

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	ADVIA Centaur FBHCG	100 Test/kit	03	25000.00	5%	78750.00
2	Centaur Multi Diluent 13	20.0 ml	01	15000.00	12%	16800.00
3	ADVIA Centaur FPSA	50 Test/kit	04	11000.00	5%	46200.00
4	ADVIA Centaur FPSA Calibrator	2pk	01	5000.00	12%	5250.00
5	Centaur Multi Diluent -2	20.0 ml	01	2545.00	12%	2850.40
6	ADVIA Centaur EATG	100 Test/kit	02	21812.00	5%	45805.20
7	ADVIA Centaur EATG Calibrator	2pk	01	4636.00	12%	5192.32
8	ADVIA Centaur EATG Diluent ANCI	2X5 ml	01	8058.00	12%	9024.96
Total						209822.16

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?

52210/2022/5

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?

When purchased?

Cost at that time:

Present functional

status: Tests/ procedures done on this equipment in last year:

If yes, what is the justification for this purchase?

4. For Consumables, please provide following information:

Description of stocks available for **First time purchase**

When was it last purchased? **First time purchase**

In what quantity? **N/A**

Cost; **N/A**

Source **N/A**

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

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

Average annual consumption: **N/A**

Shelf life **12 Months**

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. **Dr. Bela Goyal**

Designation. **Associate Professor**

Date. **09/7/22**

HEAD OF DEPARTMENT/SECTION

Signature.....

Name. **Dr. Anissa A Mirza**

Designation. **Prof. and Head**

Stamp.....

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

INSTRUCTOR

Signature

Name: Dr. Beta Goyal

Designation: Associate Professor

Department: Biochemistry

Date: 09/07/22 Dr. Beta Goyal

Mobile No./Pager: 9357276974

HEAD OF DEPARTMENT/ SECTION

Signature

Name: Dr. Anissa A Mirza

Designation: Professor & Head

Department: Biochemistry

Date: 09/07/2022

Mobile/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 (*Items are attached in P-2 form*) required in the P-2 form should be purchased from M/s. *Siemens Health Care*. To the best of my knowledge M/s. *Siemens Health Care Pvt. Ltd.* are the sole manufacturer/agents of the sole manufacturers M/s. *Siemens Health Care Pvt. Ltd.*

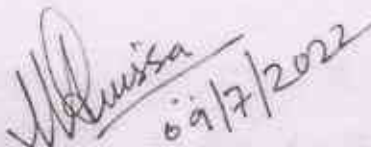
Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:-



(Sign of Indenter)

Dated *9/7/22*Designation *Associate Professor*Department *Biochemistry*

Recommendation:



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.