

**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	Pack size	Quantity Approx.	Unit Price	GST %	Total Price
1	Cleaning solution	4X54 ML	10	9000.00	18	106200
2	Selectivity Check	2X25ML	1	8925.00	12	9996
3	Cleaning solution	6X450ML	4	12550.00	12	56224
4	ISE Reference	4X1000ML	5	22000.00	12	123200
5	ISE Mid Standard	4X2000ML	10	45000.00	12	504000
6	Wash Solution	6X2000ML	20	32000.00	18	755200
7	ISE Buffer	4X2000ML	10	33000.00	12	369600
8	ISE Internal Reference	2X25ML	1	5145.00	12	5762.4
9	ISE Cal Standard High	4X100ML	1	15359.00	12	17202.08
10	ISE Cal Standard Low	4X100ML	1	11791.00	12	13205.92
11	Urine Calibrator	6X8ML	1	22000.00	12	24640
12	Sample Cups for AU680	1000PCS/Pack	5	2450.00	18	14455
<b>Total</b>						<b>1999685</b>

**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:

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: \_\_\_\_\_

84744/2023/226

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 for **As per Annexure 1**

When was it last purchased? 25.05.2023

In what quantity? **As per Annexure 2A**

Cost; **Annexure 2A**

Source

Test/ procedures done in this period: **N/A**

Revenue generated in this period: **N/A**

Average annual consumption: **N/A**

Shelf life **N/A**

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 place0

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..... **Dr. Manisha Naithani**

Designation..... **Professor**

Date..... **61.09.23**

**Dr. Manisha Naithani**  
Professor  
जैव रसायन विभाग  
Department of Biochemistry  
एम्स रिशिकेश / AIIMS Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature.....

Name..... **Anshu Arif Mirza**

Designation..... **Professor & Head**

Stamp.....

**डॉ० अनिसा अतिफ मिर्जा**  
Professor & Head  
जैव रसायन विभाग / Department of Biochemistry  
एम्स रिशिकेश / AIIMS Rishikesh



## Annexure –A

All India Institute of Medical Sciences Rishikesh-249 203

अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश, –249203

ATTACH WITH FORM –P2

Please ensure following points with form-P2 with your request letter for procurement:

S.N.	Required fields	Whether fulfilled the criteria	Remark
01	Manpower availability	(Yes/No)	Yes
02	Space availability	(Yes/No)	Yes
03	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	(Yes/No)	Yes
04	USFDA and European CE should be replaced with equivalent India standards that is ISO or BIS same may be written as ISO/BIS/USFDA/European CE or equivalent	(Yes/No)	Yes
05	Approved in Assessment Committee or Not	(Yes/No)	Yes
06	If item cost is above or equal to 30 lacs. Specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	NO
07	Letter to external expert & DGHS should be routed through Director Office only (BME will help in this process).	(Yes/No)	NO
08	Mode of purchase GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same)	(Available/Not available)	NA

INDENTOR

Signature.....

Name..... Dr. Manisha Naithani

Designation..... Professor

Date..... 01.09.23

Mobile No/ Pager .....

HEAD OF DEPARTMENT SECTION

Signature.....

Name..... Dr. Anissa Atif Mirza  
 डॉ० अनिसा आतिफ़ मिर्ज़ा  
 आचार्य एवं विभागाध्यक्ष  
 प्रमुख, विभाग, अणुसंश्लेषण विभाग  
 एम्स ऋषिकेश / AIIMS Rishikesh

Designation..... Professor &amp; Head


Date..... 01.09.23

Mobile No./Pager:.....

**P-3 FORM****(to be attached with P-2 form for Proprietary items)****AIIMS Rishikesh****PROPRIETARY ARTICLE CERTIFICATE**

It is certified that the items required in the P-2 form should be purchased from **M/s. Milleniun Services Pvt. Ltd.** To the best of my knowledge **M/s. Beckman Coulter India (P) Ltd.** To are the sole manufacturer/agents of the sole manufacturers **M/s. Beckman Coulter India (P) Ltd.**

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

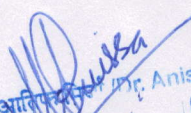
  
 डॉ. मन्दीपा नैथानी  
 (Sign of Indenter)

Dated  
 एम्स ऋ

Designation

Department

Recommendation:

  
 डॉ० अनिसा आतिफ मिरजा  
 एम्स ऋ  
 डॉ० अनिसा आतिफ मिरजा  
 प्रोफेसर & हेड  
 विभाग  
 Department of Biochemistry  
 एम्स ऋषिकेश / AIIMS Rishikesh

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