

## 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 form and those with eligible 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.)
SpyGlass DS Digital Controller system	01 (one)	50 Lakhs	50 lakhs

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 or research.

Is this /similar equipment already available in the department? **NO**

When purchased? Cost at that time: Present functional status:  
Test / 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 Consumable, please provide following information: N/A**

Description of stocks available

When was it last purchased? In what quantity? Cost:

Source

Test/ procedures done 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: N/A**


Exact location and use

Existing furniture at that place

Justification for this purchase

Possible source (name all source you know) form where item may be obtained (name, address, phone no, fax no, email, etc. of contact person)

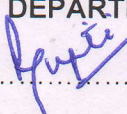
**INDENTOR**

Signature..... 

Name: Mr. Naga Srikanth Darla

Designation: Assistant Nursing Superintendent.

**HEAD OF DEPARTMENT/ SECTION**

Signature.....  **Dr. Rohit Gupta**

Name: Dr. Rohit Gupta

Designation: Additional Professor

डॉ. रोहित गुप्ता /Dr. Rohit Gupta  
अपर आचार्य / Additional Professor  
जठर-पित्त-विभाग /Department of Gastroenterology  
एम्स ऋषिकेश/ AIMS, Rishikesh

## All India Institute of Medical Sciences, Rishikesh-249201


अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश 249201

### ATTACH WITH FORM – P2

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

S. No.	Required fields	Whether fulfilled the criteria	Remark
1.	Manpower availability	(Yes/No)	Yes
2.	Space availability	(Yes/No)	Yes
3.	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	(Yes/No)	No
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)	Yes
5.	Approved in Assessment Committee or Not	(Yes/No)	Yes
6.	If Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	Yes
7.	Letter of External Expert & DGHS Should be routed through Director Office only ( BME will help in this process).	(Yes/No)	No
8.	Mode of purchase GeM availability /non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Yes/No)	Yes

INDENTOR

Signature..... 

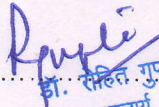
Name: Mr Naga Srikanth Darla

Designation: Assistant Nursing Superintendent.

Department: Gastroenterology

Date: 06.07.2022

HEAD OF DEPARTMENT/ SECTION

Signature..... 

Name: Dr Rohit Gupta

Designation: Additional Professor

Department: Medical Gastroenterology Date:

Date: 06.07.2022

Dr. रोहित गुप्ता /Dr. Rohit Gupta  
अपर आचार्य / Additional Professor  
जठरांत्र विभाग /Department of Gastroenterology  
एम्स ऋषिकेश/AIIMS, Rishikesh

## P-3 FORM

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

AIIMS Rishikesh

## PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items **SpyGlass DS Digital Controller system** required in the P-2 form should be purchased from **M/s Boston Scientific India Pvt. Ltd**, to the best of my knowledge **M/s Boston Scientific India Pvt. Ltd** is a subsidiary of Boston Scientific Corporation, USA.

Similar items manufactured by other firm (s) shall not to suitable for our purpose for the following reason: - **this is a proprietary item and no alternatives were suitable for our needs.**

INDENTOR

HEAD OF DEPARTMENT/ SECTION

Signature.....

Signature.....

Name: Mr Naga Srikanth Darla

Name: Dr Rohit Gupta

Designation: Assistant Nursing Superintendent.

Designation: Additional Professor

Department: Gastroenterology

Department: Medical Gastroenterology

Date: 06.07.2022

Date: 06.07.2022

Recommend at On:

Signature of head of Department /Section