AIIMS RISHIKESH

INDENT FOR PURCHASE OF STORES

(FORM P-2)

Neonatal Flow Sensor Insert

- 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)
 Neonatal Flow Sensor Insert It is used for Proxinal flow sensor during invasive ventilation with Drager VN500 ventilator in neonates. 	12 (Twelve.) packs of- 5 units each	19,477	2,50,000/-
magut			
MOD			
Total			2,50,000/-

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment:

1

Is the equipment to be used for patient care of research: Can be used simultaneously as a tool for patient care as well as research.

If both, state % of time to be used for patient care: 50%

% of time to be used for research: 50%

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? No 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:

am

2

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)

INDENTORS

HEAD OF DEPARTMENT/SECTION

Signature..... Name: Sriparna Basu D. Sriparna Basu Designation: Professor & Head and the Department: Neonatology f Neonatology Stamp.

Phone/Pager: 9935340260

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P-3 FORM

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

AIIMS Rishikesh

PROPRIETORY ARTICLE CERTIFICATE

It is certified that the items (<u>Neonatral flaw pensor insert</u> (<u>Drager Medical</u> GmBH) required in the P-2 form should be purchased from M/s. <u>SBL Medical System</u>. To the best of mv knowledge M/s. <u>SBL Medical System</u>, <u>2498/65E</u> are the MB Externon, <u>Badarpur</u>, New Delhi - 110044 sole manufacturer agents of the sole manufacturers M/s. Drager India RVT Limited

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:- Some items from other firms are available of higher prices.

(Sign of Indenter)

Dated 09,06,2022

Designation

Department

डॉ. मयंक प्रियदर्शी /Dr. Mayank Priyadarshi सहायक आचार्य /Assistant Professor नवजात शिशु रोग विभाग Department of Neonatology एम्स, ऋषिकेश (उत्तराखण्ड) AIIMS, Rishikesh(Uttarakhand)

Recommendat on:

डॉ. श्रीपर्णा चासु/Dr. Sriparna Basu रत्यार्था एवं विषायाध्यय,जवजात विशु रोग Professor & Head of Neonatology एम्स, इतिकेत्राणMS, Rislingsh

Signature of Head of Department/Section

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