

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)
Flex - xc video Uretero- Renscope	1 Cone)	11,49,000.00/- with 12% GST	12,86,880.00/- (GST included)

3. For equipment, please provide the following information

are available for diagnostic and therapeutic uses. Flexible video uretero-Renscope
they can access the entire upper urinary tract. Because of their deflection capability

Detailed description of the actual use of the equipment
Is the equipment to be used for patient care or research:

↳ yes

Is this/ similar equipment already available in the department? **Yes**

When purchased? **25.10.2019** Cost at that time: **1,435,632.91** Present functional status: **Damage**

Tests/ procedures done on this equipment in last year: **63 surgeries**

Revenue generated by this equipment in last year: **315000/-**

If yes, what is the justification for this purchase? **flexible video-uretero-Retroscopy is the treatment of upper urinary tract stones with the aid of Holmium Laser**

Is this/similar equipment available in any other department in the Institute? **NO**

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:

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)

INDENTOR
Dr. Vikas Kumar Panwar
Associate Professor
Department of Urology

Signature *[Signature]*
Date **18/7/24**

Name **DR. Vikas Kumar Panwar**

Designation **Associate Professor**

Date

HEAD OF DEPARTMENT/SECTION
Additional Professor & Head
Department of Urology

Signature *[Signature]*
Date **18/7/24**

Name **DR. Ankur Mittal**

Designation **Additional Professor & Head**

Stamp

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Flex-xc video uretero Renoscope) required in the P-2 form should be purchased from M/s. Karl Storz endoscopy India Pvt. Ltd. the best of my knowledge M/s. Karl Storz endoscopy India Pvt. Ltd. are the sole manufacturer/agents of the sole manufacturers M/s. Karl Storz endoscopy India Pvt. Ltd.

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

- 1) Use of spares manufactured by any other company may damage / adversely affect performance of this product due to incompatibility and can also hamper patient care
- 2) Use of other manufacturers are not compatible with existing endovision system.

डॉ० विकास कुमार पंवार
Dr. Vikas Kumar Panwar
सह आचार्य / Associate Professor
मूत्ररोग चिकित्सा विभाग
Department of Urology
आर्य समाज अस्पताल / AIIMS, Rishikesh

(Sign of Indenter)

Dated

18/07/24

Designation

Department

Recommendat on:

डॉ० अंकुश मिश्रा / Dr. Ankur Mittal
अपर-आचार्य एवं प्रमुख
Additional Professor & Head
मूत्ररोग चिकित्सा विभाग
Department of Urology
आर्य समाज अस्पताल / AIIMS, Rishikesh

Signature of Head of Department/Section

18/7/24

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