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 foreigr currency and Rupees	Total cost (approx)
COVIDIEN LIGASURE LIGASURE EXACT. DISSECTOR LF 2019 Compactible with pereviously supplied advanced vessel sealing equipment ivalley Lab Covidian Electro		55,000 + 65T	8,25,000
lautery machine)			
COVIDIEN LIGASURE Manyland, jaw open scaler/ clivider (5mm-23cm) LF. 1923 Compactible with previously supplied advance		55,000 + UST	8,25,000
valley lab covidien Electers Lautery machine).			
	TERROR TERROR		

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: Patient Cauc

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 ir last year:

If yes, what is the justification for this purchase?

Is this/similar equipment available in an / 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

When was it last purchased?

In what quantity?

Cost;

Source

Test/ procedures done in this period: X Poroportetoly auticle

Revenue generated in this period:

Average annual consumption

Shelf life Alphrox. 2 yes

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)

	डॉ० राहुल कमार	
	- Dakol Krimar	or
डाँ० ऋतु ठाकुर /Dr. Ritu Thakur	सहायक आचाय/Assistant Froiess	A STUR THE TIME NEVER CELLON
सहायक अनुगिता विभाग	Repartment of Jacquar Oncolog	MEAD OF DEPARTMENT AND THE MANAGED TON
Department of supple Ancology	मापनेश TAIIMS, Rishikesh	Signature Profession Survivation Profession Signature Profession Survivation Profession Survivation Profession
Department of work on cology Will all and the short of t	Carlot and the state of the sta	Incharge Deproise Rishikesh
Name. D.Y. Kitu. Thous	ul	Name. Talkasa Marin Care Paris
Designation ASSISTALLE		Designation Nofeword /c
Designation.	0	
Date 06-06-2024		Stamp

P-3 FORM

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

AIIMS Rishikesh

PROPRIETORY ARTICLE CERTIFICATE

It is certified that the items (. Ligastine Energy Instrument)
required in the P-2 form should be purchased from M/sMedtecome IMC To
the best of my knowledge M/s Medteranic andia Put ttd are the
sole manufacturer/agents of the sole manufacturers M/s. Mcdttouic INC.

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons: Ligasure is compartible only with pereviously Supplied Medtuonic Electorolautery.

डॉo ऋतु ठाकुर /Dr. Ritu Thakur सहायक आचार्य IAssistant Professor

and Oncology Department d (Sign of Indenter)

Dated

Department

Designation

डॉ० राहुल कुमार DK Rahul Kumar ssistant Professor Oncology एस ऋषिकरा IAIIMS, Rishikesh

डॉ० अमित गुप्ता / Dr. Amit Gupta आचार्य,शल्य चिकित्सा Professor of Surgery Incharge Dept.of Surgical Oncology /AIIMS Rishikesh Ligazuse is competible

Recommendation:

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.