

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	Total cost (approx)
1. Dualok Localization Wire Size 20Gx10.7cm (REFLW0170)	130 (One Hundred Thirty)	2464	320320/-
2. Ultra clip Breast Tissue Marker, Size 17Gx12CM	250 (Two Hundred Fifty)	4816	1204000/-
	Total Amount: Fifteen Lakh Twenty Four Thousand Three Hundred Twenty rupees		₹ 1524320 /-

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 of research: **Patient Care**

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? **NO**

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

N/ARevenue generated by this equipment in last year: **N/A**If yes, what is the justification for this purchase? **N/A**Is this/similar equipment available in any other department in the Institute? **NO**If yes, what is the justification for this purchase? **N/A**

4. **For Consumables, please provide following information:** **N/A**

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

HEAD OF DEPARTMENT/SECTION

Signature: 

Signature: 

Name डॉ० फरहानुल हुदा / Dr. Farhanul Huda
अपर-आचार्य/Additional Professor
शल्य चिकित्सा विभाग / Dept. of General Surgery
एम्स, ऋषिकेश/AIIMS, Rishikesh

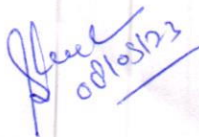
Name डॉ. सोमप्रकाश बासु
Dr. Sonprakash Basu

Designation

Designation आचार्य एवं विभागाध्यक्ष
Professor & Head of Surgery
एम्स ऋषिकेश/ AIIMS, Rishikesh

Date: 08/09/23

Stamp.....


08/09/23

88350/2023/H-STORE For use of Central Store

Details of last purchase of this item

S.N O	Item name	Date/Reference	Indentor / Deptt	Quantity	Rate (per unit)	Source	Stoc k in hand
01	Dualok Localization Wire Size 20Gx10.7cm (REFLW0170)	M/s Sarah Medicare 24-06-2023	General Surgery	50	2464.00	Dep. Purchase	Nil
02	Ultra Clip Breast Tissue Maker Size:17Gx12m	M/s Sarah Medicare 24-06-2023		50	4816.00	Dep. Purchase	Nil

for (MRC) *Tender purchase 100 till date*
Store Keeper
Date 13/10/23

Store Technical Assistant
Date 13.10.23
S.K

Store Purchase Officer
Date 14/10/23

7. For use of Purchase Section

Method of purchase recommended: PAC

Single tender/ limited tender/ open tender/ DI/UP-CMSD/DGS&D Rate Running
Contract/ Local Cash Purchase

JD MM

Date

Tender/ Enquiry No.

Supply Order No.

Date

Date

D. Jaiswal
14/10/23

Deep Jaiswal
Sr. Procurement Stores Officer
AIMS, New Delhi



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)	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) ✓	
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No) ✓	
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by L1/PC/Tender (Specification should be same).	(Available/ Not available) ✓	

INDENTOR

Signature:

Name: डॉ० फरहानुल हुदा / Dr. Farhanul Huda
अपर-आचार्य/Additional Professor

Designation: शल्य चिकित्सा विभाग /Dept.of General Surgery

Department: एस० ऋषिकेश/AIIMS, Rishikesh

Date: 08/09/23

Mobile No./ Pager:

HEAD OF DEPARTMENT/ SECTION

Signature:

Name: डॉ० सोमप्रकाश बासु
Dr. Somprakash BasuDesignation: आचार्य एवं विभागाध्यक्ष, शल्य चिकित्सा विभाग
Professor & Head of Surgery

Department: शल्य चिकित्सा / AIIMS, Rishikesh

Date:

Mobile/Pager:

Seal
08/09/23



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- 249203
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH- 249203

Form P-3

(To be attached with form P-2 for purchase of Proprietary Articles)

PROPRIETARY ARTICLE CERTIFICATE

It is to certify that the item(s) 1. Dualok Localization Wire
2. Ultra clip Breast Tissue (item name) as mentioned in Form P-2
may be purchased from M/s Bard India Health Care Pvt. Ltd. (manufacturer/supplier name), as to the best
of my knowledge, M/s 1. 1. 1. are the sole manufacturer/ supplier of the sole
manufacturer M/s 2. 2. 2. (manufacturer name) of above said equipment/ item.

Further, it is to certify that similar items manufactured by other firm(s) shall not be suitable for
our purpose because of below mentioned reasons:

1. Not manufactured by any other firm
2.
3.

Indenter Signature: [Signature]

Indenter Name: डॉ० फरहानुल हुदा / Dr. Farhanul Huda

Designation: अपर-आचार्य/Additional Professor

Department: शल्य चिकित्सा विभाग / Dept of General Surgery

एम० ऋषिकेश / AIIMS, Rishikesh

Date:

Recommendation:

Signature of Head of Department/Section

[Signature]
11/09/23
डॉ. सोमप्रकाश बासु

Dr. Somprakash Basu
आचार्य एवं विभागाध्यक्ष, शल्य चिकित्सा विभाग
प्रोफेसर & Head of Surgery

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

[Handwritten mark]



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश
All India Institute of Medical Sciences, Rishikesh-249203

Annexure
(To be attached with form P3)

PROPRIETARY/SPECIFIC BRAND GOODS CERTIFICATE:

1.	Item/type/model no. required along with specification	Breast Localization wire with Superior Migration Resistance - 20Gx107 CM Dual trigger Breast tissue Maker with Ribbon & Coil Shape - 17Gx12Cm
2.	Is the item a spare part or accessory for existing equipment	Individual Surgical Consumable
3.	Name of the manufacturer/supplier of the item proposed by the indenter	Bard India Healthcare Pvt. Ltd.
4.	User ID of the manufacturer/supplier (by which they are registered on CPP portal)	sarahmedicare@gmail.com
5.	Are they sole manufacturer/sole distributor of the item:	Sole Manufacture
6.	Is there any other item with similar/equivalent specifications available in market to meet the job requirement envisaged? If Yes, why the same can't be procured, (Demanding officer should bring out comparative functional advantages/cost effectiveness of recommended item from these offered by other)	No, PAC attached
7.	What efforts were made to identify alternative source(s) of supply or to use substitutes	Same specification not available
8.	Why open/limited tender can't be resorted to locate/identify alternative sources	Since no other product is available, Single bids would take a lot of time
9.	Is the proprietary item certifying rate reasonability	Yes, Bench Mark PO attached
10.	Any other justification of procuring item from single source (considering as proprietary article)	Item Proprietary in Nature

Signature of indenter
(Demanding officer)

डॉ. फरहानुल हुदा / Dr. Farhanul Huda

अपर-आचार्य/Additional Professor

शल्य चिकित्सा विभाग / Dept. of General Surgery

एमएस, ऋषिकेश/AIIMS, Rishikesh

Date:

Signature of HOD

(concerned department)

Dr. Somprakas Basu

आचार्य एवं विभागाध्यक्ष, शल्य चिकित्सा

Professor & Head of Surgery

एमएस ऋषिकेश / AIIMS, Rishikesh

I certify that the item at Sr. no 1 above is required to be procured at single tender basis as the source of supply is definitely known/of the specified brand proposed as it is advantageous and is meeting our functional and limited tender system could be dispensed with as they would serve no useful purpose in this particular case.

(Strikeout whichever is not applicable)