

96996/2024/6

**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)
Venous Coupler Anastomosis Set	01	10 Lakhs	10 Lakhs

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:

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

Is this/ similar equipment already available in the department?

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:

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.....

Designation.....

Date.....

डॉ. नीरज राव /Dr. Neeraj Rao  
सहायक आचार्य /Assistant Professor  
प्लास्टिक चिकित्सा विभाग  
Department of Burns and Plastic  
सर्व. चिकित्सा /AIIMS, Rishikesh

*meel*

*Neeraj Rao*

*Associate Professor*

*11/1/24*

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

*for*

*@hattopadhyay*

*Debarati Chattopadhyay*

*Additional Professor*

डॉ. देववर्ति चट्टोपाध्याय  
Dr. Debarati Chattopadhyay  
अपर - आचार्य/Additional Professor  
प्लास्टिक चिकित्सा विभाग  
Dept. of Burns and Plastic Surgery  
एम्स चिकित्सा /AIIMS Rishikesh

6. **For use of Central Store**

Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate (per unit)	Source	Stock in hand
<i>The demanded item is not purchased previously</i>					

*19/1/24*

Store Keeper  
Date

*Yogesh Paswan  
19.1.24 (S.K)*

Store Technical Assistant  
Date

*19/01/24  
(A.P.O)*

*[Signature]*

Store Purchase Officer  
Date

*20/01/24*

All India Institute of Medical Sciences  
Rishikesh (U.K.) -243203

7. **For use of Purchase Section**

Method of purchase recommended: Single tender/ limited tender/ open tender/ DI/UP-CMSD/DGS&D  
Rate Running Contract/ Local Cash Purchase *PAC*

JDMM

Date

Tender/ Enquiry No.

Supply Order No.

Date:

Date:

*D. Jain  
20/01/24*

### Venous Coupler Anastomosis Set

- \* Coupler specially designed for use in end to end and end to side anastomosis for anastomosis of vein & artery .
- Designed for use in vessel size no smaller than 1.0mm & not larger than 3.5mm , and a wall thickness of 0.5mm.
- \* Polyethylene rings with titanium pins, concentric arrangement.
- \* Help in anastomosis intima to intima without any intraluminal foreign material.
- \* Able to manage vessel size mismatch.
- \* Provides superior patency rates for venous anastomosis.
- \* Provided with instrumentation set--  
Vessel measuring device,
  - Non glare gauge
  - Titanium tipped coupler holding
  - Approximator device
  - Micro surgical holding forceps
  - Teflon sterilization box
- \* Couplers provided in size of 1.0mm,1.5mm,2.0mm,2.5mm,3.0mm,3.5mm & 4.0mm each box containing couplers Qty 05 Boxes each size.

*Akshay*  
11/1/24

डॉ. अक्षय कपूर/Dr. Akshay Kapoor  
सह-आचार्य/ Associate Professor  
Dept. of Burns and Plastic Surgery  
एम्स, ऋषिकेश /AIIMS Rishikesh

*Debarati*  
11/1/24

डॉ. देवराति चट्टोपाध्याय  
Dr. Debarati Chattopadhyay  
अगर - आचार्य/Additional Professor  
प्लास्टिक चिकित्सा विभाग  
Dept. of Burns and Plastic Surgery  
एम्स, ऋषिकेश /AIIMS Rishikesh

*Neeraj*  
11/1/24

सहायक आचार्य /Dr. Neeraj Rao  
आचार्य /Assistant Professor  
प्लास्टिक चिकित्सा विभाग  
Department of Burns and Plastic  
एम्स, ऋषिकेश /AIIMS, Rishikesh



## 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)	This product is Not made in India
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)	No
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No)	N/A
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/ Not available)	Not available in Gem

INDENTOR

HEAD OF DEPARTMENT/ SECTION

Signature: .....

Signature: .....

Name: .....

Name: .....

Designation: .....

Designation: .....

Department: .....

Department: .....

Date: .....

Date: 12/11/24

Mobile No./ Pager: .....

Mobile/Pager: .....

Dr. Akshay Kapoor  
सह-अचार्य/ Associate Professor  
Dept. of Burns and Plastic Surgery  
अखिल भारतीय आयुर्विज्ञान संस्थान / AIIMS Rishikesh

107121/2024/6



अखिल भारतीय आयुर्विज्ञान संस्थान . ऋषिकेश - 249203  
All India Institute of Medical Sciences Rishikesh -249203

**FORM P-3**

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

**PROPRIETARY ARTICLE CERTIFICATE**

It is certified that the items (s) Venous Coupler Anastomosis (item name) as mentioned in form P-2 may be purchased from M/s Myovatec Surgical Systems Pvt. Ltd, New Delhi (manufacturer/supplier name), as to the best of my knowledge, M/s Myovatec Surgical Systems Pvt.Ltd, New Delhi are the sole manufacturer/supplier of the sole manufacturer M/s Synovis Life Technologies, U.S.A (manufacturer name) of above said equipment/item.

Further, it is to certify that similar items manufactured by other firm (s) shall not be suitable for our purpose because of below mentioned reasons.

1. ....
2. ....
3. ....

*Akshay*

Indenter Signature: .....

Indenter Name: .....

Designation: .....

Department: .....

Date: .....

Recommendation: .....

Signature of Head of Department/Section

*Dr. Vishal Singh*  
**DR. VISHAL SINGH**  
Professor & HOD  
Deptt. of Burn & Plastic Surgery  
AIIMS RISHIKESH

*Akshay*  
**Dr. Akshay Kapoor**  
सह-आचार्य/ Associate Professor  
Dept. of Burns and Plastic Surgery  
एम्स ऋषिकेश / AIIMS Rishikesh

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