

**PROPRIETARY NATURE CERTIFICATE**

1) Certified that articles mentioned in quotation no.

dated \_\_\_\_\_ are proprietary items of M/s

\_\_\_\_\_.

2) M/s \_\_\_\_\_ is the sole manufacturer / distributors / established importers / dealer of these articles.

Signature

(Name & Designation of the Company

Official signing this certificate with date & seal)

\_\_\_\_\_

3) certified further that no substitute make / model will serve the purpose.

Signature by the concerned PI with date & seal

(\* To be issued on the letterhead of the firm from whom the stores are to be procured)



Annexure-V

**National Institute Of Technology Durgapur 713209**  
(An Institute of National Importance under Ministry of Education, Govt of India)  
**PROPRIETARY ARTICLE CERTIFICATE**  
Valid for the Current Financial Year

File Number and Date Reference			
1	Description of the article		
2	Forecast of quantity/annual requirement		
3	Approximate estimated value for above quantity		
4	Maker's name and address		
5	Name(s) of authorized dealers/stockists		
6	I approve the above purchase on PAC basis and certify that:-Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it- without which PAC certificate will be invalid.		
6(a)	This is the only firm who is manufacturing/stocking this item. AND		
6(b)	A similar article is not manufactured sold by any other firm, which could be used in lieu OR		
6(c-1)	No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR		
6(c)	No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR		
7	Reference of concurrence of finance wing to the proposal:		
History of purchases of this item for past three years may be given below			
Name of the supplier			
Order/Tender References & Date	Quantity Ordered	Basic Rate on Order (Rs.)	Adverse Performance Reported if Any

Recommended by : Name & Signature of Indenter-----

Signature of Approving Authority (HOD/HOC )----- Stamp & Date