**ANNEXURE D**

(To be given on the letter head of the bidder)

**Tender No. AMBE/2023-24/MS/003**

 Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE**

***(Bidders from India)***

I have read the clause regarding restrictions on procurement from a bidder of a country which shares a land border with India and hereby certify that I am not from such a country.

**OR**

 ***(Bidders from Country which shares a land border with India)***

I have read the clause regarding restrictions on procurement from a bidder of a country which shares a land border with India and hereby certify that I am from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Country) and have registered with the Competent Authority. I also certify that I fulfil all the requirements in this regard and am eligible to be considered. *(Copy/ evidence of valid registration by the Competent Authority is to be attached)*

**Place: Signature of the Bidder**

**Date: Name & Address of the**

 **Bidder with Office Stamp**

**FORMAT FOR AFFIDAVIT OF SELF-CERTIFICATION UNDER PUBLIC PROCUREMENT POLICY**

**(PREFERENCE TO MAKE IN INDIA) 2017**

**Tender No. Tender No. AMBE/2023-24/003/SPL**

**Name of the item / Service: CONTACT ANGLE METER**

Date: \_\_\_\_\_\_\_\_\_\_

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o, D/o, W/o, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby solemnly affirm and declare as under:

That I will agree to abide by the terms and conditions of the Public Procurement (Preference to Make in India) Policy vide GoI Order no. P-45021/2/2017-PP (B.E.-II) dated 15.06.2017 (subsequently revised vide orders dated 28.05.2018, 29.05.2019and 04.06.2020) MOCI order No. 45021/2/2017-PP (BE II) Dt.16th September 2020 & P- 45021/102/2019-BE-II-Part (1) (E-50310) Dt.4th March 2021 and any subsequent modifications/Amendments, if any and

That the local content for all inputs which constitute the said item/service/work has been verified by me and I am responsible for the correctness of the claims made therein.

|  |
| --- |
|  **Tick ( ) and Fill the Appropriate Category** |
|  | I/We [name of the supplier] hereby confirm in respect of quoted items that Local Content is equal to or more than 50% and come under **“Class-I Local Supplier”** category. |
|  | I/We [name of the supplier] hereby confirm in respect of quoted items that Local Content is equal to or more than 20% but less than 50% and come under **“Class-II Local Supplier”** category. |

The details of the location (s) at which the local value addition is made and the proportionate value of local content in percentage

Percentage of Local content : \_\_\_\_\_\_\_\_\_ %\*\*

Location at which value addition done : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of (Name of firm/entity)

Authorized signatory (To be duly authorized by the Board of Directors)

<Insert Name, Designation and Contact No.>

[Note: In case of procurement for a value in excess of Rs. 10 Crores, the bidders shall provide this certificate from statutory auditor or cost auditor of the company (in the case of companies) or from a practicing cost accountant or practicing chartered accountant (in respect of suppliers other than companies) giving the percentage of local content.]

**This letter should be on the letterhead of the quoting firm and should be signed by a competent authority.**

\*\* *Services such as transportation, insurance, installation, commissioning, and training and after sales service support like AMC/CMC cannot be claimed as local value addition*