

# 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)
<b>Consumables items for Vacuum pump for MGPS Plant:</b>			
a) Service Kit R5 0400/SOL/0630 B, Part No: 0992000509	04 set	96047/-	384188/-
b) Vacuum pump oil VM-100, 1.0 Liter DIN 51506 Group Vc, ISO VG 100 Part No- 0831000060	60 liter	998/-	59880/-

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: **NA**



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:

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)

INDENTOR

Signature.....

Name.....

Designation.....

Date.....

*Mithilesh Bhatt*  
16/10/24  
Mithilesh Bhatt

JECAC & R

16/10/24

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

*Er. Ragul P K*  
16/10/24

अभि, रागुल पी के

Er. Ragul P K

अभिशाषी अभियन्ता (एसी व आर)

Executive Engineer (AC & R)

एम्स ऋषिकेश / AIIMS Rishikesh



6. For use of Central Store

Details of last purchase of this item

Date  
6/11/2020

Date/Reference	Indentor/Deptt	Quantity	Rate (per unit)	Source	Stock in hand
1. service bit	Ac RR	04 sets	87214/-	Tender	MIL
2. Vacuum pump oil	MA	MA	NA	NA	NA

*(Signature)*  
16/10/2024

Store Keeper  
Date

Store Technical Assistant  
Date

Store Purchase Officer  
Date

7. For use of Purchase Section

Method of purchase recommended:

Single tender/ limited tender/ open tender/ DI/UP-CMSD/DGS&D Rate Running Contract/ Local Cash Purchase

JD MM

Date

Tender/ Enquiry No.

Date

Supply Order No.

Date



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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Consumables items for maps Plant Vacuum Pump) required in the P-2 form should be purchased from M/s. Busch Vacuum India Pvt Ltd To the best of my knowledge M/s. Busch Vacuum India Pvt Ltd are the sole manufacturer/agents of the sole manufacturers M/s. Busch Vacuum India Pvt Ltd.

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons: Spares (Consumables) for Vacuum pump like service kit and Lubricating Oil.

These spares have part code & name to be purchased from OEM/authorized. Also it is recommended that spares should always be purchased from OEM for genuine & to increase the life of equipment

(Sign of Indenter) [Signature] 16/10/24  
Dated 16/10/24  
Designation DELACAA  
Department Engineering Dept

Recommendation on:

[Signature] 16/10/24  
Signature of Head of Department Er. Ragul P K  
अधिशाषी अभियन्ता (एसी व आर)  
Executive Engineer (AC & R)  
राज्य चिकित्सकीय AIIMS Rishikesh

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

# 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	Mampower availability	(Yes/ No)	Yes
2	Space availability	(Yes/ No)	Yes
3	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	(Yes/ No)	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)	Yes
5	Approved in Assessment Committee or Not	(Yes/ No)	No
6	If Item cost is above or equal to 30 laes, specifications should be duly vetted by DGHS nominee External expert.	(Yes/ No)	No
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No)	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)	Not available

INDENTOR

Signature

Name

Designation

Department

Date

Mobile No. / Pager

*[Signature]*  
 Chitwalesh Bhatt  
 DECAEQA  
 Engineering  
 16/10/24  
 8755611506

HEAD OF DEPARTMENT / SECTION

Signature

Name

Designation

Department

Date

Mobile/Pager

*[Signature]* 16/10/24.  
 अभि. रागुल पी के  
 Er. Ragul P K  
 अधिशाषी अभियन्ता (एसी व आर)  
 Executive Engineer (AC & R)  
 एम्स ऋषिकेश/AIIMS Rishikesh