Official use |
|                      |                                                                                                                               | Your<br>answer                              | Tor Omeins       |
| F                    | Facilities of which empanelment is sought.                                                                                    | List in                                     |                  |
|                      | i soughi                                                                                                                      | Annexure                                    |                  |
|                      |                                                                                                                               | "C"                                         |                  |
| G                    | Copy of registration with service tax department                                                                              |                                             |                  |
| H                    | Location plan of the premises of the laboratory                                                                               |                                             |                  |
|                      | along with title.                                                                                                             |                                             |                  |
| I                    |                                                                                                                               |                                             |                  |
|                      | List of BIS/IRC codes & technical books.                                                                                      |                                             |                  |
| For Off              | icial Use:                                                                                                                    | Date:                                       |                  |
| 1.<br>2.<br>3.       | icial Use: Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.         |                                             |                  |
| 1.<br>2.<br>3.       | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.                    |                                             |                  |
| 1.<br>2.<br>3.       | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations. R                  | eceived by<br>E(HQ)QAC                      |                  |
| 1.<br>2.<br>3.       | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations. R                  | eceived by                                  |                  |
| 1.<br>2.<br>3.       | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations. R                  | eceived by<br>E(HQ)QAC                      |                  |
| 1.<br>2.<br>3.       | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.  R                 | eceived by<br>E(HQ)QAC                      |                  |
| 1.<br>2.<br>3.<br>4. | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.  R                 | eceived by<br>E(HQ)QAC<br>Pate              |                  |
| 1.<br>2.<br>3.<br>4. | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.  R                 | eceived by<br>E(HQ)QAC<br>Pate              |                  |
| 1.<br>2.<br>3.<br>4. | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.  R  A  D  EI  Date | eceived by<br>.E(HQ)QAC<br>Pate<br>E(HQ)QAC |                  |
| 1.<br>2.<br>3.<br>4. | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.  R  A  D  EI  Date | eceived by<br>E(HQ)QAC<br>Date<br>E(HQ)QAC  |                  |
| 1.<br>2.<br>3.<br>4. | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.  R  A  D  EI  Date | eceived by<br>.E(HQ)QAC<br>Pate<br>E(HQ)QAC |                  |
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| 1.<br>2.<br>3.<br>4. | Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations.  R  A  D  EI  Date | eceived by<br>E(HQ)QAC<br>Date<br>E(HQ)QAC  |                  |

| D.D.A.  | PROFORMA FOR EMPANELEMENT OF                                                                                                                                                                                                                                                                                                                                            |                            |                  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|
|         | LABORATORIES                                                                                                                                                                                                                                                                                                                                                            |                            |                  |
| Sr. No  | Requirements/Details                                                                                                                                                                                                                                                                                                                                                    | Your<br>answer             | For Official use |
| 3       | Testing Charges (Specify and Taxes, charges etc.) Indicate separately for each test. Discount offered Facility/service offered for collection of sample and delivery of test report.                                                                                                                                                                                    | List in<br>Annexure<br>'C' |                  |
| D1 1    | Details of equipments/facilities available for testing (specify instruments names, make, range, accuracy No. of given type of equipment etc.) status of calibrations of instruments/equipments (Indicate the date of calibration).  Calibration of agency, traceability etc.                                                                                            | List in<br>Annexure<br>'C' |                  |
| E1<br>1 | Present organization structure (Indicate relationship with parent organization, if any)  (a) Details of testing personnel available in the labs on roll( specify name, qualification, designation, total experience, No. of years with your lab etc.).  (b) Details of testing personnel on contract (specify name, qualification, designation, total experience etc.). | List in<br>Annexure<br>'C' |                  |

P-2/3

|  | Signature | of authorized | person |
|--|-----------|---------------|--------|
|--|-----------|---------------|--------|

With stamp

Name:

Designation:

Date:

Annexure- C

Name of Lab:-

# DETAILS OF TESTING OF MATERIALS WITH RATES

Address:-

(Note:- Labs to fill the data for materials for which testing facility is quality in

| S.No | Name of Material/Test as per<br>relevant IS code                                                         |           | Relevantis                     | ailable) | Test                       |                               | T-1 (1                                 |
|------|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------|----------|----------------------------|-------------------------------|----------------------------------------|
| 1.   | PVC insulated cables upto 1100V                                                                          | conducted | Code/<br>International<br>Code | - Tage   | Scope<br>NABL/<br>Non-NABL | Qty. of<br>sample<br>required | No. of days<br>required<br>for testing |
|      | (acceptance test only)  i) IS: 694 (single core)                                                         |           |                                |          | NON-NADL                   |                               |                                        |
|      | ii) For each additional core iii) Additional test for FRLS                                               |           |                                |          |                            | - 1                           |                                        |
| 2.   | PVC insulated heavy duty cables upto 1100V IS: 1554(P-I) i). Single Core                                 |           |                                |          |                            |                               |                                        |
|      | ii) for each additional core                                                                             |           |                                |          |                            |                               |                                        |
| 3.   | PVC conduit pipe (IS:9537/P-III)                                                                         |           |                                |          |                            |                               |                                        |
| 4.   | Metallic conduit pipe (IS:9537/P-II)                                                                     |           |                                |          |                            |                               |                                        |
| 5.   | XLPE insulated PVC sheathed cables upto 1100 Volts (IS: 7098(P-I)                                        |           |                                |          | .                          |                               |                                        |
| 6.   | Elastomer insulated cables and<br>Elastomer sheathed cables upto<br>1100V (IS: 9968(P-I) (i) single core |           |                                |          |                            |                               |                                        |

of V

| S.No | Name of Material/Test as per         |                      |                                       |      |                        |                         | No. of days             |
|------|--------------------------------------|----------------------|---------------------------------------|------|------------------------|-------------------------|-------------------------|
|      | relevant IS code                     | Test to be conducted | Relevant IS<br>Code/<br>International | Rate | Test<br>Scope<br>NABL/ | Qty. of sample required | required<br>for testing |
|      | (ii) for each the                    |                      | Code                                  |      | Non-NABL               | 10,1                    |                         |
| 7.   | (ii) for each additional core        |                      | Cour                                  |      |                        |                         |                         |
| , ·  | Arial Bunched Cable for working      |                      |                                       |      |                        |                         |                         |
|      | voltage upto including 1100V (i)     |                      |                                       |      |                        |                         |                         |
|      | Tor two phase                        |                      |                                       |      |                        |                         |                         |
|      | (ii) whether proof cable             |                      |                                       |      |                        | 200                     |                         |
| 9.   | Plugs and Sockets                    |                      |                                       |      | _                      |                         |                         |
|      | (a) Plugs 6A                         |                      |                                       |      |                        |                         |                         |
|      | Plugs 16A                            |                      |                                       |      |                        |                         |                         |
|      | b) Sockets 6A                        |                      |                                       |      |                        |                         |                         |
|      | Sockets 16A                          | 7                    |                                       |      |                        | 10/15                   |                         |
| 10.  | Switches (IS: 3854)                  |                      |                                       |      |                        |                         |                         |
|      | a) 6A/16A                            |                      |                                       |      |                        |                         |                         |
|      | b) Module 6A/16A                     |                      |                                       |      |                        |                         |                         |
| 11.  | Safety of lamps control gear DC or   |                      |                                       |      | 1                      |                         |                         |
| 1    | AC supplied electronic control gear  |                      |                                       |      |                        |                         |                         |
|      | for LED module                       |                      |                                       |      |                        |                         |                         |
| 12.  | Self ballasted LED lamps for general |                      |                                       |      |                        |                         |                         |
|      | purpose lighting service safety      |                      |                                       | 1    |                        |                         |                         |
|      | requirement                          |                      |                                       |      |                        |                         |                         |
| 13.  | LED module for general lighting self |                      |                                       |      |                        |                         |                         |
| 10.  | ballasted LED lamp to general        |                      |                                       |      |                        |                         |                         |
|      | lighting service                     |                      |                                       |      |                        |                         |                         |
| 14.  | LM 79 with file                      |                      |                                       |      |                        |                         |                         |
| 15.  | 114 70 without file                  |                      |                                       |      | -                      |                         |                         |
|      | ELECTRIC CEILING TYPE FANS           |                      |                                       |      |                        |                         |                         |
| 16.  | AND REGULATORS (including            |                      |                                       | 1    |                        |                         |                         |
|      | DI DC)                               |                      |                                       |      |                        |                         |                         |
| 17   | Luminaires: - LED Flood lights       |                      |                                       |      |                        |                         |                         |
| 17.  | Lumman co.                           |                      |                                       |      |                        |                         |                         |

| 18.<br>19. | Luminaires: - LED Street lights CROSSLINKED POLYETHYLENE INSULATED THERMOPLASTIC SHEATHED CABLES — IS 7098SPECIFICATION PART 2 FOR WORKING VOLTAGES FROM 3.3 kV UP TO AND INCLUDING 20 kg. | Test to be<br>conducted | Relevant IS<br>Code/<br>International<br>Code | Rate | Test<br>Scope<br>NABL/<br>Non-NABL |   | No. of days<br>required<br>for testing |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------|------|------------------------------------|---|----------------------------------------|
| 20.<br>21. |                                                                                                                                                                                            |                         |                                               |      |                                    |   |                                        |
|            |                                                                                                                                                                                            |                         |                                               |      |                                    | 4 |                                        |

Signature of authorized person With stamp Name: Designation: Date: