

**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)
① Cochlear Wireless Programming Pod Kit Set (CP802/MS/MS) M.F/MS/MS/MS	1	1,88,682/-	1,88,682/-

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:

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

INDENTOR

Signature

Name

Designation

Date

*Abhishek*

Dr. Abhishek Bhardwaj

Associate Professor & CI Incharge

17/10/2023

डॉ० अभिषेक भारद्वाज

Dr. Abhishek Bhardwaj

सह - अध्यापक/Associate Professor

कान, नासा एवं कंठ शल्योपचार विभाग

Dept. of ENT & Head & Neck

HEAD OF DEPARTMENT/SECTION

Signature

Name

Designation

Stamp

*Manu Mathotra*

Dr. Manu Mathotra

Professor & Head

डॉ० मनु मल्होत्रा / Prof. Manu Mathotra

विभागाध्यक्ष / Professor & Head

कान, नासा, एवं कंठ शल्योपचार विभाग

Department of Ear, Nose & Throat

रूख, राधिकेश / 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 (Cochlear Wireless Programming Pad Kit Set (CP802/MSM6/MSF/MSI/MS6/MS8)) required in the P-2 form should be purchased from M/s. Cochlear Medical Device Company India Pvt. Ltd. the best of my knowledge M/s. Cochlear Medical Device Company India Pvt. Ltd. are the sole manufacturer/agents of the sole manufacturers M/s. Cochlear Medical Device Company 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 17/04/2023

Designation

Department

Recommendation:

Signature of Head of Department/Section

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

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

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