

AIIMS RISHIKESH

INDENT FOR PURCHASE OF STORES

(FORM P-2)

1. Price list is separate form to be filled.
2. Price list completed whether by Government firms and those with Government contracts 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)
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Hospital Critical Area

53 Lakh

Indoor Environment

Decontamination System

Specification — As

Attached Annexure- 01

3. For equipment, please provide the following information

Yes

Detailed description of the actual use of the equipment

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

What similar equipment is used in your laboratory?
 When purchased? In what quantity? Cost?
 How long has it been in use? How long is its useful life?
 Revenue generated by the equipment, if any?
 If yes, what is the net profit earned by the equipment?
 Is this similar equipment available in your laboratory?
 If yes, what is the justification for the purchase?


4. For Consumables, please provide following information: **NA**

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 the quantity:

5. For furniture, please provide the following information: **NA**

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. Shivank Mishra**
 Designation: **Additional Professor**
Department of Laboratory Medicine
All India Institute of Medical Sciences, Rishikesh
 Date

HEAD OF DEPARTMENT/SECTION 
 Signature
 Name: **Dr. Shivank Mishra**
 Designation: **Additional Professor**
Department of Laboratory Medicine
All India Institute of Medical Sciences, Rishikesh
 Stamp

Annexure - A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201


अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- २४९२०१

ATTACH WITH FORM- P2

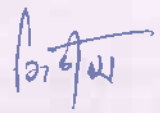
Please ensure following points with Form- P2 along with your request letter for procurement:

Sl. No.	Required fields	Whether fulfilled the criteria	Remark
1	Manufacturer availability	(Yes/No) <input checked="" type="checkbox"/> Yes	
2	Supplier availability	(Yes/No) <input checked="" type="checkbox"/> Yes	
3	Whether similar (generics are generic, not of same company or brand specific) should local products (for make in India products)	(Yes/No) <input checked="" type="checkbox"/> Yes	Proprietary item
4	WHOIS and European CE should be replaced with equivalent Indian Standards (BIS ISI) or BIS or same may be written as BIS/ISI/CE European CE or equivalent	(Yes/No) <input checked="" type="checkbox"/> Yes	
5	Approved in Assessment Committee or Not	(Yes/No) <input checked="" type="checkbox"/> No	Proposed for ECP-TI (central)
6	If the cost is above or equal to 30 Lacs - all items should be duly vetted by ECP's committee & External expert	(Yes/No) <input checked="" type="checkbox"/> No	
7	If by an External Expert & DGHS Should be routed through Director Office only (BMC will help in this process)	(Yes/No) <input checked="" type="checkbox"/> No	
8	Manufacturer Purchase CoM availability not available should be ensured & verified before procurement by EPC leader (specification should be same)	(Available/Not available) <input checked="" type="checkbox"/> Available	

ENDORSE:

Signature: 
 Name: Dr. Shyam Lal Mishra
 Designation: Additional Professor
 Department: Pulmonary Medicine
 All India Institute of Medical Sciences, Rishikesh

HEAD OF DEPARTMENT SECTION

Signature: 
 Name:
 Designation:
 Department:
 Date:
 Mobile/ Pager:

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items **Hospital Critical Area Indoose Environment Decontamination System** required in the P-2 form should be purchased from M/s **APAR SOLUTION**. To the best of my knowledge M/s. **APAR SOLUTION** are the sole manufacturer/agents of the sole manufacturers M/s. **Airinspace France**

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

Signature
 27/9/23
 (Sign of Indentor)
 Date: 27/9/23
 Designation: Additional Professor
 Department: Pulmonary Medicine
 Department: AIIMS, Rishikesh

Recommendation:

Signature
 27/9/23
 Signature of Head of Department

N.B.: The Indentor should satisfy himself that the article is genuine & proprietary nature manufactured under patent laws