

नागालैण्ड
NAGALAND



विश्वविद्यालय
UNIVERSITY

(संसद द्वारा पारित अधिनियम 1989, क्रमांक 35 के अंतर्गत स्थापित केंद्रीय विश्वविद्यालय)

(A Central University established by an Act of Parliament No.35 of 1989)

मुख्यालय : लुमामी, जुन्हेबोटो (नागालैण्ड), पिन कोड – 798627

Headquarters: Lumami, Dist: Zunheboto, (Nagaland), Pin Code-798 627

No. NU/EX-CAE-121/2022(Vol-II)

Dated Lumami, the 23rd Sept. 2025

INVITATION FOR EXPRESSION OF INTEREST

Nagaland University invites sealed Expression of Interest (EOI) from OEMs for implementation of Automatic Dummy Numbering & OMR Processing for various University examinations.

The EOI Document containing the details of qualification criteria, submission requirement, scope of work etc. can be downloaded from the website www.nagalanduniversity.ac.in

Sealed envelope superscribed on the top cover “EOI for Automatic Dummy Numbering & OMR processing” containing EOI and non-refundable fee of Rs 2000 by way of DD in favour of “Registrar, Nagaland University”, payable at Lumami, may be submitted to “The Controller of Examinations, Nagaland University, HQ: Lumami – 798627” on or before 13th October 2025.

Interested firms meeting the qualification criteria may be invited for presentation at Lumami. Price Bid will be subsequently invited from the short listed applicants only.

Nagaland University reserves the right to cancel this request for EOI without assigning any reason.

Sd/-

Controller of Examinations

Dated Lumami, the 23rd Sept. 2025

No. NU/EX-CAE-121/2022(Vol-II) /11466

Copy to:

1. The AR, O/o Vice Chancellor, for kind information of the Vice Chancellor
2. The PS to Registrar, for kind information of the Registrar
3. The Finance Officer, Nagaland University, for information
4. The PRO, NU, Lumami, for kind publication in 1 (one) National Daily and 2 (Two) local dailies
5. The System Administrator, NU, Lumami, for uploading in the University website
6. Office copy

(DR. T. AKUMMENBA JAMIR)
Deputy Registrar (Exam)

Expression of Interest (EOI)
For
Automatic Dummy Numbering & OMR Processing
System

Nagaland University

Examination Section

HQ: Lumami

Pin- 798627

September 2025

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1. INSTRUCTIONS TO FIRMS

The Expression of Interest is to be submitted in the manner prescribed below:

- a) Applicant's Expression of Interest as per Format-1
- b) Organizational Contact Details as per Format-2
- c) Experience of the organization as per Format-3
- d) Financial strength of the company as per Format-4
- e) Declaration as per Format-5

Applicants should examine all instructions, forms, and details in the EOI document carefully. Failure to furnish complete information may result in rejection of the proposal.

2. Qualification Criteria:

Applicant should possess all the following pre-qualification criteria. Responses not meeting the minimum pre-qualification criteria will be rejected and will not be evaluated.

| Sl. No. | Pre-qualification Criteria | Supporting document |
|---------|---|---|
| 1. | The applicant shall be a firm/ company/ partnership/ proprietorship firm registered under the Indian Companies Act, 1956/ the partnership Act, 1932 and who have their registered offices in India | Copy of Certificate of incorporation |
| 2. | The organization should be in the business of providing similar services for at least 10 years as on 30.09.2025. The firm shall have experience of having successfully implemented similar work in Universities/Boards in India | Copy of Work Order / Contract |
| 3. | The organization has to be profitable and should not have incurred loss in any of the last 3 consecutive Financial Years (FY 2022-23, 2023-24, 2024-25) | To be certified & validated by Chartered Accountant(CA) of the applicant |
| 4. | The organization should have an annual turnover of Rupees 01 crore in each of the last 3 consecutive Financial Years (FY 2022-23, 2023-24, 2024-25) | CA certified documents with name of CA registration number, signature and stamp |
| 5. | The organization should not be blacklisted by any Central Govt. / State Govt. / PSU/Autonomous Bodies | Self Declaration Certificate (Format-5) |
| 6. | PAN / GST Registration Certificate | Copy of Certificate to be enclosed |
| 7. | Preference will be given to organizations having prior experience in similar work in North East Region of India | Copy of Work Order / Contract |

3. Evaluation Criteria and Method of Evaluation:

1. Screening of EOIs shall be carried out as per eligibility conditions mentioned in this document and based on verification of testimonials submitted.
2. EOI will be evaluated for short listing inter alia based on their past experience of handling similar type of work, financial strength of applicant and presentation/ proposal to the selection committee whose decision will be final.
3. NU will take up references and reserves the right to pay due heed to the applicant's performance elsewhere.
4. Only short listed applicants will be invited to submit price proposal in a sealed envelope.

4. Scope of Work:

1. Generate Dummy Numbers against Roll Numbers and create database.
2. Print Dummy Numbers on front page of Answer Sheet
3. Use OMR processing to capture data from post-examination materials etc.
4. Capture Image of the Answer Sheet front page for subsequent verifications
5. Post evaluation marks capturing using OMR and ICR technology
6. Decoding of Dummy Numbers for result processing

5. Conflict of Interest:

Where there is any indication that a conflict of interest exists or may arise, it shall be the responsibility of the applicant to inform Nagaland University.

6. FORMATS FOR SUBMISSION:

FORMAT – 1

APPLICANT’S EXPRESSION OF INTEREST

To,

The Controller of Examinations

Nagaland University

HQ: Lumami - 798627

Sub: Submission of Expression of Interest for Automatic Dummy Numbering & OMR Processing

Sir,

In response to the Invitation for Expressions of Interest (EOI) published on _____ for the above purpose, I/we would like to express interest to carry out the above proposed work. As instructed, I/we attach the following documents in a sealed envelope:

1. Organizational Details (Format-2)
2. Experience in related field (Format-3)
3. Financial strength of the firm (Format-4)
4. Declaration (Format-5)

Yours Sincerely,

Date:

Signature

[Full name of applicant]

Stamp.....

Encl: As above.

Note: This is to be furnished on the letterhead of the organization.

FORMAT –2

| Sl. No | Organizational Contact Details | |
|---------------|--|--|
| 1. | Name of organization | |
| 2. | Main areas of business | |
| 3. | Type of Organization- Firm/Company/partnership firm registered under the Indian Companies Act, 1956/the partnership Act,1932 | |
| 4. | Address of registered office with telephone no. &email address | |
| 5. | Address of offices in other states, besides the state where the organization is registered | |
| 6. | Contact Person with telephone No. & e-mail ID | |

Enclose:

1. Copy of Certificate of Incorporation.
2. Copy of Article of Association in respect of 3 above.

Signature of the applicant
Full name of the applicant
Stamp & Date

FORMAT –3

| Experience in Related Fields | | | | | |
|-------------------------------------|--|--|--|----------------|--------------------|
| Sl. No | Name of the work | Central Govt/ State Govt/ PSU/ Autonomous Body | Order Value in Lakhs of Rs. (Enclose copy of each order) | Name of client | Date of completion |
| | | | | | |
| | | | | | |
| | Signature of the applicant Full name of applicant Stamp & Date | | | | |

FORMAT –4

| Financial Strength of the Organization | | | | | |
|---|----------------|---------------------------|--------------------------------------|---|---|
| Sl. No | Financial Year | Whether profitable Yes/NO | Annual net profit (in Crores of Rs.) | Over all annual turnover (in Crores of Rs.) | Annual turnover from only similar services rendered In India (in Crores of Rs.) |
| 1 | 2022-23 | | | | |
| 2 | 2023-24 | | | | |
| 3 | 2024-25 | | | | |

Note: Please enclose auditor's certificate in support of your claim.

Signature of the applicant
Full name of applicant

Stamp & Date

FORMAT-5

Declaration

I/We hereby confirm that I/We am/are not blacklisted by any Government Agency/ PSU/ Autonomous Bodies from participating and executing any works similar to this EOI

Authorized Person's Signature: _____

Name and Designation:

Date of Signature:

Note: The declaration is to be furnished on the letterhead of the organization