

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)
<p style="font-size: 1.2em;">SONOSIDE TRIPLE TRANSDUCER CONNECT</p>	<p style="font-size: 1.2em;">2 nos</p>	<p style="font-size: 1.2em;">Rs. 1,91,160/-</p>	<p style="font-size: 1.2em;">Rs. 3,82,320/-</p>
<p style="font-size: 1.2em;">Total: Three lakh Eighty two thousand three hundred and twenty rupees only.</p>			

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:

This is an accessory to an equipment already present in department

Annexure - A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201


अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- २४९२०१

ATTACH WITH FORM- P2

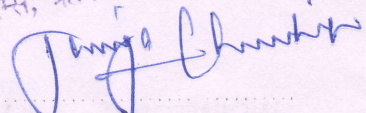
Please ensure following points with Form- P2 along with your request letter for procurement:

Sl. No.	Required fields	Whether fulfilled the criteria (Yes/No)	Remark
1	Manpower availability	(Yes/No)	
2	Space availability	(Yes/No)	
3	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	(Yes/No)	
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.	NA	Ultrasound machine already purchased by hospital. Need an accessory for same equipment
5	Approved in Assessment Committee or Not.	(Yes/No)	
6	If Item cost is above or equal to 30 laes. specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/No)	
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/Not available)	

INDENTOR

Signature: 
 Name: Dr. Latika Chawla
 Designation: Additional Professor
 Department: Obs Gynaec dept
 Date: 28/8/24
 Mobile No./Pager:

डॉ० जया चतुर्वेदी / Dr. Jaya Chaturvedi
 आचार्य एवं विभागाध्यक्ष / Professor and Head
 HEAD, DEPT. OF OBS & GYNAE / Dept. of Obs. & Gynae
 एम्स, ऋषिकेश / A.I.I.M.S. RISHIKESH

Signature: 
 Name: Dr. Jaya Chaturvedi
 Designation: Prof & HOD
 Department: Obs Gynaec dept
 Date: 28/8/24
 Mobile/Pager:

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 an / 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

NA

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. Latika chawla

Designation.. Additional Professor

Date..... Obs GYNaeec dept

28/8/24

डॉ. लतिका चावला
Dr. Latika Chawla
अपर- आचार्य /Additional Professor
प्रसूति एवं स्त्री रोग विभाग
Department of Obstetrics & Gynaecology

HEAD OF DEPARTMENT / SECTION

Signature.....

Name.. Dr. Jaya Chaturvedi

Designation.. Prof & HOD

Stamp..... Obs GYNaeec dept

डॉ. जया चतुर्वेदी / Dr. Jaya Chaturvedi
अचार्य एवं स्त्री रोग विभाग / Professor and Head
Department of Obs. & Gynae
JAYA CHATURVEDI



P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (.....Tripple Transducer Connect.....)
 required in the P-2 form should be purchased from M/s.....Lavanya Meditech.....
 the best of my knowledge M/s.....Lavanya Meditech..... are the
 sole manufacturer/agents of the sole manufacturers M/s.....Fuji...Film...Sonosite
India private limited.....

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

Sonosite Tripple Transducer is needed
at the ultrasound machine Sonosite
Tosbo - M colour doppler ultrasound system
is already present in IVF center.
This item is an accessory of the available
equipment

(Sign of Indenter)

Dated

Designation

Department

h/g
 डॉ. लतिका चावला
 अपर- आचार्य /Additional Professor
 प्रसूति एवं स्त्री रोग विभाग
 Department of Obstetrics & Gynaecology
 एम्स ऋषिकेश /AIIMS, Rishikesh

Recommendat on:

Janya Chaturvedi
 डॉ. जया चतुर्वेदी / Dr. Jaya Chaturvedi
 आचार्य एवं विभागाध्यक्ष / Professor and Head
 प्रसूति एवं स्त्री रोग विभाग / Dept. of Obs. & Gynae
 एम्स ऋषिकेश /AIIMS, RISHIKESH

Signature of Head of Department/Section

N.B.: The indenter before recording the abve certificate should satisfy himself that the
 article is genuinely of proprietary nature manufactured under patent laws.