AIIMS RISHIKESH

INDENT FOR PURCHASE OF STORES

(FORM P-2)

1. Please fill a separate form for each item
2. Please fill completely in triplicate. Incomplete forms and those with illegible writing may not be accepted.

<table>
<thead>
<tr>
<th>Name of items with full specifications &amp; required accessories</th>
<th>Quantity (in figures and words)</th>
<th>Cost per unit (approx) in foreign currency and Rupees</th>
<th>Total cost (approx)</th>
</tr>
</thead>
</table>

3. **For equipment, please provide the following information**

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care of research:

If both, state % of time to be used for patient care: % of time to be used for research.
Is this/ similar equipment already available in the department?
When purchased? Cost at that time: Present functional status:
Tests/ procedures done on this equipment in last year:
Revenue generated by this equipment in last year:
If yes, what is the justification for this purchase?
Is this/similar equipment available in any/other department in the Institute?
If yes, what is the justification for this purchase?

4. **For Consumables, please provide following information:**
Description of stocks available

<table>
<thead>
<tr>
<th>When was it last purchased?</th>
<th>In what quantity?</th>
<th>Cost;</th>
</tr>
</thead>
</table>
| Source
Test/ procedures done in this period:
Revenue generated in this period:
Average annual consumption
Shelf life
Period for which this purchase will last Number of tests likely to be done with this quantity:

5. **For furniture, please provide the following information:**

Exact location and use
Existing furniture at that place
Justification for this purchase
Possible sources (name all sources you know) from where item may be obtained (name, address, phone no, fax no, email, etc of contact person)

<table>
<thead>
<tr>
<th>INDENTOR</th>
<th>HEAD OF DEPARTMENT/SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature..........................</td>
<td>Signature...................</td>
</tr>
<tr>
<td>Name...............................</td>
<td>Name..........................</td>
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<td>Date...............................</td>
<td>Stamp.........................</td>
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<tr>
<td>Phone/Pager........................</td>
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</tbody>
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