### AIIMS RISHIKESH

### INDENT FOR PURCHASE OF STORES

(FORM P-2)

- Please fill a separate form for each item 1.
- Please fill completely in triplicate. Incomplete forms and those with illegible writing may 2. 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.)
Upgradation Module of ASV Hamilton C3 to Intellivent- ASV.	02 Nos (TWO)	15 LAKH	30 LAKH
Specification- As Attached Annexure- 01			

3. For equipment, please provide the following information
Detailed description of the actual use of the equipment Allow was frotective Wentlation within predefined ceincal targets. Also helps in quiek & easy wearing Is the equipment to be used for patient care of research: Both
Is the equipment to be used for patient care of research: Both
If both, state % of time to be used for patient care: 70% of time to be used for research 30%
Is this/ similar equipment already available in the department? No
When purchased? — Cost at that time: — Present functional status: Tests/
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? No
If yes, what is the justification for this purchase?
For use of side lab in medical ward for immediate result.

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 in 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 provede following information: NA

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: NA

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)

Name Dy. Prakhan Sharma

Designation Associate Professor

Date 25/09/2023

डॉ. प्रखर शर्मा /Dr. Prakhar Sharma , सहायक आचार्य /Assistant Professor पल्योनरी गेडिसिन /Pulmonary Medicine एम्स, ऋषिकेश /AIIMS, Rishikesh HEAD OF DEPARTMENT SECTION

Signature.

Name Dar Girlich Sindhward

Designation Professore & Head

Stam): गिरीश सिंधवानी /Dr. Girish Sindhwani आचार्य एवं विभागाध्यक्ष, पल्योनरी मेडिसिन Professor & Head, Pulmonary Medicine एम्स, ऋषिकेश /AIIMS, 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 ( Upg radation Module of ASV Hamilton required in the P-2 form should be purchased from M/s Shubham Agencies .... To the best of my knowledge M/s. Shubham. Agencies. sole manufacturer/agents of the sole manufacturers M/s. Hamilton Medical

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

ड्रॉ. प्रखर शर्मा IDr. Prakhar Sharma सहायक आचार्य /Assistant Professor पल्मोनरी गेरिडिसिन /Pulmonary Medicine एम्स, ऋषिकेश /AIIMS, Rishikesh

(Sign of Indenter) 25/09/2023

Designation Associate Professor

Department Pulmonary Medicine

Recommendation:

होश्रवानी /Dr. Girish Sindhwani / Section Signature of Head of Depart एवं विभागाध्यक्ष, पल्मोनरी मेडिसिन

N.B.: The indenter before Professor in Heade Pulmonane Medicine should satisfy himself that the article is genuinely of proprietary nature manufactured under patent laws.