### 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 foreigr currency and Rupees	Total cost (approx)
0	High End Operating Microscope.  OPMI LUMERA  700	one CI)	Rupell Two Crore Only F7,00,00,000/-	Rupers Two Crore Only. F2,00,00,00
				*>
			yna (**)	
		796		
		6 .		

For equipment, please provide the following information

Detailed description of the actual use of the equipment

For O.T.

Is the equipment to be used for patient care of research:

Both patient care as

	Is this/ similar equipment already available in the d	eparen	ient!	
	When purchased?  2 3 19 Cost at that time:2,00,00 Tests/ procedures done on this equipment in last ye	1,238 ear: 2	Present functio	nal status: Operatimal
	Revenue generated by this equipment ir last year:			ol
	If yes, what is the justification for this purchase?	Needs	ased patie	nt load
	Is this/similar equipment available in an / other dep	partmer	nt in the Institu	te?No
	If yes, what is the justification for this purchase?			
			AP THE LEE	
	4. For Consumables, please provide follow	ing inf	ormation:	
	Description of stocks available			1
	When was it last purchased? In what qua	ntity?	Cost;	171.A
	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 t quantity:	tests lik	ely to be done	with this
	5. For furniture, please provide the follow	ing inf	ormation:	1
	Exact location and use			I N.A
	Existing furniture at that place			
	Justification for this purchase			
	Possible sources (name all sources you know) from address, phone no, fax no, email, etc of contact pe		e item may be	obtained (nar
	INDENTOR _	HEAD	OF DEPARTME	NT/SECTION
	Signature Ajai Agrawal	Signa	iture	Midn
	Signature. Ajai Agrawal  Name. Dr.: Ajai Agrawal	Name	Dr. 2. KM	1 Hal
	Designation	Desig	ination. Profess	or &Head
	नेत्र विभाग/Department of Rishikesh Dateएस ऋष्टिश्र/AHM\$ Rishikesh	Stan	ıp	



## 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:

SI. No.	Required fields	Whether fulfilled the	Remark
1	Manpower availability	(Yes/No)	
2	Space availability	(Yes/No)	Yus
3	Whether specifications are generic, not of		Tes
	have priority for make in India products)	(Yes/No)	Yes
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)	YUS
	Approved in Assessment Committee or Not.	(Yes/No)	713
	If Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	Yes
	etter to External Expert & DCUS St	(Yes/No)	143
- 1	BME will help in this process).	(TCS/ NO)	YA
A a	Mode of Purchase- GeM availability/non availability should be	(Available/ Not	
10	variability should be ensured & verified efore procurement by LPC/Tender Specification should be same).	available)	Notavailable

1	N	DE	N. 2"	re	VD.

Signature , Ajai Agrav

Name: Dr. Alar Agrama

Designation: Professor

Departments and annology vology

Date: .

Mobile No. Pager: 86075 93922

HEAD OD DEPARTMENT/ SECTION

Signature...

Name: Dr

Designation: Professor & Hes

Department: De hall Motor

Date: आचार्य /Professor

d

#### P-3 FORM

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

#### AIIMS Rishikesh

#### PROPRIETORY ARTICLE CERTIFICATE

It is certified that the items (.High End Operating Microscope COPMI Lumer required in the P-2 form should be purchased from M/s. Carl Zeiss Pvt. Ltd. To
the best of my knowledge M/s. Carl Zeis Pvt. Ltd are the
sole manufacturer/agents of the sole manufacturers M/s
Similar items manufactured by other firm(s) shall not be suitable for our purpose

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

· High end ophthalmic operating nicroscopy by Carl Zeiss Pot. Ltd has state of the art, advanced features (as detailed in proprietary certificate furnished by the company)

(Sign of Indenter)

Dated

Designation

Department

Ajai Agrawal

Professor

Anni Professor

Recommendation:

Signature of Head of Department/Section Protector

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