

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)
01. Sealer Heating element Top	03 pcs. (Three pieces)	1,75,562.00	6,21,489.48
02. Sealer Heating element bottom	03 pcs. (Three pieces)	1,75,562.00	6,21,489.48
03. Washer sterile air filter	03 pcs (Three pieces)	1,19,744.00	4,23,894
04. Sterilizer door gasket	14 pcs. (fourteen pieces)	46,453.00	7,67,403.56
05. Sterilizer sterile air filter	07 pcs (Seven pcs.)	1,67,569.00	13,84,120
06. Heating element of sterilizer	10 pcs. (Ten pcs.)	1,00,510.00	11,86,018
07. Sealing Kit for SCR	07 pcs (Seven pcs.)	22,628.00	1,86,907.28
08. Washer door gasket	06 pcs (Six pcs.)	20,457.00	1,44,835.36
09. Table Top Sterilizer door gasket	10 pcs. (Ten pcs.)	11,421.00	1,34,768
10. Table Top Sterilizer filter	15 pcs. (fifteen pcs.)	12,843.00	2,27,321.1

3. For equipment, please provide the following information

56,98,246.26/-

Detailed description of the actual use of the equipment

is the equipment to be used for Dr. Mohit Dhillon Professor
of research: Dept. of Orthopaedics

अस्य सेवा के लिए AIIMS Rishikesh

Ravindra Singh
CSSD Officer
CSSD, 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 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

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*

Designation..... *CSSD officer*

Date.....

HEAD OF DEPARTMENT/SECTION

अपर - आचार्य /Additional Professor
Signature..... *Dr. Naveet Sherga*

Name..... *Dr. Naveet Sherga*

Designation..... *Additional Professor*

Stamp.....

Handwritten stamp: Ravindra Singh, CSSD Officer, AIMS 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 laacs, 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)	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:

Designation:

Department:

Date:

Mobile No./ Pager:

HEAD OF DEPARTMENT/ SECTION

डॉ. मोहित दींग्रा Dr. Mohit Dhingra

अपर अध्यापक Additional Professor

Signature

Name:

Designation:

Department:

Date:

Mobile/Pager:

P-3 FORM

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

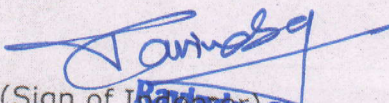
AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Consumables Proprietary Items) required in the P-2 form should be purchased from M/s Geringe Medical India Pvt. Ltd. the best of my knowledge M/s Geringe Medical India Pvt. Ltd. are the sole manufacturer/agents of the sole manufacturers M/s Geringe Medical India Pvt. Ltd.

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

- All consumable use in machines are proprietary items of Geringe-medical India Pvt. Ltd. and other consumable items from other company not suitable for in this system.

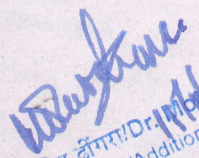

 (Sign of Ravindra Singh
 CSSD Officer
 CSSD, AIIMS Rishikesh

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.