

AIIMS RISHIKESH

INDENT FOR PURCHASE OF STORES

(FORM P-2)

- Please fill a separate form for each item
- 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)
(1). BOOT	02	1223.75	2447.50/-
(2). TPS FS PCB/HARNESS ASSLY	02	38726.25	77452.50/-
(3). 1288 Transition Board	01	20834	20834/-
(4). MAIN BOARD, 1288	01	223966.60	223966.60/-
(5). SHAFT, MED ANG	01	9666.25	9666.25/-
(6). NOSE TUBE MED	04	3272.50	13090/-
(7). COLLET MED	04	4551.25	18205/-
(8). BALL BEARING	15	2337.50	35062.50/-
(9). ROLLER BEARING, DRWN CUP	01	1771	1771/-
(10). ROLLER BEARING	02	1453.38	2906.76/-
(11). ROLLER BEARING	01	1001	1001/-
(12). CORE OSC SAW PUMP MOTOR SET	01	6111.11	6111.11/-
(13). ECCENTRIC GEAR	02	2468.13	4936.26/-
(14). OSCILLATING SAW BLADE M/T ASSY	01	24718.75	24718.75/-
(15). SHAFT MED	03	11156.75	33470.25/-
(16). SERVICE CHARGES		53063.95	53063.95/-
			583703.43
		+ IGST	= 75819.57
		Total	⇒ 6,59,523/-

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:

} N/A

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?

NA

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:

NA

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)

NA

डॉ० अभिषेक भारद्वाज
Dr. Abhishek Bhardwaj

आचार्य/Associate Professor
HEAD - आचार्य/Associate Professor
कर्ण एवं कंठ शल्योपचार विभाग
& Head - Neck Surgery
Rishikesh

Name.... Dr. Abhishek Bhardwaj
Designation... Associate Professor
Date..... 29/07/24

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.... Dr. Manu Malhotra

Designation... Professor & Head
प्रो मनु मल्होत्रा / Prof. Manu Malhotra

Stamp.... विभागाध्यक्ष / Professor & Head
कर्ण, नासा एवं कंठ शल्योपचार विभाग
Department of Ear, Nose & Throat
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)	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.	(Yes/No)	Yes
5	Approved in Assessment Committee or Not.	(Yes/ No)	No
6	If Item cost is above or equal to 30 laes, 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)	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)	NA

डॉ० अभिषेक भारद्वाज
Dr. Abhishek Bhardwaj
 सह - आचार्य/Associate Professor
 कर्ण नासा एवं कंठ शल्योपचार विभाग
 Dept. of ENT & Head Neck Surgery
 एम्स ऋषिकेश / AIIMS Rishikesh

Name: - Dr. Abhishek Bhardwaj

Designation: Associate Professor

Department: ENT & HNS

Date: 29/07/2024

Mobile No./Pager:

प्रो० मनु मल्होत्रा / Prof. Manu Malhotra
 विभागाध्यक्ष / Professor & Head
 कर्ण, नासा एवं कंठ शल्योपचार विभाग
 Department of Ear, Nose & Throat
 एम्स, ऋषिकेश / AIIMS, Rishikesh

Signature:

Name: - Dr. Manu Malhotra

Designation: Professor & Head

Department: ENT & HNS

Date: 29/07/24

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 (list of equipments mentioned in P-2 form) required in the P-2 form should be purchased from M/s. Stryker India Private Limited the best of my knowledge M/s. Stryker India Private Limited are the sole manufacturer/agents of the sole manufacturers M/s. Stryker India Private Limited

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

Proprietary items

(Sign of Indenter)

Dated - 29/7/2024

Designation

Department

Recommendation:

Signature of Head of Department/Section

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