

**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.No.	Name of items with full specifications & required accessories	Cat No.	Quantity(in figures and words)	Cost per unit as per previous price (approx) in Rupees	GST	Total cost with GST(Approx)
01.	Cassette	10113	360 NOS	30,137.63	18%	1,28,02,465.22
02	Self Seal Pouch	12320	40 NOS	7,533.20	18%	3,55,567.04
03	Self Seal Pouch	12326	50 NOS	10,226.39	18%	6,03,357.01
04	Self Seal Pouch	12332	160 NOS	19,045.37	18%	35,95,765.86
05	Self Seal Pouch	12335	80 NOS	14,267.13	18%	13,46,817.07
06	Self Seal Pouch	12340	160 NOS	28,104.71	18%	53,06,169.25
07	Self Seal Pouch	12348	160 NOS	38,945.03	18%	73,52,821.66
08	Self Seal Pouch	12356	66 NOS	45,117.16	18%	35,13,724.42
09	Pouch Roll	12425	60 NOS	33,006.50	18%	23,36,860.20
10	Pouch Roll	12442	60 NOS	27,558.35	18%	19,51,131.18
11	Pouch Roll	12450	60 NOS	33,088.55	18%	23,42,669.34
12	chemical indicator strip	14100	200 NOS	7975.31	12%	17,86,469.44
13	STERRAD VELOCITY Biological Indicator	43210-30	48 NOS	19,036.32	12%	10,23,392.56
14	RIBBON CARTIDGE RED /BLACK	40-03174-001	80 NOS	1083.07	18%	1,02,241.81
15	PAPER PRNTR TWO PLY	40-03175-002	80 NOS	428.59	18%	40,458.90
<b>Grand Total</b>						<b>4,44,59,910.96</b>

3. **For equipment, please provide the following information**



134974/2025/G\_Store 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? An additional slide warming plate is needed due to the increased number of cases and also as a back up.

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: Nil

When was it last purchased?,

In what quantity?

Source: Rate Contract

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..... *Ravinder Singh*

Name..... *CSSD Officer*

Designation..... *CSSD Officer*

HEAD OF DEPARTMENT/SECTION

Signature..... *Dr. Anil Chandra*

Name..... *Dr. Anil Chandra*

Designation..... *Additional Professor*



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## P-3 FORM

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

AIIMS Rishikesh

## PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items "Consumables Proprietary Items for Plasma Sterilizer" required in the P-2 form should be purchased from **M/S Advance Sterilization Products India Pvt. Ltd.** To the best of my knowledge **M/S Advance Sterilization Products India Pvt. Ltd.** are the sole manufacturer/agents of the sole manufacturers **M/S Advance Sterilization Products India Pvt. Ltd.**

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:- We need to use proprietary consumables from M/s Advance sterilization product India Pvt. Ltd for the plasma sterilizer machine, as other brands (consumable) are not compatible. (As per Annexure ①)

  
(Sign of **Ravindra Singh**)  
**CSSD Officer**

Dated **CSSD, AIIMS Rishikesh**

Designation **CSSD Officer**

Department **CSSD**

Recommendation:

  
Signature of Head of Department/Section  
**Dr. Mahit Dhingra**  
Additional Professor  
Dept. of Orthopaedics  
AIIMS Rishikesh