

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)
COOL TABLE: 1) Stainless steel table top with Low carbon content of 0.08. 2) Stainless steel sheet thickness 18 gauze. 3) Flat and open tabletop for easy access and placement. 4) A lid on top of the cool area to preserve optimal temperature, with an opening to access the units of blood. 5) Refrigerant is HFC r134a. 6) Hermatically sealed compressor 220-240 V, 50 Hz. 7) Cooling capacity- 35 Kcal/Hr. 8) Tecumesh make compressor or equivalent. 9) Size Approx- 48" (W)x 20" (D) x 45" (H). 10) The working area is lightly tilted to evacuate the condensation. 11) Temperature on table top: 4°C - 6°C. 12) 02 non lockable thermostat. 13) Digital electronic thermostat. 14) Should have a digital display of temperature. 15) User satisfactory certifications to be attached. 16) Power consumption less than 400W. 17) For any breakdown company should repair within 24 hours and should have engineering service in surrounding 100 km.	1 Nos. /One	₹ 3,75,000/ Three Lakhs Seventy Five Thousands	₹ 3,75,000/ Three Lakhs Seventy Five Thousands

<p>18) Satisfactory user certificate should be submitted from 3 reputed government organizations.</p> <p>19) Warranty of the system for 5 years.</p> <p>20) Quality certification: ISO certified.</p> <p>21) Product certification: CE class II A or US FDA certified.</p> <p>22) Should provide user manual.</p>			
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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? 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?

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)

INDENTOR
Signature..... Sheetal M.
Name- Dr. Sheetal Malhotra
Designation- Assistant Professor
Date..... 13.12.17

HEAD OF DEPARTMENT/SECTION
Signature..... Gita 13.12.17
Name- Dr. Gita Negi
Designation- Additional Professor & HOD
Stamp..... **डॉ. गीता नेगी**
Dr. Gita Negi

सपर आचार्या एवं विभागाध्यक्ष रक्ताधान चिकित्सा एवं रक्ताशोध
Addi. Prof. & HOD of Transfusion Medicine & Blood Bank
एम्स, ऋषिकेश/AIIMS, Rishikesh

Phone/Pager

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.
Supply Order No.

Date
Date