

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 INR	Total cost (approx)
"Repair/Replacement of Hopkins Telescope 0°, 4mm, 18cm"	01 (one)	2,53,000	2,53,000

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: *For Patient Care*

If both, state % of time to be used for patient care: *100* % of time to be used for research

Is this/ similar equipment already available in the department? *- No*

When purchased? *NA* Cost at that time: *NA* Present functional status: *NA*

Tests/ procedures done on this equipment in last year: *Approx. 40-50 Cases*

Revenue generated by this equipment in last year: *Nil*

If yes, what is the justification for this purchase? *-*

Is this/similar equipment available in any other department in the Institute? *YES (DEPT. of ENT)*

If yes, what is the justification for this purchase? *- The equipment needs to be repaired/replace which is already purchased by the Dept. of Neurosurgery.*

4. For Consumables, please provide following information: *- NA*

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:

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (.....Hopkins Telescope 0°, 4mm, 18cm.....) required in the P-2 form should be purchased from M/s. LIFECARE MEDISURG. To the best of my knowledge M/s. LIFECARE MEDISURG are the sole manufacturer/agents of the sole manufacturers M/s. KARL STORZ ENDOSCOPY INDIA PVT. LTD.

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:- Repair/Replacement ~~can~~ ^{may} only be done by the manufacturer/authorized distributor, as it is a proprietary item, it can lead to the compatibility issues with the complete system.

Rishi Arora

(Sign of Indenter)

Dated 03/06/2024

Designation OT Incharge

Department Neurosurgery

Recommendation:

डॉ० सरवानन स./Dr. Saravanan S.
सह- आचार्य/ Associate Professor
तंत्रिका शल्य चिकित्सा विभाग
Department of Neurosurgery
एम्स ऋषिकेश /AIIMS, Rishikesh

Signature of Head of Department/Section

Rajnish Kumar Arora
3/6/24
डॉ० रजनीश कुमार अरोड़ा
Dr. Rajnish Kumar Arora
अपर-आचार्य एवं विभागाध्यक्ष
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