EXPRESSION OF INTEREST

Sealed EOI is invited for "Empanelment of Private Testing Laboratories in DDA * from laboratories of repute whose registered office as well as lab situated in National Capital Territory of Delhi The detailed credentials, Information about infrastructure, work handling capacity, accreditations, list of testing charges, empanelment in other government 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:

- 1. 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.
- (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 in original to concerned office of DDA. The empaneled lab shall give undertaking in this regard.
- 10. The invoice will be processed after receipt of hard copy of test report in original is provided to this office.
- 11. 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-
- 12. 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
- The last date for receipt of complete performa is 30.06.2024 in the O/o of CE(QAC) in hard copy. EOI received after the date and time shall be rejected altogether.

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

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

<u>LIST OF DOCUMENT 3 TO BE ATTACHED WITH APPLICATION FOR EMPANELMENT OF MATERIAL TESTING LABORATORIES.</u>

- (1) Copies of certificates of accreditation, along with scope of accreditation, with
- a) NASL
- 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).
- b) Make
- c) Range of accuracy.
- d) Status of calibration of instruments/equipment indicating date of calibration and calibrating agency.
- (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 - A

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

(Er. Sanjay Kumar Khare)

CE(QAC)/DDA

| D.D.A. | PROFORMA FOR EMPANELEMENT OF LABORATORIES | Application no. For office use EE(HQ)/QAC | | | |
|------------------|--|--|--------------------|--|--|
| Please docume | indic te relevant details in the column observation nts. | and where n | ecessary, enclosed | | |
| Sr. No | Requirements/Details | Your answer | For Official use | | |
| A1 | N une and address of Laboratory | unswer | | | |
| 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. | | | | |
| 2 | Test facilities available (specify the product/item/test, National/International other standard applicable range/limits of testing operation). | List in Annexure "C" | | | |

P-1/3

Signature of authorized person

With stamp,

Name:

Designation:

Date:

| D.D.A. | PROFORMA FOR EMPANELEMENT OF LABORATORIES | | | |
|------------------------|--|----------------------------|------------------|--|
| Sr. No | Require ments/Details | Your answer | For Official use | |
| 4. | Testing charges (specify any taxes, charges etc.) indicate separately for each test. Discount offered. Facility /service offered for collection of sample and delivery of test report. | List in Annexure "C" | | |
| D1 1. 2. | Details of equipments/facilities available for testing (specify instrument name, make, range, accuracy NO. of given type of equipment etc.) status of calibration of instruments/equipments (indicate the date of calibration. | List in Annexure "C" | | |
| E1 1. 2. | Present organization structure)indicate relationship with parent organization, if any) (a) Details of testing personal available in the albs 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 Annexure "C" | | |

P-2/3

Signature of authorized person

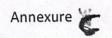
With stamp

Name:

Designation:

Date:

| PROFORMA FOR EMPANELEMENT OF LABORATORIES | | | |
|---|--|--|--|
| | EE(HQ)/QAC | | |
| Requirements/Details | Your answer | For Official use | |
| Fac lities of which empanelment is sought. | List in Annexure "C" | | |
| Copy of registration with service tax department | t | | |
| Location plan of the premises of the laboratory along with title. | | | |
| List of BIS/IRC codes & technical books. | 7- | | |
| (As per document) Reference of lab document/letter. | | | |
| Action proposed. | | | |
| | \ | | |
| A | AE(HQ)QAC | | |
| Date | EE(HQ)QAC | | |
| | Annroved by | | |
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| | | | |
| | Copy of registration with service tax department Location plan of the premises of the laboratory along with title. List of BIS/IRC codes & technical books. List of BIS/IRC codes & technical books. Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations. | Facilities of which empanelment is sought. Copy of registration with service tax department Location plan of the premises of the laboratory along with title. List of BIS/TRC codes & technical books. Signature of aut With stamp Name: Designation: Date: icial Use: Rating of laboratory (As per document) Reference of lab document/letter. Action proposed. Recommendations. Received by AE(HQ)QAC Date Date Approved by CE/QAC | |



DETAILS OF TESTING OF MATERIALS WITH RATES

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|-----|---|---|---|-----|----|---|--|
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Address:

| S. No. | Name of material | Test to be conducted | Relevent IS Code/International Code | Rate | Test scope NABL/Non - NABL | Qty. of sample required | No. of days required for testing |
|-----------|------------------|----------------------|---|----------------|----------------------------------|-------------------------|--|
| | | Parameter (A) | | Rate of (A) | | | |
| | and the second | Parameter (B) | | Rate of (B) | | | |
| | | Parameter (C) | · | Rate of (C) | | | |
| | | & so on | | | | | |
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|-----------|----|------------|--------|
| Signature | ot | authorized | nerson |
| DiBuccaro | 01 | authorized | Person |

With stamp

Name:

Designation:

Date: