

AIIMS RISHIKESH

Annexure - 1 (4)

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. LH Series Diluent 20 L	200	3,909.00	7,81,800.00
2. LH Series Reagent Pack 1.9L	30	21,500.00	6,45,000.00
3. Lyse S III 1L	24	7,219.00	1,73,256.00
4. LH Series Cleaner 5L	30	6,563.00	1,96,890.00
5. 5C Tripak Cell Control (3Levels) 9x3.3ml	13	20,000.00	2,60,000.00
6. S-Calibrator, 2x4.2ml	01	18,000.00	18,000.00
7. FP, LH700 Series Retic Pack	15	22,000.00	3,30,000.00
8. Retic C Control kit 9x3.3ml	01	22,500.00	22,500.00
		Total	24,27,446.00

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment: **NA**

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

If both, state % of time to be used for patient care: % of time to be used for research

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

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? An additional slide warming plate is needed due to the increased number of cases and also as a back up.

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? **17/03/20** In what quantity? Cost; **5,24,386.00**

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.....

Name.. **Dr. Harish...Chandra**

Designation... **Additional Professor**

Date... **18/5/21**

Phone/Pager

Additional Professor
विश्वविद्यालय/Deptt. of Pathology
एम्स, ऋषिकेश/AIIMS, RISHIKESH

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.. **Dr. Sangeet...Kishore**

Designation.....

Stamp... **Head of Department
Department of Pathology
AIIMS, Rishikesh**

6. For use of Central Store

Details of last purchase of this item

Date/Reference	Indentor/Dept.	Quantity	Rate(per unit)	Source	Stock in hand
42/11/2015 (Fish) H.Store/Diag. Store/187 Date = 31-01-2020 M/S B S P Diagnostics Systems (P) Ltd. Delhi	Pathology	1. SC Tripack Control (3 Level)	- 06 Nos		20,000/2 NDL
		2. Retic C Control Kit	- 03 Nos		22,500/2 XIDL

Store Keeper K Chand Store Technical Assistant Store Purchase Officer
 Date 27/06/21 Date Date

7. For use of Purchase Section

Method of purchase recommended:
 Single tender/ limited tender/ open tender/ DI/UP-CMSD/DGS&D Rate Running
 Contract/ Local Cash Purchase

JD MM
 Date
 Tender/ Enquiry No. Date
 Supply Order No. Date

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (S. No. 1 to 8) required in the P-2 form should be purchased from (M/s BSP Diagnostic System (P) Ltd.) To the best of my knowledge (M/s Beckman Coulter Inc., USA) are the sole manufacturer/agents of the sole manufacturers M/s Beckman Coulter Inc., USA.

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

Handwritten signature

(Sign of Indenter)

Dated 18/5/21

Designation Additional Professor

Department Pathology & Lab Medicine.

Recommendation
Dr. Manoj Chandra
Additional Professor
Deptt. of Pathology
AIIMS, RISHIKESH

Handwritten signature of Head of Department

Signature of Head of Department/Section

Head of Department
Department of Pathology
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.