

(01)

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)
Adult + Pediatric Video Bronchoscopy System Compatible with installed existing system Olympus Video System CV190 + CLV190	01	60 Lac	60 Lac
Specifications - As Attached Annexure - 01			

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: **Both**

02

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

When purchased? **27/03/18** Cost at that time: **19,66,528** Present functional status:

Tests/ procedures done on this equipment in last year: **Approx 500** **functional**

Revenue generated by this equipment in last year: **25,0000 (500x500)**

If yes, what is the justification for this purchase? **The existing adult and pediatric scopes have been in use for >5yrs and have undergone extensive wear & tear & multiple repairs. They can get permanently damaged early this.**

Is this/similar equipment available in any other department in the Institute?

If yes, what is the justification for this purchase?

Hence we need additional scopes to cater to increasing number of patients.

4. For Consumables, please provide following information: NO

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: 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 **24/8/23**
Signature.....

Name..... **डॉ. मयंक मिश्रा /Dr. Mayank Mishra**
अपर आचार्य /Additional Professor
Designation..... **पल्मोनरी मेडिसिन /Pulmonary Medicine**

Date..... **एम्स, ऋषिकेश /AIIMS, Rishikesh**

29/8/23
HEAD OF DEPARTMENT/SECTION

Signature.....
Name..... **डॉ. गिरीश सिंधवानी /Dr. Girish Sindhwani**
आचार्य एवं विभागाध्यक्ष, एम्स, ऋषिकेश
Designation..... **Professor & Head, Pulmonary Medicine**
एम्स, ऋषिकेश /AIIMS, Rishikesh

Stamp.....

04

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items Adult + Pediatric Video Bronchoscopy System
 ((Compatible with Installed Existing System Olympus))
Video System CV190 + CLV150
 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:-

(Sign of Indenter)

Dated

Designation

Department

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.