## 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 illegib 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)
1. 130-127-998-CD138-APC Human REA 929	1 (one)	10,000 RS	10,000
2. 130-051-301-CD 138 MicroBeads, Human	1 (One)	60,000 RS	60,000
3.130-042-201-MS Seperalian Columns	3 (Three)	60,000 RS	60,000
		with GST =	1,30,000/-

For equipment, please provide the following information wor applicable

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care of research:



12 THOU WHITE CHARLES OF COURT A CARLO OF THE COMPANY OF THE CONTRACTOR OF THE CONTR	Is this/	similar	equipment	already	available in	the department
--	----------	---------	-----------	---------	--------------	----------------

NO

When purchased?

Cost at that time:

Present functional status:

Tests/ procedures done on this equipment in last year:

Revenue generated by this equipment ir last year:

If yes, what is the justification for this purchase?

Is this/similar equipment available in an / other department in the Institute? NO

If yes, what is the justification for this purchase?

#### For Consumables, please provide following information:

Description of stocks available

NOT available

When was it last purchased?

In what quantity?

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

#### For furniture, please provide the following information:

morapplicase

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 (nam address, phone no, fax no, email, etc of contact person) Ceenex · Civolie

Onosciences hot ita, Chennai

accour a gener indianet

INDENTOR

Signature.....

HEAD OF DEPARTMENT/SECTION

Signature....

Name IN Uttom Kung Nan

Designation, Mine & Mead डाॅ. उत्तम कुमार नाथ(एम.डी.,डी.एम)

Stamp Dr. Uttam Kumar-Nath (MD, DM) आचार्य एवं विभागाध्यक्ष / Professor & Head वींसर चिकित्सा रूपिर विज्ञान विभाग

Department of Medical Oncology Haematology रूस ऋषिकेश /AllMS 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:

St. No.	Required fields	Whether fulfilled the criteria	Remark
1	Manpower availability	(Yes/No)	Norapplias
2	Space availability	(Yes/No)	Nor applicable
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	(Yes/No)	
	Not.	(Tes/No)	
6	If Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	Not appliable
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/No)	NOT applicable
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/ Not available)	

NPENTOR
C Side
Signature
Name Despile Sundy &
Designation Americal Profine
Department: Mesler Ounday Hewaldry,
Date: 16/8/24 0
Mobile No. Pager: 996.8175838

आं उत्तम कुमार नाथा(एम.डी.,डी.एम)
HEAD OD DEPARTMIC (एम.डी. मार्था(एम.डी.,डी.एम)
आचार्य एवं विभागाध्यक्ष / Professor & Head
केसर विक्रित्स कविष विज्ञान विभाग
Department of Medical Oncology Haematology

Signature प्राचित्रंश (AllMS Rishikesh

Name: Dr Uttan Kung Wal

Designation: Inferse & Merch

Department: Medical Omoly New Way

Date: 16/3/2013

Mobile/Pager: 94 33 982 756

#### P-3 FORM

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

#### **AIIMS Rishikesh**

### PROPRIETORY ARTICLE CERTIFICATE

Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:- As it is a proprietary item & does no other product match one specification

(Sign of Indenterpr. Deepak Sundriyal IMD on B)

The strain of Medical Oncology Haematology

Designation

Mocial Mills, 0507

Designation

Department

Medico Omeley nemeterly

Recommendat on:

डॉ. उत्तम बुसार नाथ (एम.डी.,डी.एम)
Dr. Uttam Kumar Nath (MD, DM)
आचार्य एवं विभागाध्यक्ष / Professor & Head
असरा चिकत्सा रूपिर विज्ञान विभाग
Department of Medical Oncology Haematology
एम ऋषिकेश /AIIMS Rishikesh

Signature of Head of Department/Section

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