**INDIAN COUNCIL OF MEDICAL RESEARCH**

V. Ramalingaswami Bhawan, Ansari Nagar,

PB No. 4911, New Delhi-110029

**Sub: Appointment of Agents for sales of ICMR Publications.**

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Applications are invited in prescribed format attached herewith, from interested and eligible individual(s) / establishment for appointment as Agents to sale ICMR Publications for a period of two years on the following terms and conditions for a period of two years i.e. from 1-4-2021 to 31-3-2023:-

1. The Agents for ICMR Publications are appointed for a period of two years by the Director General, Indian Council of Medical Research, New Delhi against requests received in the prescribed application form.
2. Agents will be allowed discount on books priced Rs. 50/- and above on purchase of minimum copies of Thirty (30) of any single title. However, the condition of purchase of minimum number of copies shall not apply on purchase of publications pertaining to Medicinal Plants.
3. Postal or Forwarding charges, if any, will be borne by the vendor or the buyer individually.
4. The Agents or Book sellers shall be supplied with required books against advance payment of the entire cost of books + postal charges, if any, in cash or Demand Draft in favour at Director General, ICMR, New Delhi.
5. The agency can be terminated by either party on giving a notice of 30 days, in writing. The ICMR reserves the right to terminate any agency at any time without assigning any reasons thereof.
6. Agents are expected to give an undertaking not to charge a price higher than the specified (printed) price of publications.

(Dr. Neeraj Tandon)

Scientist ‘G’ and Head, Division of P&I

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**APPLICATION FOR THE GRANT OF AGENCY FOR THE SALE**

**OF ICMR PUBLICATIONS**

* 1. Name of firm (in full and Block letters) :
	2. Postal address :
	3. E-mail ID :
	4. Telephone / Mobile No. :
	5. District and State :
	6. Name of transport nearest to ICMR :
	7. Town :
	8. Whether business in proprietors/ :

partnership or limited company

* 1. If business is in proprietors, Name of :

the proprietors

* 1. If business is in partnership -
1. Whether registered or Not :
2. Name of partners :
	1. How long have you been established as :

booksellers

* 1. Do you sale any other good(s)? if so, specify:
	2. What kind of business premises do you :

Occupy?

**DECLARATION**

I/We have carefully read AND agree to abide the terms and conditions of the agency for sale of ICMR Publications.

**Dated:**

(Signature)

Seal of the establishment

Witness with full address