

**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) (pcs)	Cost per unit (approx.) in foreign currency and Rupees	Total cost (approx.)
<p><b><u>Mindray Ventilator</u></b></p> <p><b><u>Accessories-</u></b></p> <p><b><u>Model Name- SV300</u></b></p> <p><b>1. Oxygen sensor / O2 Cell(Compatible with SV300)-</b></p> <ul style="list-style-type: none"> <li>• Compatible with SV300 ventilator</li> <li>• Measuring 0 to 100%</li> <li>• Minimum one year warranty.</li> <li>• Onsite assistance available.</li> <li>• Simple installation.</li> <li>• Rugged design.</li> <li>• High sensitivity.</li> </ul> <p><b>2. Battery (Compatible with SV300)-</b></p> <ul style="list-style-type: none"> <li>• Number of batteries- One or two</li> <li>• Battery type -Lithium-ion</li> <li>• battery Rated battery voltage -14.8 VDC</li> <li>• Battery capacity -5800 mAh</li> <li>• for a single battery Over current protection -8.2 ± 5</li> </ul>	<p><b>06</b></p>	<p><b>20,000/-</b></p>	<p><b>1,20,000/-</b></p>
	<p><b>02</b></p>	<p><b>40,000/-</b></p>	<p><b>80,000/-</b></p>

डॉ. मिनाक्षी धार  
Dr. Minakshi Dhar  
अपर-आचार्य एवं विभागाध्यक्ष  
Additional Professor & HOD  
वृद्धत्वस्था चिकित्सा विभाग  
Geriatric Medicine Department  
एम्स ऋषिकेश / AIIMS Rishikesh

89692/2023/H-STORE

<p>70A</p> <ul style="list-style-type: none"> <li>• Time to shutdown -10 min at least (powered by new fully-charged batteries after the first low battery alarm)</li> <li>• Battery runs time –Minimum 180 min (powered by one new fully-charged battery in standard working condition); 360 min (powered by two new fully-charged batteries in standard working condition).</li> <li>• Minimum one year warranty.</li> </ul>			
<p><b>3. Expiration Valve (Compatible with SV300)-</b></p> <ul style="list-style-type: none"> <li>• Minimum one year warranty.</li> <li>• Onsite assistance available.</li> <li>• Simple installation.</li> <li>• Rugged design.</li> <li>• High sensitivity.</li> </ul>	01	20,000/-	20,000/-
<b>Grand Total Amount (approx.):</b>			<b>₹ 2,20,000/-</b>



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**89692/2023/H-STORE equipment, please provide the following information**

Detailed description of the actual use of the equipment: Use in ventilator to replace not working parts.

Is the equipment to be used for patient care or research: Yes

If both, state % of time to be used for patient care: 30% of time to be used for research

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

When purchased? Loan Cost at that time: Present functional status: 4 working Tests/ procedures done on this equipment in last year: yes

Revenue generated by this equipment in last year:

If yes, what is the justification for this purchase? An additional slide warming plate is needed due to the increased number of cases and also as a backup.

All patients admitted in Geriatric HDU ward are sick & some of that needed ventilator support.

Is this/similar equipment available in any other department in the Institute? Yes

If yes, what is the justification for this purchase? 4 ventilators not functioning and parts not repairable.

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

Description of stocks available: As per point 6.

When was it last purchased? In what quantity? Cost;

Source

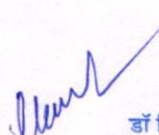
Test/ procedures done in this period:

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:

  
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**89692/2023/H-STOR-~~OF~~ furniture, please provide the following information:**

Exact location and use

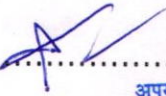
Existing furniture at that place

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.....



डॉ. मोनिका पठानिया  
Dr. Monika Pathania  
अपर-आचार्य/ Additional Professor  
बुद्धावस्था चिकित्सा विभाग  
Geriatric Medicine Department  
एम्स ऋषिकेश /AIIMS Rishikesh

Name: Dr Monika Pathania

Designation: Additional Professor

Date.....

Phone/Pager

HEAD OF DEPARTMENT/SECTION

Signature.....



डॉ. मिनक्षी धर  
Dr. Minakshi Dhar  
अपर-आचार्य एवं विभागाध्यक्ष  
Additional Professor & HOD  
बुद्धावस्था चिकित्सा विभाग  
Geriatric Medicine Department  
एम्स ऋषिकेश /AIIMS Rishikesh

Name: Dr Minakshi Dhar

Designation: HOD/  
Medicine Dept.

Stamp.....

## P-3 FORM

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

AIIMS Rishikesh

## PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (O<sub>2</sub> flow sensor for mindray ventilator sv-300) required in the P-2 form should be purchased from M/s. Aroma India. To the best of my knowledge M/s. Aroma India are the ~~sole manufacturer~~/agents of the sole manufacturers M/s. Mindray India Pvt. Ltd.

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

As we have ventilators of make Mindray model sv-300. Thus we require O<sub>2</sub> flow sensor of same make for -  
 ① for standardization and satisfactory functioning of the machine  
 and ② for compatibility of existing set of equipment.

(Sign of Indenter)

Dated

Designation

Department

Dr. Ajay Kumar  
 Associate Professor  
 Department of Trauma Surgery  
 AIIMS, Rishikesh

Recommendation on:

मो. कमार आजम / Md. Quamar Azam  
 विभागाध्यक्ष / HOD  
 अभियात केंद्र / Trauma Center  
 अभियात सर्जरी विभाग  
 Department of Trauma Surgery  
 एम्स रीशिकेश / AIIMS Rishikesh

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.