

NB

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

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)
Electrosurgical Unit with Argon Plasma Coagulation	1	100 Lakhs	
<div>प्रचार्य, Professor, जठरांत्ररोग विज्ञान विभाग, Deptt. of Gastroenterology, पीजीआई.एम.ई.आर., चण्डीगढ़। P.G.I.M.E.R., Chandigarh.</div> <div>07.05.2018</div>		<div>डॉ० रोहित गुप्ता सहायक प्रोफेसर जठरांत्ररोग विभाग एम्स रुड़की/AIIMS, Rishikesh</div>	

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:

If both, state % of time to be used for patient care: % of time to be used for research

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 any other department in the Institute?

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)

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INDENTOR

Signature.....

Name.....

Designation.....

Date.....

Phone/Pager.....

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

6. For use of Central Store

Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate (per unit)	Source	Stock in hand

Store Keeper
Date

Store Technical Assistant
Date

Store Purchase Officer
Date

7. For use of Purchase Section

Method of purchase recommended:

Single tender/ limited tender/ open tender/ DI/UP-CMSD/DGS&D Rate Running Contract/ Local Cash Purchase

JD MM

Date

Tender/ Enquiry No.

Date

Supply Order No.

Date

Recommendation:

Signature of head of Department/Section