

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)
Assy patient Button for Carl Zeiss HFA-3 840 (Automated perimeter machine)	1 (one).	4,154	4,154
			4,154

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:

Both

Is this/ similar equipment already available in the department?

N/A

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:

N/A

If yes, what is the justification for this purchase?

Is this/similar equipment available in an / other department in the Institute?

N/A

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.....

Ajai Agrawal

Name.....

Dr. Ajai Agrawal

Designation.....

Professor

Date.....

डॉ. अजय अग्रवाल/Dr. Ajai Agrawal
28/09/2022
नेत्र विभाग/Department of Ophthalmology
एम्स, ऋषिकेश/AIIMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature.....

Dr. S.K. Mittal

Name.....

Dr. Sanjeev Kumar Mittal

Designation.....

डॉ. संजिव कुमार मिश्रा
Professor & Head

Stamp.....

आचार्य /Professor, Ophthalmology
नेत्र रोग विभाग/Department of Ophthalmology
एम्स, ऋषिकेश/AIIMS, Rishikesh

Ramanuj Sananta
29.09.2022

डॉ. रामानुज समन्ता/Dr. Ramanuj Sananta
सहायक आचार्य/Assistant Professor
नेत्र रोग विभाग/Department of Ophthalmology
एम्स, ऋषिकेश/AIIMS, Rishikesh



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)	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)	N/A
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)	N/A
5	Approved in Assessment Committee or Not	(Yes/ No)	N/A
6	If Item cost is above or equal to 30 lacs, 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 LPC/Tender (Specification should be same).	(Available/ Not available)	N/A

INDENTOR

HEAD OD DEPARTMENT/ SECTION

Ramanuj Samanta
29.09.2022

Signature

Ajai Agrawal

Name

Dr. Ajai Agrawal

Designation

Professor

Department

Ophthalmology

Date

28/9/22

Mobile No

8609593922

Page

1/1

Rishikesh

Signature

Sanjeev Mittal

Name

Dr. S. K. Mittal

Designation

Professor & Head

Department

Ophthalmology

Date

28/9/22

Mobile/Pager

8609593922

Page

1/1

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 (Assy patient Button) required in the P-2 form should be purchased from M/s. Venus Medical Products to the best of my knowledge M/s. Venus Medical Products are the sole manufacturer/agents of the sole manufacturers M/s. Carl Zeiss India Pvt. Ltd.

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

This is the patient response button of the HFA perimetry, which is a proprietary part and needs to be replaced.

(Sign of Indenter)

Ajai Agrawal

Dated

28/09/22

Designation

PROFESSOR

Department

OPHTHALMOLOGY

*डॉ. अजाय अग्रवाल / Dr Ajai Agrawal
आचार्य / Professor
आँखों के रोग विभाग / Department of Ophthalmology
एम्स रिशिकेश / AIIMS Rishikesh*

Recommendation on:

[Signature]
29/9/22

Signature of Head of Department/Section

*डॉ. संजीव कुमार मित्तल
Dr. Sanjeev Kumar Mittal
आचार्य / Professor
आँखों के रोग विभाग / Department of Ophthalmology
एम्स रिशिकेश / AIIMS, Rishikesh*

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