

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 Nil

4000.000
13207

When was it last purchased? -During the purchase of the equipment
In what quantity? 200kg Cost; NA

Source (Not mentioned separately during the purchase.)

Test/ procedures done in this period: 180 devices made for 124 patients.

Revenue generated in this period: Rs. 13,724

Average annual consumption 100 kg

Shelf life 1 year

Period for which this purchase will last Number of tests likely to be done with this quantity: 3

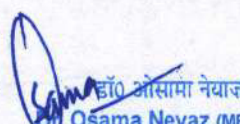
5. For furniture, please provide the following information:

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. Osama Neyaz
Designation: Associate Professor
Date: 21-12-23

HEAD OF DEPARTMENT/SECTION
Signature: 
Name: Dr. Raj Kumar Yadav
Designation: Additional Professor & HOD
Stamp:

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) ✓	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)	No (Proprietary Certificate present)
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)	Yes
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	Tender to External Expert & DGHS Should be routed through Director Office only (BMP will help in this process).	(Yes/ No)	No
8	Mode of Purchase - GeM availability/non availability should be ensured & verified before procurement by L1/ Tender (Specification should be same).	(Available/ Not available)	Product available on GeM but specifications are different. Requested to float a custom bid.

INDENTOR



डॉ० ओसामा नेयाज़

Signature: Dr. Osama Neyaz (MBBS, DNB)

सह-आचार्य, भौतिक चिकित्सा एवं पुनर्वास विभाग
Name: Dr. Osama Neyaz (Associate Professor, Physical Medicine & Rehabilitation (PMR))

Designation: Associate Professor

Department: Physical Medicine & Rehabilitation

Date: 21-12-23

Mobile No./Pager: 9088292502

HEAD OF DEPARTMENT/SECTION

Signature


Name: Dr. Raj Kumar Yadav
विभाग प्रमुख / Head of Department
Additional Professor & HOD
Designation: Additional Professor & HODDepartment: Physical Medicine & Rehabilitation
Department: Physical Medicine & Rehabilitation

Date: 21-12-23

Mobile/Pager: 8800264547

P-3 FORM

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

AIIMS Rishikesh

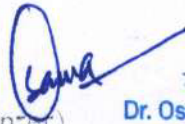
PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Dura Form Pro X PA-Nylon 12) required in the P-2 form should be purchased from M/s. Maveric Solution Inc. To the best of my knowledge M/s. Maveric Solution Inc. are the sole manufacturer/agents of the sole manufacturers M/s. Dura Form Pro X PA-Nylon 12

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

for the following reasons:-

- 1.) Same item can have different quality which can damage the laser of machine.
- 2.) Machine need specific material codes per box for starting process.
- 3.) Material should be kept in a specially designed boxes to attach it with printer, which other vendors can't provide.



(Sign of Indenter)

डॉ० ओसामा नेयाज़

Dr. Osama Neyaz (MBBS,DNB)

सह-आचार्य, भौतिक चिकित्सा एवं पुनर्वास विभाग

Associate Professor of Physical Medicine & Rehabilitation (PMR)

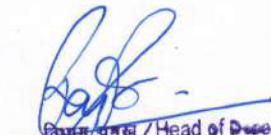
एम्स ऋषिकेश / AIIMS Rishikesh

Dated 21-12-23

Designation Associate Professor

Department Physical Medicine & Rehabilitation

Recommendation:



विभागाध्यक्ष / Head of Department

भौतिक चिकित्सा एवं पुनर्वास

Physical Medicine & Rehabilitation

एम्स ऋषिकेश / AIIMS Rishikesh

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.