AIIMS RISHIKESH

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Dr vall well an cost Please weep the star & veep the star br Biscssnut the minister INDENT FOR PURCHASE OF STORES Dy Under

(FORM P-2)

- Please fill a separate form for each item 1.
- Please fill completely in triplicate. Incomplete forms and those with illegible 2. 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) |
|---|---------------------------------|--|--|
| The system would assist in performing CT and PET-CT Guided Interventions like Biopsy, Tumor Ablation, pain care etc. The system would be able to work with DICOM Compliant CT and PET CT scanners. System would be able to support commonly available interventional instruments like biopsy needles, pain management needles and ablation electrodes and should work with commonly available ablation devices. System would allow clinicians to fuse or register at least two series of CT Images. System would have the facility to receive images and support procedure planning within and outside of procedure room. System would have a set of post processing tools like segmentation, image registration for visualization of tumour and other structures including multiple tumours. System would have tools to help clinicians identify vital structures like bone, vasculature and other critical organs that should be spared from needle and thermal injury during procedure. System would have a cool for trajectory planning of one or more needles on 2D and 3D volume rendered images including for multiple tumors. | Dr.Udit C Dr.Udit C IMPAL | Dr. RAJES | Rs 12,070, 070 7 GST GST NAME NAME NAME NAME NAME NAME NAME NAME |

10. System would have a tool to overlay ablation zones of selected Needle on tumour volume both in 2D & 3D images and determine appropriate ablation device and parameters for adequate tumour coverage 11. System would have a facility to alert the user during planning, for possible collision of a needle with another needle or with identified vital organs or potential thermal injury to vital organs based on the Ablation volume data. The navigation system would be directed by the treatment plan and shall have the capability to automatically align a needle guide or other holding device as planned above, without having to depend on physician intervention using CT fluoro or other external feedback devices for alignment. 13. System would provide for a single plan for simultaneous and sequential treatment using multiple instruments. where multiple instruments are placed, the system would provide safety features to prevent instrument collision with each other. 14. System would have tools to monitor breathing and patient related movement and also to control patient movements during procedures. 15. System would have a tool to register intra-procedural images to verify device placement with respect to plan. 16. System would have the ability to present segmented volumes of pre and post treated targets, taking into account intra procedural target movements with ability to Register/Fuse pre and post procedure images in 3D & 2D MPR views. System would have a comprehensive reporting package with an ability to automatically document all key parameters and selected procedure images. 18. System is CE and USFDA approved 19. Essential Requirement: a) The firm must have at least good no. installations of the same model in

india. b) Attach list of installation with performance certificates

Dr. RAJESH PASRICHA Mile Additional Professor & HOD Department of Radiation Oncolog

12,000

Warranty: 1. List of consumables, if any with price frozen for 5 years should be quoted separately. 2. Bidder should submit point wise compliance statement. 3. AMC/CMC- Rate of 5 years CMC should be quoted in price bid after warranty. 4. Onsite training to be provided after installation. nr. of Radiation Onc Ad For equipment, please provide the following information 3. AIIMS, RI

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care of research: Both for patient care & research

If both, state % of time to be used for patient care: 40 % of time to be used for research 60%.

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: N.A

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?

For Consumables, please provide following information:

Description of stocks available-

When was it last purchased?

N.A

In what quantity? Co

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.....

Name- Dr. Udit Chauhan

Designation- Assistant Professor

Date 13/12/2017 Dr.Udit Chauhan MD, DNB, PDCC (HPB Intervention Radiology Assistant Professor)

Phone/Pager 78381.5527

Amar Muku

Signature

Name- Dr. Rajesh Pasricha

Designation- Additional Professor

Stamp. Dr. RAJESH PASRICHA Additional Professor & HOD Department of Radiation Oncology AIIMS, Rishikesh

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 |
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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