

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)
Single bio-amplifier for HRV - Single channel with front end interface (C series.) - Galvanically isolated - compatible with existing Powerlab and LabChart software (Heart Rate Variability Machine/ Instrument)	01	3,25,000	3,25,000

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment: HRV measurement/test for

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

participants.
Yes

Anupam

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

When purchased? *2024* Cost at that time: *3,36,800* Present functional status:

Tests/ procedures done on this equipment in last year: *NA*

(The purchased item was under PhD thesis.) *PI - Dr. Vartika Saxena, CFM)*
Revenue generated by this equipment in last year: *—*

If yes, what is the justification for this purchase? *The previous instrument was purchased under separate project and is also being used by PhD scholar*

Is this/similar equipment available in any other department in the Institute? *Yes, physiology dept*

If yes, what is the justification for this purchase?
One equipment is not sufficient to complete the project in specified timeline.

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)

Ranjeeta
Dr. Ranjeeta Kumari / रंजीता कुमारी
Professor / प्रोफेसर
Dept of CFM / कोमन फोम विभाग
एम्स ऋषिकेश / एम्स, ऋषिकेश

Signature: *Ranjeeta*

Name: *Dr. Ranjeeta Kumari*

Designation: *Professor (PI)*

Dr. Vartika Saxena
प्रो वार्तिका सक्सेना / Prof Vartika Saxena
विभागाध्यक्ष, सामुदायिक एवं पारिवारिक चिकित्सा विभाग
Head, Department Community & Family Medicine
एम्स ऋषिकेश / AIMS Rishikesh

Signature: *Vartika*

Name: *Dr. Vartika Saxena*

Designation: *Professor*

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) ✓	part of research project
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 L1/PC/Tender (Specification should be same).	(Available/ Not available) ✓	

INDENTOR

Signature

Name

Designation

Department

Date

Mobile No./ Pager

Dr. Ranjeeta Kumari / डॉ रंजीता कुमारी
Professor / आचार्यDept of CFM / साठ पाठ विभाग
AIIMS Rishikesh / एम्स, ऋषिकेश

Dr. Ranjeeta Kumari

Professor (PI)

CFM

01.07.24

9760244111

प्रो वार्तिका सक्सेना / Prof Vartika Saxena

विभागाध्यक्ष, सामुदायिक एवं पारिवारिक चिकित्सा विभाग

HEAD, DEPARTMENT, Community & Family Medicine

एम्स ऋषिकेश / AIIMS Rishikesh

Signature

Name

Designation

Department

Date

Mobile/Pager

Dr. Vartika Saxena

Professor

CFM

01.07.24

8475000294

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (FE231/CS HRV Test Instrument) required in the P-2 form should be purchased from M/s. AD Instruments South Asia (India) Pvt. Ltd. To the best of my knowledge M/s. (AD Instruments South Asia (India) Pvt. Ltd.) are the sole manufacturer/agents of the sole manufacturers M/s. AD Instruments Pty Ltd, NZ/Australia

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

To ensure that the results obtained from this machine is comparable to the one that is already installed & being used in the physiology department. Also to ensure that the cost is within the prescribed limits of the budget in the project.

Ranjeeta

(Sign of Indenter) **Dr. Ranjeeta Kumari / डॉ रंजीता कुमारी**
Professor / आचार्य
Dept of CFM / सामुदायिक एवं पारिवारिक चिकित्सा विभाग
AIIMS Rishikesh / एम्स, ऋषिकेश

Dated 01.07.24

Designation Professor (PI)

Department Community and Family Medicine

Recommendation **प्रो वार्तिका सक्सेना / Prof Vartika Saxena**
विभागाध्यक्ष, सामुदायिक एवं पारिवारिक चिकित्सा विभाग
Head, Department Community & Family Medicine
एम्स ऋषिकेश / 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.