

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)
Fiber optic light cable For Laparoscopic Surgery	02 (Two)	125000/-	250000

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: *Patient Care*

Is this/ similar equipment already available in the department? *NA/-*

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.....

*Intezar Ahmed*  
डॉ० इन्तेजार अहमद  
Dr. Intezar Ahmed  
असस-सोसायटी/ Additional Professor  
आर्य समाज चिकित्सा विभाग  
Paediatric Surgery  
S. Pishresh

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

Department of Paediatric Surgery  
एसस चिकित्सा 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 (.... LIGHT GUIDE CABLE Modl-W103310A) required in the P-2 form should be purchased from M/s... BNS Health AIDS ..... To the best of my knowledge M/s... BNS Health AIDS ..... are the sole manufacturer/agents of the sole manufacturers M/s... Olympus Medical Systems India Pvt. Ltd.

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

Items from other firms are not compatible with light Source Unit. [EVIS EXERA III] CLV-190.

B. Satya Sree (Sign of Indenter)

Dated 24/07/24 Dr. B. Satya Sree

Designation Professor and Head

Department Department of Paediatric Surgery AIIMS, Rishikesh

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.

Dr. Mahendra Kumar Jangid
सहायक-आचार्य/ Assistant Professor
बाल शल्य चिकित्सा विभाग
Department of Paediatric Surgery
AIIMS, Rishikesh
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