AIIMS RISHIKESH

INDENT FOR PURCHASE OF STORES (FORM P-2)

- 1. Please fill a separate form for each item
- Please fill completely in triplicate. Incomplete forms and those with illegit 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)
New Advent Secondary Arm Sub Assembly of Operating. Microscope (Appasamy) at of Minor OT (ophthalmslogy)	1 (one)	Rupees tity thousands (lo 50,000/-) + 12% tax (six thousand lo 6,000/-)	Rupers bifty Six thousand, only.

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment This is an operating microsupe used daily for minor ophhalmic procedures at minor of sops basis. Is the equipment to be used for patient care of research: 100%, patient one

Is this/ similar equipment already available in the department? No operating microscope available at Minor of Cophthel mobility	other currently
When purchased? 2016 Costat that time take forty five Present of Tests/ procedures done on this equipment in last year. Thousands Used daily in minor of (optimology) Since procedured Revenue generated by this equipment is last year: Not for neverue generation If yes, what is the justification for this purchase? Regular use in optimologic minor of	dysfuctional status: dysfuctional due b problem in secondary arm of mirroscope

If yes, what is the justification for this purchase?

For Consumables, please provide following information:

Is this/similar equipment available in an / other department in the Institute?

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:

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 (nam address, phone no, fax no, email, etc of contact person)

INDENTOR Signáture... DR. RAMANUT SAMANTA Name... A SSOCIATE PROFESSOR
Designa कें ज्यानज समान्ता/Dr. Ramanuj Samanta
सहायक आच्मर्य (Assistant Professor
नेत्र रोग विमाग/Department of Ophthalmology

एम्स, ऋषिकेश / AllMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Designation.

Stamp Penathment of Debthalmology केश/AIIMS, Rishikesh

Annexure - A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201 अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- २४९२०१

ATTACH WITH FORM- P2

Please ensure following points with Form- P2 along with your request letter for procurement:

SI. No.	Required fields	Whether fulfilled the exiteria	Remark
1	Manpower availability	(Yes) No)	
2	Space availability	(Yes) No)	
3	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	(Yes/ No)	Specific, equipment already installed in approach mology Dep
4	USFDA and European CE should be replaced with equivalent Indian Standards that is ISO or BIS or same may be written as ISO/BIS/USFDA/European CE or equivalent.	(Yes/No)	Proprietny Hem
5	Approved in Assessment Committee or Not.	(Yes/No)	Har Equipment is a available; currently repair of part of instrument -NA-
6	If Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	-NA- Co requi
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No)	-NA =
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/ Not available)	-NA

INDENTOR

Designation: AS SOCIA

नेत्र रोग विमाग Department of Ophthalmology Date: एम्स, ऋषिकरा AllMS, Rishikesh

Mobile No. Pager: ... 8 8 72292345

HEAD OD DEPARTMENT/ SECTION

Designation: Professor & M.

Department: 1 buthelmo

Mobile/Pager, Alims, Rishikesh

P-3 FORM

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

AIIMS Rishikesh

PROPRIETORY ARTICLE CERTIFICATE

It is certified that the items (New Advent Secondary Arm Sho Assembly of operating Licuscope (Advent Fs-9)
required in the P-2 form should be purchased from M/s Appa Sany To
the best of my knowledge M/s. Appasany Associates PV+ Ltd are the
sole manufacturer/agents of the sole manufacturers M/s

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

The operating minoscope (ophtralmic) Hodel Adment FS-9 is a proprietary item of Appasarry Associates PV+ Ltd, It was prouved for ophtralmology of (minorot). The secondary arm sub assembly needs to be charged for proper functioning.

(Sign of Indenter)
डॉ. रामानुज समाना/Dr. Ramanuj Samanta

Dated अहायक अहाय / Assistant Professor

चेत्र राम विमाम / Department of Ophthalmology

केत्र राम विमाम / Department of Ophthalmology

Designation निर्मा अविकेश / AllMS, Rishikesh

Department of hthalmology

Department of hthalmology

Recommendation:

professor professor

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.