

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>Battery for R-Series Defibrillator Zoll, USA.</p> <hr/> <ul style="list-style-type: none"> <li>• Biphasic R-Series Surepower</li> <li>• Technology: Li-ion Voltage 10.80V</li> <li>• Capacitance - 5.80 A/h</li> <li>• Charging time: - 5 hours or less internal charger</li> <li>Weight: - 0.583 kg suitable.</li> </ul>	01	1,15,200/-	1,15,200/-
<p>1,15,200/- One Lakh Fifteen Thousand &amp; Two hundred Rupees)</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:

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 any 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:

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

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 *[Signature]*

Name *Suresh Gaji*

Designation *ANS*

Date *09/12/2024*

*[Handwritten stamp: Dr. Anand G. G. Agrawal, Professor, Department of Ophthalmology, AIIMS Rishikesh]*

HEAD OF DEPARTMENT/SECTION

Signature *[Signature]*

Name *Dr. SK. Mittal*

Designation *Professor & Head*

Stamp

*[Official stamp: Department of Ophthalmology, AIIMS 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) ✓	
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.	(Yes/No) ✓	
5	Approved in Assessment Committee or Not	(Yes/ No) ✓	
6	If Item cost is above or equal to 30 lacs, 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)	NA
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by L1/PC/Tender (Specification should be same).	(Available/ Not available) ✓	

INDENTOR

HEAD OD DEPARTMENT/ SECTION

Signature: *[Signature]*Name: *[Signature]*

Designation: ANS

Department: Ophthalmology SPD

Date: 9/12/2024

Mobile No./ Pager:

Signature: *[Signature]*

Name: Dr. SK Mittal

Designation: Professor &amp; Head

Department: Ophthalmology

Date: 11-12-24

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 (..... Battery for 2011 Defibrillator.....) required in the P-2 form should be purchased from M/s..... Medi-Devices..... To the best of my knowledge M/s..... Medi-Devices, ZOLL..... are the sole manufacturer/agents of the sole manufacturers M/s..... Medi-Devices, ZOLL.....

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

- Proprietary item
- Not available in Gen
- Compatibility issues.

(Sign of Indenter)

Dated 9/12/2024

Designation Assistant Nursing Superintendent

Department Ophthalmology IPD.

Ajai Agrawal (Professor - Ophthalmology) AIIMS Rishikesh

Recommendation:

for

Dr. S. Kumar Mittal (Professor) AIIMS, Rishikesh

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.