EXPRESSION OF INTEREST OF STAKEHOLDERS/OEM/FIRMS ON QRS (QUALITY REQUIREMENT) & TDS (TRIAL DIRECTIVES) OF CONFERENCE SYSTEM.

The proposed QRs/TDs of Conference System is attached as Annexure-“A”. The OEMs/Vendors are requested to forward information of the product which they can offer and also forward correct specifications of their system against each parameter.

1. The required information/details may please be forwarded, to this office mail comncell@crpf.gov.in on or before 12th June’2020.

2. An early response is requested.
## QRs/TDs of conference system

<table>
<thead>
<tr>
<th>S/N</th>
<th>Parameter</th>
<th>Specifications</th>
<th>Trial directives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Digital central control unit with software</td>
<td>Control and power up to 100 Units, in-built SD-Card recording or software based recording, Operator control through software of on/off and sensitivity adjustment of each mic.</td>
<td>BOO will check practically.</td>
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<tr>
<td>2</td>
<td>Digital chairman unit</td>
<td>Table embedded digital chairman microphone with mic on/off button, clear and priority button, RF shielded, mobile interference free etc.</td>
<td>Preferably Wired units as the wireless units required rechargeable cells/batteries in all units.</td>
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<td>3</td>
<td>Digital delegate units</td>
<td>Microphone with Mic on/off button, RF shielded, mobile interference free etc.</td>
<td>BOO will check practically.</td>
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<tr>
<td>4</td>
<td>Portable Podium</td>
<td>Portable Podium with Wireless Mic unit is preferred.</td>
<td>BOO will check practically.</td>
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<tr>
<td>5</td>
<td>Dual channel power amplified</td>
<td>2X300W, Standard quality.</td>
<td>BOO will check practically.</td>
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<tr>
<td>6</td>
<td>Digital signal processor</td>
<td>Having 12 inputs and 8 outputs, Standard quality.</td>
<td>BOO will check practically.</td>
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<tr>
<td>7</td>
<td>Loud speakers</td>
<td>Adjustable up to 60 watts 3” High o/p driver with tweeter, standard quality.</td>
<td>BOO will check practically.</td>
</tr>
</tbody>
</table>
INFORMATION PROFORMA

1. **Name of the Vendor/Company/Firm.**
   
   (Company profile, in brief, to be attached)

2. **Type (Tick the Relevant Category).**
   
   (a) Original Equipment Manufacturer (OEM) Yes □ No □
   
   (b) Government sponsored Export Agency Yes □ No □
       (Details of Registration be provided)
   
   (c) Authorised Representative of OEM Yes □ No □
       (attach details)
   
   (d) Other (give specific details)
       (attach details)
   
   (e) Any collaborator/partner in India (in case of foreign vendors).

3. **Contact Details**
   
   Postal Address
   City:___________________ Province:__________________
   
   Country:_______________ Pin/Zip Code:___________
   
   Tele:_______________ Fax:________________
   
   URL/Website:__________________________

4. **Local Branch/Liaison Office/Authorised Representatives in Delhi (if any).**
   
   Name and Address
   City:___________________ Province:__________________
   
   Country:_______________ Pin/Zip Code:___________
   
   Tele:_______________ Fax:________________
5. **Financial Details.**

(a) Annual turn over:________________________ USD

(b) Earlier contracts with Indian Ministry of Defence / Government agencies:-

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contract Number</th>
<th>Equipment</th>
<th>Quantity</th>
<th>Cost</th>
</tr>
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<tbody>
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</table>

(c) Details of manufacturing infrastructure available:______________

6. **Certification by Quality Assurance Organisation (If Applicable).**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Certificate</th>
<th>Applicable from (Date &amp; Year)</th>
<th>Valid till (Date &amp; Year)</th>
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7. **Equipment/Product Profile (to be submitted for each product Separately).**

(a) Name of the Product:_______________________
(Should be given category wise for e.g. all products under night vision devices to be mentioned together)

(b) Description (attach technical literature) : ____________

(c) Whether OEM or Integrator:_______________

(d) Whether conference system registered in GeM portal or not -_________

(e) Status (in service/Design development state): ________
   *If in design development state- expected time for field trial:_____ 

(f) Production capacity per annum : ________________

(g) Countries where equipment is in service : ____________
(h) Details of any collaboration/joint venture/co production/authorised dealer with Indian Industry (Foreign Vendors only):

Name & Address: ____________________________________

___________________________________________________

Tele: ____________________ Fax:__________________

8. (a) Are you making the full equipment or is it being integrated by you? Give details.

(b) What are the components, sub system or sub- assemblies of the equipment which are not manufactured by you? Please give details.

9. Details of participation in similar procurement cases in India in the past.

10. Any other Relevant Information.