

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.

| S.N | ITEM NAME | REQUIRED QTY | Unit Price | TOTAL Amount* |
|-------------------------|-----------------------|--------------|------------|-----------------|
| 1 | Repair of TCD Machine | One | 87910/- | 87910/- |
| Grand Total Cost | | | | 87910/-- |

*GST Included

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:

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?

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 - First Time Purchase

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:

89470/2023/1

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)

INDENTORS

Signature.....*Maqsood*.....

Name: **Maqsood alam**

Designation: Technical supervisor

Department: Anaesthesia

Date:- *23/10/2023*

HEAD OF DEPARTMENT

Signature.....*Sanjay Agarwal*.....

Name: Dr. Sanjay Agarwal *26/10/23*

Designation: Prof and HOD

Department: Anaesthesia

Stamp.....

Annexure – A



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश 249203
All India Institute of Medical Sciences, Rishikesh -249203

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 | Approval 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 Officer only (BME will help in the 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) | |

INDENTER

Signature *M. Alim*Name *MASOOD ALAM*Designation *Technical Officer*

HEAD OF DEPARTMENT / SECTION

Signature *Ranjay Agrawal*Name *DR. Ranjay Agrawal*

P-3 Form
(to be attached with P-2 form for Proprietary Item)
AIIMS Rishikesh
PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Mentioned in P-2 Form) required in the P-2 form should be purchased from M/S RIMED Ltd. Israel to the best of my knowledge M/S Indresh Sale and service PVT Ltd are the sole manufacturer / agents of the sole manufacturers M/S. RIMED Ltd. Israel

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

Proprietary certificate is attached. as document no. 6 in this batch of documents (1 & 13)

[Handwritten Signature]

(Sign of the Indenter)

Dated – 23/10/2023

Designation – Technical officer

Department – Anaesthetics

[Handwritten Signature]
 डॉ. संजय अग्रवाल
 आचार्य, शिक्षण विभाग
 Professor of Anaesthesiology
 एम्स, कृष्णपुर/AIIMS, Rishikesh
 27/10/24

Recommendat on:-

[Handwritten Signature]
 डॉ. संजय अग्रवाल
 आचार्य, शिक्षण विभाग
 Professor of Anaesthesiology
 एम्स, कृष्णपुर/AIIMS, Rishikesh
 26/10/23

Signature of the Head of the 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.



PROPRIETARY ARTICLE CERTIFICATE

Date: Sept 18, 2021

This is to certify that the spares parts/ accessories required for the service of entire range of Rimed Ltd., products are proprietary items of M/s Rimed Ltd., Israel and can be sold and service through our authorized distributor M/s. Indresh Sale and Services Pvt. Ltd. A-904, Officers City-1 Rajnagar Extension, Ghaziabad-201017 INDIA, [email-info@isservices.in](mailto:info@isservices.in).

Yours Faithfully,

J.Adlin

President

Rimed Ltd.

Rimed Ltd.
25 Hacharoshet St. P.O.Box 2402
Israel, 4365613
Tel: +972-9-748-4425
Fax: +972-9-748-4417

*Proprietary certificate as send by
Rimed Ltd.*

Dr. Sanjay Agrawal
27/9/21
डॉ. संजय अग्रवाल / Dr. Sanjay Agrawal
आचार्य, निदेशन विज्ञान विभाग
Professor of Anaesthesiology
एमएस, कर्पिकेज/AIIMS, Rishikesh

Rimed Ltd.

25 Hacharoshet St., P.O. Box 2402, Industrial Park Raanana, 4365613 Israel
Tel: +972.9.748.4425 | Fax: +972.9.748.4417 | admin@rimed.com