

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) |
|---|---------------------------------|---|---------------------|
| Zircon ENT Camera<br>(SV-CAM-II)                              | 01                              | 38,000/-<br>+ 12% GST                                 | 38000/-<br>4560/-   |
|   |                                 |   | 42560/-             |

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:

Yes

Aforesaid item was purchased as a part of endoscopy set worth Rs 106,340/-. Therefore its isolated cost is not available.

Is this/ similar equipment already available in the department?

When purchased? 07/09/2018 Cost at that time: Present functional status:

Tests/ procedures done on this equipment in last year: yes

Revenue generated by this equipment in last year: NA

If yes, what is the justification for this purchase? Increased Patient workload

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: NA

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: NA

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..... [Signature]

Name..... Dr. Madhu Priya

Designation..... Additional Professor

Date..... 22/06/21

Dr. Madhu Priya  
अपर आचार्य/Additional Professor  
कर्ण नासा एवं कंठ शल्योपचार विभाग  
Dept: of ENT & Head - Neck Surgery  
आर्य समाज मेडिकल / AIIMS Rishikesh

Signature..... [Signature]

Name..... Dr. Manu Malhotra

Designation..... Professor & Head

Stamp.....

Dr. Manu Malhotra  
HEAD / PROFESSOR & HEAD  
विभागाध्यक्ष / DEPARTMENT / SECTION  
कर्ण, नासा एवं कंठ शल्योपचार विभाग  
Department of Ear, Nose & Throat  
आर्य समाज मेडिकल / AIIMS Rishikesh

P-3 FORM

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

AIIMS Rishikesh

## PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (.... Zircon ENT Camera .....)  
 required in the P-2 form should be purchased from M/s. Zircon Medical System  
 the best of my knowledge M/s. Zircon Medical System ..... are the  
 sole manufacturer/agents of the sole manufacturers M/s. Zircon Medical System

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

डॉ० मधु प्रिया  
**Dr. Madhu Priya**  
 अपर आचार्य/Additional Professor  
 कर्ण नासा एवं कंठ शल्योपचार विभाग  
 Dept. of ENT & Head - Neck Surgery  
 AIIMS Rishikesh

(Sign of Indenter) Dr. Madhu Priya

Dated 25/10/2024

Designation Additional Professor & Head

Department ENT & Head-Neck Surgery

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.

प्रो० मनु मल्लोत्रा / Prof. Manu Malhotra  
 विभागाध्यक्ष / Professor & Head  
 कर्ण, नासा एवं कंठ शल्योपचार विभाग  
 Department of Ear, Nose & Throat  
 एम्स, ऋषिकेश / AIIMS, Rishikesh