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.

Name of items with full specifications & required accessories			Quantity(in figures and words)	Cost per unit (approx) in foreign currency and Rupees	Total cost (approx)
1. Hopkins	Telescope	30°, 4mm	1 (one)	176060/unit	197187-20/. WithGST)
			X - 200	Ex	change amount
				Tota	= 147187 20
	*				
*				, ,	

3. For equipment, please provide the following information

Cystoscope is used to check for Detailed description of the actual use of the equipment Cystoscope is used to check for the cause of Problems such as also dead Hernaturia, frequent unnary tract infections, also used to remove bladder lumour, resection of Prostate, removing bladder Stanes, inserting or removing Stent.

File No: 1) 33/15/2014.	Ris Cadmn)/092/1092	allable in the Euro	department? Yes			
2):42/84/2017 (RIS) H	streets/ procedures done on this equip	nt time: < 83	Present functional status: Damac			
3) 42/84/2017(Rish)/H	=> DJS - 462, DJR-339, cye Revenue generated by this equipmen		O. LAUI CAULINEIDI			
deagnose blank	ILV GIO GOOD		> Cych vaging Inturner co			
curethral Stricture of	r cancer, what is the justification for this and uris. Is this similar equipment available in	Stones, enlar	Custoscopy can + DIU - 17 led Prostate + PONL - 4			
	13 Chay an man equipment available in	rankonier de	partment in the institute?			
	If yes, what is the justification for th	ns purchase?	NO GUO URO O.			
	4. For Consumables, please pr	ovide follow	ring information:			
	Description of stocks available					
	When was it last purchased?	In what gua	nntity? Cost;			
	Source					
	Test/ procedures done in this period:	4				
	Revenue generated in this period:					
	Average annual consumption					
	Shelf life					
•	Period for which this purchase will las quantity:	st Number of t	tests likely to be done with this			
	5. For furniture, please provide the following information:					
	Exact location and use					
	Existing furniture at that place					
	Justification for this purchase	4/B				
	Possible sources (name all sources you address, phone no, fax no, email, etc.	(know) from	n where item may be obtained (name, rson)			
			São air Frien de Antur Witte			
	डॉ० विकास केमार प्रवार Dr. Vikas Kumar Panwar		Additional Prefessor & Head			
	INDENTOR THE Associate Professor Deplement of Urology		HEAD OF DEPARTMENTAGECTION			
	Signature and MAIMS, Rishikesh		Signature			
	Namedr. Mikas. Kumar. Panuar		Name DR. Ankur. Mittal			
	Designation Associate Professor		Designation Additional Professor &			
	Date,		Stamp Flead			

P-3 FORM

(to be attached with P-2 form for Proprietary items)

AIIMS Rishikesh

PROPRIETORY ARTICLE CERTIFICATE

It is certified that the items (S.L: 1inP2 form)
required in the P-2 form should be purchased from M/sKarl Storz SE & Co. Ka. To
the best of my knowledge M/s. Karl Storz Sc &co: K9 are the
sole manufacturer/agents of the sole manufacturers M/sKarl.Storz.Ses.CoKa

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:-

- 1. Use of any article manufactured by other Company can damage or adversely product performance of other associated units of karl storz make. affect
- 2. Use of other manufactured Product will make incompatibility and can also hamper patient

डॉ० विकास कुमार पंचार Pr. Vikas Kumar Panwar (Sign of Indenser) IIMS, Rishikesh

Dated

Designation

Department

Cellandel 15/5/23

Additional Professor & Head मूत्ररोग चिकित्सा विभाग Department of Urology MS, Rishikesh

Signature of Head of Department Section

N.B.: The indenter before recording the abve certificate should satisfy himself that the article is genuinely of proprietary nature manufactured under patent laws.