

79412/2023/5

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 form and those with illegible writing may not be accepted

S.N.	Items Names	Qty.	Rate piece in Rupee (Approx.)	Total Price (Without GST)	Total Price
01	Nanoduct Neonatal Sweat Analysis System Model: 1030	01	900000	900000.00	900000.00
02	Nanoduct Supply Kit (06 Tests) Product	60 tests	2,40,000	2,40,000.00	2,40,000.00
Total					11,40,000.00
GST 18%					2,05,200.00
G.Total					13,45,200.00

for equipment, please provide the following information

Detailed description of the actual use of the equipment – **Patient Care**

Is the equipment to be used for patient care of research: **NA**

Is this/ similar equipment already available in the department: **NA**

When purchased: First Time Purchase; Cost at that time: Present functional status

Test/ procedures done on this equipment in last year:

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? **NA**

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

4. For Consumables, please provide following information:

Description of stocks available **First time Purchase**

When it was last purchased? **NA**

In what quantity - NA Cost- NA Source: ? NA

Test/ procedures done in this period:

Revenue generated in this period:

Average annual consumption:

Shelf life -NA

Period for which this purchase will last Number of tests likely to be done with this quantity 8 to 12 months

5. For furniture, please provide the following information:

Exact location and use: NA

Existing furniture at that place: NA

79412/2023/5 Justification for this purchase: To initiate diagnostic services.

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.....

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

डॉ. अनिसा आतिफ मिर्जा

Dr. Anissa Atif Mirza

आचार्य एवं विभागाध्यक्ष / Professor & Head

जैव - रसायन विभाग / Dept. of Biochemistry

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

All India Institute of Medical Sciences Rishikesh

P-3 FORM

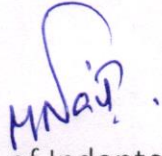
(To be attached with P-2 form for Proprietary items)

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (.....P2 form.....) required in the P-2 form should be purchased **M/S Q-LINE BIOTECH PRIVATE LIMITED** to the best of my knowledge **M/S Q-LINE BIOTECH PRIVATE LIMITED** are the sole manufacturer/ agents of the sole manufacturers M/S ELitech Group (of **Nanoduct Sweat Analysis system & kits**)

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



(Sign of Indenter)

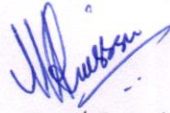
Dated 06-07-2023

Designation Professor.

Department Biochemistry

Recommendation

Signature of Head of Department/ Section



डॉ. अनिसा आतिफ मिर्जा
Dr. Anissa Atif Mirza
 आचार्य एवं विभागाध्यक्ष /Professor & Head
 जैव -रसायन विभाग /Dept. of Biochemistry
 अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश
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N.B. The indenter before recording the above certificate should himself that the article is genuinely of proprietary nature manufactured under patent laws.