

**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 form and those with eligible writing may not be accepted.

<b>Name of items with full specifications &amp; required accessories</b>	<b>Quantity (in figures and words)</b>	<b>Cost per unit (approx.) in foreign currency and rupees</b>	<b>Total cost (approx.)</b>
<b>Item No. 1.</b> Endoscopic Suturing System (Per box 3 Units)	01	5 Lakhs	<b>12 Lakhs Approx.</b>
<b>Item No. 2.</b> Overtube Endoscopic Access System	01	50 Thousand	
<b>Item No. 3.</b> Helical Tissue Grasping Device (Per box - 6 units).	01	2.5 Lakhs	
<b>Item No.4</b> Suture with anchor for Endoscopic Suturing System (Per box - 12 Units).	02	02 Lakhs	
<b>Item No. 5.</b> Suture Cinch for Knotless Fixation (Per box - 6 Units).	01	01 Lakhs	

**3. For equipment, please provide the following information: N/A**

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care or research.

Is this /similar equipment already available in the department?

When purchased?

Cost at that time:

Present functional status:

Test / 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 Consumable, please provide following information: Yes**

Description of stocks available: No

When was it last purchased?

In what quantity?

Cost:

Source

Test/ procedures done 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: N/A**

Exact location and use

Existing furniture at that place

Justification for this purchase

Possible source (name all source you know) form where item may be obtained (name,

address, phone no, fax no, email, etc. of contact person)

**INDENTOR**

डॉ० इतिश पटनायक / Dr. Itish Patnaik

सह- आचार्य / Associate Professor

जठरांत्र विभाग / Department of Gastroenterology

एम्स, रीशिकेश / AIIMS RISHIKESH

Signature.....

Name- Dr Itish Patnaik

**HEAD OF DEPARTMENT/ SECTION**

डॉ. रोहित गुप्ता / Dr. Rohit Gupta

अपर आचार्य / Additional Professor

जठरांत्र विभाग / Department of Gastroenterology

एम्स रीशिकेश / AIIMS, Rishikesh

Signature.....

Name- Dr Rohit Gupta

## P-3 FORM

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

AIIMS Rishikesh

## PROPRIETARY ARTICLE CERTIFICATE

It is certified that the following items required in the P-2 form should be purchased from Apollo Endosurgery, Inc. USA. M/s Health ware Pvt. Ltd Hyderabad is the exclusive distributor of M/s Apollo Endosurgery, Inc. in India.

1	Overstitch Endoscopic Suturing System
2	Overstitch Suture Helix
3	Filbloc Permanent Overstitch Sutures
4	Overstitch Suture Cinch
5	Overtube Endoscopic Access System

Similar items manufactured by other firm (s) shall not to suitable for our purpose for the following reason: - the above mention items are proprietary in nature Apollo Endosurgery Inc. USA is the sole manufacture.

डॉ० इतिश पटनायक / Dr. Itish Patnaik  
सह-आचार्य / Associate Professor  
जठरसूत्र विभाग / Department of Gastroenterology  
एम्स, ऋषिकेश / AIIMS RISHIKESH

(Sign of indenter)

Dated

- 30-12-2023.

Designation

Associate Professor

Department

Gastroenterology

Recommend at On:

डॉ. रोहित गुप्ता / Dr. Rohit Gupta

अपर आचार्य / Additional Professor

जठरसूत्र विभाग / Department of Gastroenterology

एम्स ऋषिकेश / AIIMS, Rishikesh

Signature of head of Department /Section