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 foreigr currency and Rupees	Total cost (approx)
HPV Assay Clootest)	01	150000	15000
			44
total -		150000	
COST (12)	Service and the service of the servi	18000	
cosans total		168000	1-

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:

MIA

Is this/ similar equipment already available in t	the department?			
When purchased? Cost at that time: Tests/ procedures done on this equipment in la	Present functional status:			
Revenue generated by this equipment ir last y	ear: MA			
If yes, what is the justification for this purchas				
s this/similar equipment available in an / other department in the Institute?				
If yes, what is the justification for this purchase	se?			
4. For Consumables, please provide fol	llowing information:			
Description of stocks available Mo+ A	vailable			
When was it last purchased? In what	quantity? Cost;			
Source				
Test/ procedures done in this period:	inst time Procuring			
Revenue generated in this period:	Jer Proprietary.			
Average annual consumption	ser Proprietury.			
Shelf life				
Period for which this purchase will last Numbe quantity:	r of tests likely to be done with this			
5. For furniture, please provide the fol	lowing information:			
Exact location and use				
Existing furniture at that place	/ M)A			
Justification for this purchase				
Possible sources (name all sources you know) address, phone no, fax no, email, etc of conta	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			
INDENTOR ATTO YOUR	HEAD OF DEPARTMENT/SECTION			
Signature	Signature			
Name Yogarndra Prajap Jathuria	Name. Da: Shailenter Handy			
Designation	Designation Photos son & Head			

Stamp.....

Date.....



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:

SI. No.	Required fields	Whether fulfilled the criteria	Remark
1	Manpower availability	(Yes/No)	Veg
2	Space availability	(Yes/No)	Veg
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)	Yep
5	Approved in Assessment Committee or Not.	(Yes/No)	Nep
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)	Ho
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/ Not available)	Hot Available

INDENTOR ANTA SCAPARIO	HEAD OD DEPARTMENT/ SECTION		
Signature	Signature		
Name: अंग्रेगेल प्रताप पश्चिता	Name: Dr. Shardender Handu		
Designation Yagarndra Principal Investigator	Designation: Professor & tog)		
Designation vagarise Principal investigation of the starting o	Department: Microbiology		
Date:	Date:		
Mobile No./ Pager:	Mobile/Pager:		

P-3 FORM

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

AIIMS Rishikesh

PROPRIETORY ARTICLE CERTIFICATE

HPV Assay (100 test)
It is certified that the items (
It is certified that the items (HPV Assay (100 +es+) required in the P-2 form should be purchased from M/s. Hemogenomics PVT.LTD. To
the best of my knowledge M/s. Hemogenomics Pvt. LTD. are the
the best of my knowledge M/S
sole manufacturer/agents of the sole manufacturers M/s. HOLOGIC

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)

Dated

Designation

Department'

📑 डॉ. योगेन्द्र प्रताप मशुरिया 🗿 Dr. Yogerndra Pratap Mathuria प्रमुख अन्वेषक/Principal Investigator वायरल रिसर्च एंड डायगनोस्टिक लेबोरेटरी

Viral Reseach & Diagnostic Laboratory एम्स ऋषिकेश /AIIMS Rishikesi

Recommendat on:

partment/Section

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