

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 foreign currency and Rupees	Total cost (approx)
1. Pediatric Lower Tract Instrument (As per specification)	1 set (one set)	Approximate 6 Lakh	6 Lakh

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:

The ultra thin uretero-renaloscope is taking its place not only in pediatric urology but also in stone therapy in adults. The miniature cysto-urethroscopes for gentle passage of urethra and its a very effective atraumatic treatment for small anatomical

↳ yes

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:

Revenue generated by this equipment in last year:

/
NA
/

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:

/
NA
/

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. vikas Kumar Panwar**

Designation **Associate Professor**

Date.....
डॉ० विकास कुमार पंवार
Dr. Vikas Kumar Panwar
सह आचार्य / Associate Professor
मूत्ररोग चिकित्सा विभाग
Department of Urology
एम्स ऋषिकेश / AIIMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature.....

Name **DR. Ankur Mittal**

Designation **Additional Professor & Head**

Stamp.....
डॉ० अंकुर मिश्रा / Dr. Ankur Mittal
अपर आचार्य एवं प्रमुख
Additional Professor & Head
मूत्ररोग चिकित्सा विभाग
Department of Urology
एम्स ऋषिकेश / AIIMS, Rishikesh

26/12/23

Annexure - A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201

अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- २४९२०१

ATTACH WITH FORM- P2

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

Sl. No.	Required fields	Whether fulfilled the criteria	Remark
1	Manpower availability	(Yes/ No)	Yes
2	Space availability	(Yes/ No)	Yes
3	Whether specifications are generic, not of some 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)	Yes
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 to 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).	(Available/ Not available)	Item not available in Gem

INDENTOR

Signature

Name: DR. Vikas Kumar Panwar

Designation: Associate Professor

Department: Urology

Date: डॉ० विकास कुमार पंवार
Dr. Vikas Kumar Panwar
सह प्राध्यापक / Associate Professor
मूत्ररोग चिकित्सा विभाग
Department of Urology
एम्स ऋषिकेश / AIIMS, Rishikesh

HEAD OF DEPARTMENT/ SECTION

Signature

Name: DR. Ankur Mittal

Designation: Additional Professor & Head

Department: Urology

Date: डॉ० अंकुर मिश्रा / Dr. Ankur Mittal
अपर प्राध्यापक एवं प्रमुख
Additional Professor & Head
मूत्ररोग चिकित्सा विभाग
Department of Urology
एम्स ऋषिकेश / AIIMS, Rishikesh

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Pediatric Lower Tract Instrument) required in the P-2 form should be purchased from M/s Richard Wolf India Pvt. Ltd. To the best of my knowledge M/s Richard Wolf India Pvt. Ltd. 211-A JMD, Pacific Square sector are the part II sole manufacturer/agents of the sole manufacturers M/s Richard Wolf, GmbH, Located at 75438, Knittlingen, Pforzheimer Straße 32, Germany Cur ga

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

AS per best of our knowledge no other manufacturer for pediatric lower tract instruments as per our specifications.

1/11/23
26/12/23
(Sign of Indenter) डॉ. विकास कुमार पंवार
Dr. Vikas Kumar Panwar
सह आचार्य / Associate Professor
मूत्ररोग चिकित्सा विभाग
Department of Urology
एम्स, ऋषिकेश / AIIMS, Rishikesh

Dated

Designation

Department

Dr. Arup Kumar Mandal
आचार्य / Professor
मूत्ररोग चिकित्सा विभाग / Department of Urology
एम्स, ऋषिकेश / AIIMS, Rishikesh

Recommendation:

डॉ. अंकुर मिश्रा / Dr. Ankur Mittal
अपर आचार्य एवं प्रमुख
Additional Professor & Head
मूत्ररोग चिकित्सा विभाग
Department of Urology
एम्स, ऋषिकेश / 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.