

**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 foreign currency and Rupees	Total cost (approx)
① Injection HISTAGLOB (1ml vials) Proprietary article of Bharat Serums & Vaccines Limited)	460	Rs. 195/- (Approximately)	Rs. 89,700/-

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:



## 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)	
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)	

INDENTOR

Signature.....

Name: Dr. SUSHANTIKA

Designation: ASSISTANT PROFESSOR

Department: DERMATOLOGY

Date: 22/05/24

Mobile No./ Pager: 9026564805

HEAD OD DEPARTMENT/ SECTION

Signature.....

Name: .....

Designation: .....

Department: .....

Date: .....

Mobile/Pager: .....

108152/2024/11

## P-3 FORM

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

AIIMS Rishikesh

## PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (.....HISTAGLOB.....)  
 required in the P-2 form should be purchased from M/s. Bharat Serum &  
 Vaccines Limited To  
 the best of my knowledge M/s. Bharat Serum & Vaccines Ltd. are the  
 sole manufacturer/agents of the sole manufacturers M/s.....

Similar items manufactured by other firm(s) shall not be suitable for our purpose  
 for the following reasons:- As it is only available as injection  
 HISTAGLOB vial manufactured by Bharat Serum &  
 Vaccines Limited, it is not possible to procure it  
 from any other firm.

Sud  
 (Sign of Indenter)

Dated 22/05/24Designation ASSISTANT PROFESSORDepartment DERMATOLOGY

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.