

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 Rupees	Total cost (approx)
Ultra clip Breast Tissue Marker. Size 17Gx12CM	200 (Two Hundred)	4816	963200/-
	Total Amount: Nine Lakh Sixty Three Thousand Two Hundred Rupees.		₹ 963200/-

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 of research: **Patient Care**

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:

N/A

Revenue generated by this equipment in last year: **N/A**

If yes, what is the justification for this purchase? **N/A**

Is this/similar equipment available in any other department in the Institute?
NO

If yes, what is the justification for this purchase? **N/A**

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:

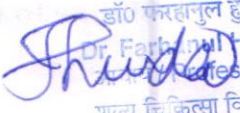
Exact location and use

Existing furniture at that place

Justification for this purchase

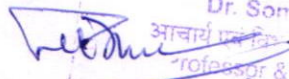
Possible sources (name all sources you know) from where item may be obtained (name, address, phone no, fax no, email, etc of contact person)

INDENTOR

Signature: 
Name Dr. Farhanul Huda
Designation Professor

Date:.....

HEAD OF DEPARTMENT/SECTION

Signature: 
Name Dr. Somprakash Basu
Designation Professor

Stamp.....



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- 249203
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH- 249203

Form P-3

(To be attached with form P-2 for purchase of Proprietary Articles)

PROPRIETARY ARTICLE CERTIFICATE

It is to certify that the item(s) Ultra clip Breast Tissue Harley, Size 17.6 x 12 CH (item name) as mentioned in Form P-2 may be purchased from M/s Bard Peripheral Vascul (manufacturer/supplier name), as to the best of my knowledge, M/s Il are the sole manufacturer/ supplier of the sole manufacturer M/s Il (manufacturer name) of above said equipment/ item.

Further, it is to certify that similar items manufactured by other firm(s) shall not be suitable for our purpose because of below mentioned reasons:

1. Not manufactured by any other firm.
2. _____
3. _____

Indenter Signature: Dr. Farhanul Huda
Dr. Farhanul Huda
आचार्य / Professor
Indenter Name: Dr. Farhanul Huda
Dept. of General Surgery
Designation: Professor
General Surgery / AIIMS Rishikesh
Department: General Surgery
Date: _____

Recommendation:

Dr. Somprakash Basu
Dr. Somprakash Basu
आचार्य / Professor
Signature of Head of Department/Section
General Surgery / AIIMS Rishikesh

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

hnl