



आई सी एम आर – राष्ट्रीय यक्ष्मा अनुसंधान संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute for Research in Tuberculosis Department of Health Research, Ministry of Health and Family Welfare, Government of India

Date: 17.04.2025

Corrigendum

Invitation for Expression of Interest

for

Test Manufacturing of AfuPEPELISA Kits for the project titled "Evaluation of AfuPEPELISA kits and comparison of cure rate among presumptive TB patients and ATT non-responders with additional testing of Aspergillosis against standard care of TB testing - Diagnostic intervention trial"

EoI No. ICMR/EoI/01-Aspergillosis/2025 dated 08.04.2025

The following changes are being made to the EoI document referred above:

1. The details of Number of kits to be manufactured stand modified as given below in all places mentioned in the document.

- a) AfuPEPELISA for Detection of IgE 40 Kits, with one kit accommodating 96 samples.
- b) AfuPEPELISA for Detection of IgG 40 Kits, with one kit accommodating 96 samples.
- 2. The format for undertaking (Format-3 in the original Invitation of EoI document) stands modified as given below.





आई सी एम आर – राष्ट्रीय यक्ष्मा अनुसंधान संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute for Research in Tuberculosis Department of Health Research, Ministry of Health and Family Welfare, Government of India

Format-3

Undertaking - Laboratory facility

(To be submitted on Company's Letter Head)

To,

The Director General,

Indian Council of Medical Research,

Ansari Nagar, New Delhi.

Subject: Undertaking regarding laboratory infrastructure.

Ref: ICMR/EoI/..... /202X dated......

Sir,

It is hereby confirmed and declared that M/s..... (Company Name) do have

- i. Adequate laboratory infrastructure (equipped laboratory facility with quality control).
- ii. Adequate no. of experienced staff/skilled human resources to undertake manufacture/ research/ commercialization of (Product details).

Yours faithfully,

(Signature of the Authorized signatory)

Name:

Designation:

Seal:

Place: