

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.

S.N	Description	Pack	Quantity (for One year)	Cost per Unit in Rupee (Approx.)	Total Cost (Approx.)
1	Micropoint make QLABS, Q3-Plus PT/Inr	1 Box- 12 Test Kits	1521 Box	3300 /-	50,19,300 /-
2	Micropoint make QLABS, Q3-Plus PT/Inr/APTT	1 Box- 12 Test Kits	305 Box	6000 /-	18,30,000 /-
Amount					68,49,300 /-
GST @ 12%					8,21,916 /-
Total Amount					76,71,216 /-

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:

If both, state 90 % of time to be used for patient care: 10 % of time to be used for research

Is this/ similar equipment already available in the department? Yes

When purchased? NA 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.....

Name. V. Nagasubramanyam

Designation. Associate Professor

Date.....

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

Phone/Pager

Dr. V. Nagasubramanyam
Associate Professor
Department of Emergency Medicine
AIIMS, Rishikesh

Dr. Nishu Kataria
Associate Professor
Department of Emergency Medicine
AIIMS Rishikesh

Annexure -A



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201
अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिके T-249201

ATTACHED WITH FORM-P2

Please ensure following points with Form-P2 along with your request letter for procurement:

Sl. No	Required field	Whether fulfilled the criteria (Yes/No)	Remark
1.	Manpower availability	(Yes/No)	Yes
2.	Space availability	(Yes/No)	Yes
3.	Whether specifications are generic, not of same company or brand specific (should have priority for make in India products)	(Yes/No)	Yes
4.	USFDA and European CE should be replaced with equivalent Indian Standards that is ISO or BIS or same may be written as ISO/BIS/USFDA/European CE or equivalent.	(Yes/No)	NA
5.	Approved in Assessment committee or Not	(Yes/No)	Yes
6.	If item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	NA
7.	Letter of External Expert & DGHS should be routed through Director Office only (BME will help in this process).	(Yes/No)	NA
8.	Mode of purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same)	(Yes/No)	Not Available in GeM

INDENTOR

Signature.....

Name.....

Designation.....

Department.....

Date.....

Mobile No/Pager.....

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Department.....

Date.....

Mobile No/Pager.....

डॉ. वी. नागसुब्रामन्यम
Dr. V. Nagasubramanyam
असोसिएट प्रोफेसर
आपातकाल चिकित्सा विभाग
Department of Emergency Medicine
अस ऋषिकेश / AIMS, Rishikesh

Dr. Nidhi Kaoley
Head of Department
विभाग प्रमुख / Dr. Nidhi Kaoley
आपातकाल चिकित्सा विभाग
Department of Emergency Medicine
अस ऋषिकेश / AIMS Rishikesh
Emergency Medicine

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (**Item Nr.01 to Item Nr.2**) required in the P-2 form should be purchased from **M/s. Medbro's Healthcare**, to the best of my knowledge **M/s. Micropoint Biotechnologies Co. Ltd.** is the sole manufacturer.

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons: -

As there are no manufacturers of consumables for Micropoint Make Q Labs, Q3-plus except M/s. Micropoint Biotechnologies Co. Ltd. as of today in the world.

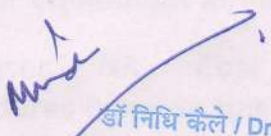
(Sign of Indenter)

Dated:

Designation: Associate Professor

Department: Emergency Medicine

Recommendation:


Signature of Head of Department/Section

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