# AIIMS RISHIKESH

# INDENT FOR PURCHASE OF STORES (FORM P-2)

- Please fill a separate form for each item
- Please fill completely in triplicate. Incomplete forms and those with illegible writing may not be accepted.

Name of items with full specifications	Quantity(in	Cost per unit	Total cost
& required accessories	figures and words)	(approx) in foreigr currency and Rupees	(approx)
1. Transplant Panel Kit 96 RXN	1	211,200	211,200
2. Respiratory Pathogen lanel Krt 96 RXN	1	268800	268800
Total	-	480,000	
GSTC	12%) -	57,600	
Grand	Total-	537,600	

## 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: N/A

	Is this/ similar equipment aiready available in the de	epartment?	
	When purchased? Cost at that time:  Tests/ procedures done on this equipment in last ye	Present function a status:	
	Revenue generated by this equipment in last year:	/ MIA	
	If yes, what is the justification for this purchase?		
	Is this/similar equipment available in an / other dep	artment in the Institute	
	If yes, what is the justification for this purchase?		
	4. For Consumables, please provide followi	ng information:	
	Description of stocks available		
	When was it last purchased? In what quar	ntity? Cost;	
	Source		
	Test/ procedures done in this period: Figure 1995-	+ time procuring	
R HOM	Revenue generated in this period:	U	
	Average annual consumption		
	Shelf life		
	Period for which this purchase will last Number of t quantity:	ests likely to be done with this	
	5. For furniture, please provide the following	ng information:	
	Exact location and use		
	Existing furniture at that place	MIA	
	Justification for this purchase		
	Possible sources (name all sources you know) from address, phone no, fax no, email, etc of contact per	m where item may be obtained (name. erson)	
1~	INDENTOR / 12023	HEAD OF DEPARTMENT/SECTION	
gut.	Signature65 1	Signature	
neus	Nameडॉ. योगेन्द्र प्रतार संयुद्धि। Dr. Yogerndra Protop Mathuria	Name Dr. Sharlandra Haw	
	Designation रास्त्र एंड उस्तर विद्या निर्देश	Designation Professor & head	
	Viral Reseach & Diagnostic Laboratory Date एम्स् आरिकेश /A. S Risnikesh	Stamp	

## 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 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)	Yes
4	USEDA and European CE should be replaced with equivalent Indian Standards that is ISO or BIS or same may be written as ISO BIS/USEDA/European CE or equivalent.	(Yes/No)	Yes
5	Approved in Assessment Committee or Not	(Yes/No)	
6	It hem cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	Yes
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/No)	Yes
8	Mode of Purchase-GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/ Not available)	Not Amailable

INDENTOR	1 2023
Signature	OSTA
Name:	प्रथरिय

Name:

St. योगेन्द्र प्रताप मधुरिया

Designation Vogerndra Pratap Mathuria

Dr. Vogerndra Pratap Mathuria

pres 3: किंगिलालाको Investigator

pres 3: किंगिलालाको Investigator

Department 3: किंगिलालाको अ Diagnostic Laborator

Date: AliMS Rishikesii

Mobile No. Pager: .....

HEAD OD DEPARTMENT/ SECTION

Name: Dr. Sharehra Handy

Designation: Professor & Head

Department ....

Date.

Mebile/Pager: ....

Church

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

#### **AIIMS Rishikesh**

### PROPRIETORY ARTICLE CERTIFICATE

17 Transblant Pand Kit 96 rxn

It is certified that the items (. 3-7 Respiratory Pathogen Panel Kit 96 mm) required in the P-2 form should be purchased from M/s. Revive Health care and Thousthal the best of mv knowledge M/s. Revive Health care and Industrial Solution the sole manufacturers M/s. 3B Black Bio Brotech India Limited.

Similar tems manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:- No other manufacturer 15 Available for required Specifications.

Dated

Designation

(Sign of Indenter)

Department

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Recommendat on:

signature of Head of Department/Section

I.B.: The indenter before recording the abve certificate should satisfy himself that the irticle is genuinely of proprietary nature manufactured under patent laws.