

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)
Cell separation kit for circulating tumor cells Should be: <ol style="list-style-type: none"> 1. Filtration based 2. Cells should be stainable and visualized by routine stains 	200 devices	9000/-	Rs. 18,00,000/-

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: Research

If both, state time to be used for patient care: NA

Is this/ similar equipment already available in the department

When purchased? NA Cost at that time: NA Present functional NA
 status: Tests/ procedures done on this equipment in last year: NA

Revenue generated by this equipment in last year: NA

If yes, what is the justification for this purchase? NA

Is this/similar equipment available in any other department in the Institute? May be sought from equipment store

If yes, what is the justification for this purchase?

4. For Consumables, please provide following information:

Description of stocks available NA

When was it last purchased? NA In what quantity? NA

Cost; NA

Source: NA

Test/ procedures done in this period: NA

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Revenue generated in this period: NA

Average annual consumption: NA

Shelf life NA

Period for which this purchase will last Number of tests likely to be done with this quantity: NA

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:

Phone/Pager

HEAD OF DEPARTMENT/SECTION

Signature:

Name: Dr Nilotpal Chowdhury

Designation: Nodal Officer, MRU

Stamp

Dr. Nilotpal Chowdhury
Nodal Officer
Multidisciplinary Research Unit
AIIMS, Rishikesh

6. For use of Central Store

Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate(per unit)	Source	Stock in hand

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

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) NA	
6	If Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/ No) NA	
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No) NA	
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/ Not available)	

INDENTOR

Signature.....

Name:.....

Designation:.....

Department:.....

Date:.....

Mobile No./ Pager:.....

HEAD OF DEPARTMENT/ SECTION

Signature.....

Name:.....

Designation:.....

Department:.....

Date:.....

Mobile/Pager:.....

Dr. Mohit Jadhli
Scientist-I
Multidisciplinary Research Unit
AIIMS, Rishikesh

Dr. Nilotpal Chowdhury
Nodal Officer
Multidisciplinary Research Unit
AIIMS, Rishikesh

121021/2024/30

P3 Form

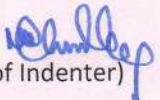
(to be attached with P2 form for Proprietary Items)

AIIMS Rishikesh

It is certified that the items Cell separation kit for circulating tumor cells required in the P2 form should be purchased from M/s Revive Healthtech and Industrial Solutions, Rajeshwar Nagar Phase 1, Sahastradhara Road, Dehradun-248001. To the best of my knowledge, M/s Revive Healthtech and Industrial Solutions are the sole agents of the sole manufacturers Screencell, 62, Rue de Wattignies, 75012 Paris, France.

Similar items manufactured by other firms shall not be suitable for our purpose for the following reasons:

1. Self-contained Filtration based kit for circulating tumor cells not requiring any other equipment to be purchased as an accessory
2. Approved for the research project "Diagnostic utility of circulating tumour cells and cell-free DNA (liquid biopsy) in lung cancer patients with mediastinal/hilar lymphadenopathy on endobronchial ultrasound-transbronchial needle aspiration: A multicentric diagnostic accuracy study" by Department of Health Research.


(Sign of Indenter)

Dated

Dr. Nilotpal Chowdhury
Nodal Officer

Designation

Multidisciplinary Research Unit
AIIMS, Rishikesh

Department

Recommendation



Dr. Nilotpal Chowdhury
Nodal Officer
Multidisciplinary Research Unit
AIIMS, Rishikesh

Head of Department

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