

**AIIMS RISHIKESH****INDENT FOR PURCHASE OF STORES****(FORM P-2)**

- Please fill a separate form for each item
- 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 foreign currency and Rupees	Total cost (approx) Include @ 18% GST
01. EO Gas Cartridge Kit (extra large Kit) 1005 1 Box = 25 Kit	40 Box (Forty Box)	1,39,350/-	65,77,320/-
02. Packing Roll 5cm x 200 mtr. (9010) 1 Roll	40 Roll (Forty Roll)	4,776/-	83,827/-
03. Packing Roll 15 cm x 200 mtr. 9040 1 Roll	40 Roll (Forty Roll)	3,981/-	1,07,903.2/-
04. Packing Roll 25 cm x 200 mtr. (9060) 1 Roll	40 Roll (Forty Roll)	6,177/-	2,91,554.4/-
05. Label Roll (4119) 1 Roll	10 Roll (Ten Roll)	8,499/-	1,00,288.2/-
06. Biological Indicator 2203 1 Box = 25 Nos	32 Box (Thirty-two Box)	6,150/-	2,32,224/-
07. Paper Roll (3732)	10 Nos (Ten Nos)	1,614/-	19,045.2/-
08. Printing Cassette (3114)	10 Nos (Ten Nos)	3,549/-	41,878.2/-
			<b>75,34,040.2/-</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 of research:

*Mohit Dhillon*  
 डॉ. मोहित धिल्लोण / Dr. Mohit Dhillon  
 अवर - अचार्य / Additional Professor  
 रिवि रोम विभाग / Dept. of Orthopaedics  
 एम्स रुषिकेश / AIIMS Rishikesh

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 an/ 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 *Ravindra Singh*

Name *Ravindra Singh*  
CSSO, AIIMS RISHIKESH

Designation *CSSO officer*

HEAD OF DEPARTMENT/SECTION

Signature.....

Name *Dr. Mohit Shingra*

Designation *Additional Professor*

*Mohit Shingra*  
02/11/24  
मोहित शिंगरा/Dr. Mohit Shingra  
अतिरिक्त प्रोफेसर/Additional Professor  
ऑर्थोपेडिक विभाग/Dept. of Orthopaedics  
आर्य समाज/AYMS Rishikesh

## 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)	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)	
5	Approved in Assessment Committee or Not.	(Yes/ No)	
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 LPC/Tender (Specification should be same).	(Available/ Not available)	No

INDENTOR

Signature: 

Name: Ravindra Singh

Designation: CSSD officer

Department: CSSD

Ravindra Singh


CSSD Officer

Date: .....

CSSD, AIIMS, Rishikesh

Mobile No: .....

HEAD OF DEPARTMENT/ SECTION

Signature: 

Name: Dr. Mohit Dhingra

Designation: Additional Professor

Department: Orthopedics

Date: .....

Mobile No: .....

Dr. Mohit Dhingra  
Additional Professor  
Orthopedics  
Dept. of Orthopedics  
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 (Consumables Proprietary items) required in the P-2 form should be purchased from M/s. Agama Services Pvt. Ltd. To the best of my knowledge M/s. Agama Services Pvt. Ltd. are the sole manufacturer/agents of the sole manufacturers M/s. Agama Services Pvt. Ltd.

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

  
 (Sign of Indentor) **Ravindra Singh**  
**CSSD Officer**  
**CSSD, AIIMS Rishikesh**


Dated

Designation CSSD officer

Department CSSD

Recommendation:

Signature of Head of Department/Section

  
**Dr. Mohit Dhingra**  
 Additional Professor  
 Dept. of Orthopaedics  
 AIIMS Rishikesh

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