

**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 Rupees incl. of taxes)	Total cost of taxes)
<p><b>CAMC of Next Generation Firewall</b></p> <p>(Support for software Gateways, Support for appliance gateways, Security Services- Enterprise based protection, Annuity blades)</p> <p>CAMC Period – 02 Years 03 Months</p>	02 (Two)	74,29,568.00	74,29,568.00
<b>Total</b>			<b>74,29,568.00</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

90867/2023/200

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?

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

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:**

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: Lokendra Singh Bisht

Designation: Jr. Admin. Officer

Date: 18/10/2023

HEAD OF DEPARTMENT/SECTION

Signature .....

Name: Vineet Kumar

Designation: Officer in Charge (IT)

Stamp: विनीत कुमार /Vineet Kumar  
प्रभारी अधिकारी /Officer in Charge  
सूचना एवं प्रौद्योगिकी (सू०प्रौ०)  
Information & Technology (IT)  
एम्स ऋषिकेश/AIIMS Rishikesh



All India Institute of Medical Sciences Rishikesh  
अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश

**ATTACH WITH FORM – P2**

**Please ensure following points with Form – P2 along with your request letter for procurement:**

S. 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)	NA
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)	NA
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..... [Signature]

Name..... Lokendra Singh Bisht

Designation..... JA Admin Officer

Department..... IT Cell

Date..... 18/11/2023

Mobile No./ Pager.....

HEAD OF DEPARTMENT/SECTION

Signature..... [Signature]

Name..... Vineet Kumar

Designation..... Officer Incharge CIT/

Department..... IT Cell

Date..... 18/11/2023

Mobile No./ Pager.....

विनीत कुमार /Vineet Kumar  
सूचना एवं प्रौद्योगिकी (सू०प्र०)  
Information & Technology (IT)  
रिश्केश/ AIIMS Rishikesh

## P-3 FORM

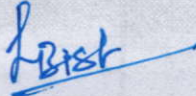
(to be attached with P-2 form for Proprietary items)

AIIMS Rishikesh

## PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (C AMC of Next Gen. Firewall) required in the P-2 form should be purchased from M/s..... To the best of my knowledge M/s..... are the sole manufacturer/agents of the sole manufacturers M/s. Check Point Software Technologies Ltd.

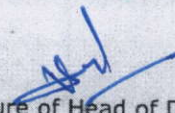
Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:-



(Sign of Indenter)

Dated - 22/09/2023Designation JAODepartment IT Cell

Recommendation on:


  
Signature of Head of Department/Section

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

विनीत कुमार / Vineet Kumar  
प्रभारी अधिकारी / Officer In-Charge  
सूचना एवं प्रौद्योगिकी (सूप्रो)  
Information & Technology (IT)  
एम्स ऋषिकेश/AIIMS Rishikesh

6. For use of Central Store

Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate (per un t)	Source	Stock in hand
01/09/2018 (for CAMC not applicable this form)	IT Cell	02	73,45,244/-	GEM Zero	

*[Signature]*  
22.9.2023

Store Keeper  
Date

*[Signature]*  
Assistant Store Officer  
Rishikesh/AIIMS Rishikesh

Store Technical Assistant  
Date

*[Signature]*

Store Purchase Officer  
Date

22/09/23  
Stores Officer  
All India Institute of Medical Sciences  
Rishikesh (U.K.) -249203

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

JD MM

Date

Tender/ Enquiry No.

Date

Supply Order No.

Date