**Annex no. 1**

**Bid Cover Note**

**Public Contract Name:** **X-ray Diffraction Station**

**Contracting Authority:** Institute of Physics of the Czech Academy of Sciences, public research institution

**Registered Office:** Na Slovance 2, 182 21 Prague 8

**Id. No.:**  68378271

**Person Authorized**

**to represent the Contracting Authority:** prof.Jan Řídký, DrSc., Director

**Applicant:** [to be filled in by Applicant]

**Registered office:** [to be filled in by Applicant]

**Id. No.:** [to be filled in by Applicant]

**Tax Id. No.:** [to be filled in by Applicant]

**Bank:** [to be filled in by Applicant]

**Person authorized**

**to represent the applicant:** [to be filled in by Applicant]

**Contact person:** [to be filled in by Applicant]

**Contact address:** [to be filled in by Applicant]

**Tel:** [to be filled in by Applicant] **E-mail of the Contact Person:** [to be filled in by Applicant]

**Data relevant for purpuses of evaluation:**

|  |
| --- |
| Total Bid Price in EUR net of VAT: [to be filled in by Applicant] |
| Total Bid Price in EUR including VAT: [to be filled in by Applicant](*stating a bid price in EUR including VAT is not applicable for foreign bidders)* |
| Total Length of Provided Warranty on Diffractometer in whole calender months: [to be filled in by Applicant] |
| Total Length of Provided Warranty on Source and X-ray optics in whole calender months:  [to be filled in by Applicant] |
| Total Length of Provided Warranty on other components in whole calender months:  [to be filled in by Applicant] |
| Allowed weight load of the Open Eulerian Cradle [to be filled in by Applicant] |
| Position accuracy of the 2-Circle Goniometer [to be filled in by Applicant] |
| Position accuracy of the Open Eulerian Cradle [to be filled in by Applicant] |

In [to be filled in by Applicant] On [to be filled in by Applicant]

[Signature - to be filled in by Applicant]

…………………………………………………………….

[Business name – statutory representative / attorney for the Applicant – to be filled in by Applicant]

**Annex no. 2**

**Affidavit on Basic and Professional Criteria**

pursuant to the Sec 86(2) of the Act No. 134/2016 Coll., Public Contracts Awarding, as amended (hereinafter the “Act”)

|  |  |
| --- | --- |
| **Public Contract Name:** | **X-ray Diffraction Station** |
| **Contracting Authority:** | Institute of Physics of the Czech Academy of Sciences, public research institution |

(hereinafter the “Public Contract”)

|  |  |
| --- | --- |
| **Applicant Business Name incl. Legal Form:** | [to be filled in by Applicant] |
| **Registered Office:** | [to be filled in by Applicant] |
| **Company Identification No.:** | [to be filled in by Applicant] |
| **Authorized Representative:**  | [to be filled in by Applicant] |

(hereinafter the “Applicant”)

I as a person authorized to act on behalf of the Applicant hereby solemnly declare that that the Applicant fulfils the **basic criteria** stipulated by the Contracting Authority within the Public Contract pursuant to Section 74(1) of the Act.

I as a person authorized to act on behalf of the Applicant hereby solemnly declare that that the Applicant fulfils the **professional criteria** stipulated by the Contracting Authority within the Public Contract pursuant to Section 77(1) of the Act

In [to be filled in by Applicant] On [to be filled in by Applicant]

[Signature - to be filled in by Applicant]

…………………………………………………………….

[Business name – statutory representative / attorney for the Applicant – to be filled in by Applicant]

**Annex no. 3**

**Affidavit on Technical Qualification Criteria**

**List of Important Supplies**

pursuant to Sec 79(2)(b) of the Act No. 134/2016 Coll., on Public Contracts Awarding, as amended (hereinafter the “Act”)

|  |  |
| --- | --- |
| **Public Contract Name:** | **X-ray Diffraction Station** |
| **Contracting Authority:** | Institute of Physics of the Czech Academy of Sciences, public research institution |

(hereinafter the “Public Contract”)

|  |  |
| --- | --- |
| **Applicant Business Name incl. Legal Form:** | [to be filled in by Applicant] |
| **Registered Office:** | [to be filled in by Applicant] |
| **Company Identification No.:** | [to be filled in by Applicant] |
| **Authorized Representative:**  | [to be filled in by Applicant] |

(hereinafter the “Applicant”)

I as a person authorized to act on behalf of the Applicant hereby solemnly declare that that the Applicant fulfils the **technical qualification criteria** stipulated by the Contracting Authority within the Public Contract pursuant to Sec 79(2)(b) of the Act, since we have realized the below mentioned supplies within the last three years.

**List of the Important Supplies:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Client and its Registered Seat** | **Name of Provider** *(respectively its relationship to Applicant)* | **Time of Realization** | **Financial Extent** | **Description of supplies provided** | **Contact Person of the Client and Contact Data (Email/Phone)** |
| [to be filled in by Applicant] | [to be filled in by Applicant] | [to be filled in by Applicant] | [to be filled in by Applicant] | [to be filled in by Applicant] | [to be filled in by Applicant] |
| [to be filled in by Applicant] | [to be filled in by Applicant] | [to be filled in by Applicant] | [to be filled in by Applicant] | [to be filled in by Applicant] | [to be filled in by Applicant] |

In [to be filled in by Applicant] On [to be filled in by Applicant]

[Signature - to be filled in by Applicant]

…………………………………………………………….

[Business name – statutory representative / attorney for the Applicant – to be filled in by Applicant]