SHIVAJI UNIVERSITY, KOLHAPUR-416 004, MAHARASHTRA
PHONE :EPABX-2690571(10 lines), 2693643(9 lines), 2693730 (9 lines)
FAX :0091-0231-2691533 & 0091-02312692333
शिवाजी विद्यापीठ, कोल्हापूर--416 004 महाराष्ट्र
दूरध्वनी : (ईपीएबीएक्स) 2690571 (दहा लाईन्स), नॅक विभागाचा दुरध्वनी 0231--2609087
Estd. 1962
NAAC " A++ " Grade
Website : www.unishivaji.ac.in E-mail ID : iqac@unishivaji.ac.in

Ref: SUK/IQAC/ISO/ 355

Date : 31 Aug, 2026

Quotation Notice

Sealed quotations are invited for the in house training Program of Internal Auditor Course in accordance with the **ISO 9001:2015, ISO 14001:2015 and ISO 50001:2018 at Shivaji University, Kolhapur** on the terms & conditions stated here. Quotation should reach the undersigned on or before **05th September, 2026.**

Sr. No.	Particulars
1	**Internal Auditor Training on ISO 9001:2015, ISO 14001:2015 and ISO 50001:2018 Standard for 20 Participant in SUK Kolhapur – 4 days**

Terms and Conditions :

1. The training shall cover ISO 9001:2015, ISO 14001:2015 and ISO 50001:2018 – Internal Auditor Training.
2. The training programme shall be conducted for representative participants at Shivaji University, Kolhapur.
3. The duration of the training shall be 4 days, as per the schedule mutually agreed upon with the University.
4. The training shall include ISO requirements, audit principles, audit planning, audit checklist preparation, conducting audits, reporting of findings and corrective actions.
5. The training shall include practical exercises/case studies and internal audit process, wherever applicable.
6. The trainer(s) shall be qualified and experienced in ISO 9001, ISO 14001 and ISO 50001 auditing and training.
7. The agency shall provide certificate of participation/completion to the participants.
8. The quotation shall clearly mention professional fees, GST, training material charges, travel/stay charges and any other applicable charges separately.
9. Payment shall be made as per University rules and agreed terms after satisfactory completion of the training.
10. The quotation shall remain valid for 90 days from the last date of submission.
11. Shivaji University, Kolhapur reserves the right to accept or reject any or all quotations without assigning any reason.
12. The ISO training processes should not violate any Statute, Ordinance, Provisions of the Maharashtra Public Universities Act, 2016 and the guidelines and directions of the Apex University Authorities/Bodies, taken from time to time.
13. GST as per rules extra

Registrar
Shivaji University, Kolhapur

Encl. 1 Quotation Format
2. DATA SHEET

Quotation Format

Date :

To,
The Registrar
Shivaji University,
Kolhapur

Sub :- Quotation for Internal Auditor Training on 9001:2015, ISO 14001:2015 and ISO 50001:2018 Standard for 20 Participant in Shivaji University Kolhapur – 4 days

Ref :- Shivaji University quotation notice dated 31st Aug, 2026.

Sir / Madam,

With reference to above subject we are ready to provide Internal Auditor Training on ISO 9001:2015, ISO 14001:2015 and ISO 50001:2018 Standard for 20 Participant in Shivaji University Kolhapur – 4 days at the rates mentioned below.

Sr. No.	Specifications	Rates	Remarks
1	Internal Auditor Training on ISO 9001:2015, ISO 14001:2015 and ISO 50001:2018 Standard for 20 Participant in Shivaji University Kolhapur – 4 days		

1. GST as per rules extra
2. No advanced required.
3. Bill will be produced in duplicate along with advanced stamp receipt.

Date :

Signature of Vendor
Seal & full Address

Format of proposal for ISO Certification of the University

DATA SHEET

1.	Name of the ISO certification Firm	
2.	Status of the Establishment (Attach copy of ISO certificate)	
3.	Date of Establishment	
4.	Firm Registration No.	
5.	PAN	
6.	GST Registration No.	
7.	Address	
8.	Phone No./Mobile No.	
9.	E-mail Address	
10.	Name of the Partners & Qualification (Attach latest copy of partnership deed)	
11.	Existing staff available with the firm.	
12.	ISO Experience	
13.	Details of ISO Certification experience. (Minimum 10 clients from education firm)	

Certificate

I the undersigned certify that to the best of my knowledge and belief that the information provided in this data sheet is true and correct. I understand that any willful misstatement herein will lead to my disqualification or dismissal if engaged.

I hereby certify that I have been authorized by the firm to sign this statement.

(----------)
Authorized Signatory

Date :
Place :
Notes :-

1. Proposal should be submitted in this format only.

Wherever necessary extra sheet may be attached for the additional information that the firm may want to supply in support of the information given in the format.