

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)
COVIDIEN LIGASURE LIGASURE EXACT. DISSECTOR LF. 2019 Compactible with previously supplied advanced vessel sealing equipment (Walley Lab Covidien Electro Cautery machine)	15 UNITS	55,000 + GST	8,25,000/-
COVIDIEN LIGASURE Maryland, jaw open sealer/ divider (5mm - 23cm) LF. 1923 Compactible with previously supplied advanced vessel sealing equipment (Walley lab Covidien Electro Cautery machine).	15 UNITS	55,000 + GST	8,25,000/-

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: Patient Care

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: X Proprietary article

Revenue generated in this period:

Average annual consumption

Shelf life Approx. 2 yrs

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)

डॉ० रितु ठाकुर /Dr. Ritu Thakur
सहायक आचार्य /Assistant Professor
INDENTOR
कैंसर शल्य चिकित्सा विभाग
Department of Surgical Oncology
एम्स रीशिकेश /AIIMS, Rishikesh
Signature.....

Name..Dr. Ritu Thakur
Designation..Assistant Profenor
Date..06-06-2024

डॉ० राहुल कुमार
Dr. Rahul Kumar
सहायक आचार्य/Assistant Professor
कैंसर शल्य चिकित्सा विभाग
Department of Surgical Oncology
एम्स रीशिकेश /AIIMS, Rishikesh

डॉ० अमित गुप्ता / Dr. Amit Gupta
HEAD OF DEPARTMENT/SECTION
आचार्य /Professor
Signature.....
Incharge Dept of Surgical Oncology
Name..Dr. Amit Gupta
Designation..Professor & Yc
Stamp.....



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)	Generic Not possible
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)	Proprietary Article
5	Approved in Assessment Committee or Not.	(Yes/ No)	NA
6	If Item cost is above or equal to 30 laes, 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)	
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/ Not available)	Specification Attached

INDENTOR
डॉ० रितु ठाकुर / Dr Ritu Thakur
 सहायक आचार्य / Assistant Professor
 शल्य आचार्य विभाग / Department of Surgical Oncology
 एम्स ऋषिकेश / AIIMS, Rishikesh
 Signature: *[Signature]*
 Name: **Dr. Ritu Thakur**
 Designation: Assistant Professor
 Department: Surgical Oncology
 Date: 06-06-2024
 Mobile No./ Pager: 8120698544

डॉ० राहुल कुमार
 Dr. Rahul Kumar
 सहायक आचार्य / Assistant Professor
 शल्य आचार्य विभाग / Department of Surgical Oncology
 एम्स ऋषिकेश / AIIMS, Rishikesh
 Signature: *[Signature]*
 Name: **Dr. Rahul Kumar**
 Designation: Assistant Professor
 Department: Surgical Oncology
 Date: 06-06-2024
 Mobile/Pager: 9891981331

HEAD OF DEPARTMENT/ SECTION
डॉ० अमित गुप्ता / Dr. Amit Gupta
 आचार्य / Professor
 शल्य आचार्य विभाग / Department of Surgical Oncology
 एम्स ऋषिकेश / AIIMS, Rishikesh
 Signature: *[Signature]*
 Name: **Dr. Amit Gupta**
 Designation: Professor & I/c
 Department: Surgical Oncology
 Date: 06-06-2024
 Mobile/Pager: 9891981331

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Ligasure Energy Instrument) required in the P-2 form should be purchased from M/s. Medtronic Inc. To the best of my knowledge M/s. Medtronic India Pvt Ltd. are the sole manufacturer/agents of the sole manufacturers M/s. Medtronic Inc.

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:- Ligasure is compatible only with previously supplied Medtronic Electrocautery.

डॉ० रितु ठाकुर / Dr. Ritu Thakur
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शल्य अर्थोपचार विभाग
Department of Surgical Oncology
एम्स ऋषिकेश / AIIMS, Rishikesh

(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.

डॉ० राहुल कुमार
Dr. Rahul Kumar
सहायक आचार्य / Assistant Professor
शल्य अर्थोपचार विभाग
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डॉ० अमित गुप्ता / Dr. Amit Gupta
आचार्य, शल्य चिकित्सा
Professor of Surgery
Incharge Dept. of Surgical Oncology
एम्स ऋषिकेश / AIIMS Rishikesh

Amit Gupta
06-06-2024

Ligasure is compatible only with Medtronic cautery.