

**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)for two years | Cost per unit (approx) in foreign currency and Rupees | Total cost (approx)               |
|---|---|---|-----------------------------------|
| <b><u>Consumable for HPLC (Bio Rad, D-10)</u></b>                     |   |   |                                   |
| 1. D-10 Dual reorder Pack (pack size 400T) (Catalogue Number:2200201) | Sixteen (16)                                | Rs. 52000/-   | Rs.8,32,000/-                     |
| 2. Hemoglobin A2 control (bi-level), 2x0.5ml (catalogue no:553x)      | Ten (10)                                    | Rs. 16000/-   | Rs.1,60,000/-                     |
| <b>Total</b>  |   |   | <b>Rs.9,92,000/-<br/>+GST 12%</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:

124010/2024/G\_Store 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: NA

Revenue generated by this equipment in last year: NA

If yes, what is the justification for this purchase? NA

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- Nil

When was it last purchased? 12.09.2024, In what quantity? Cost; 2,10,300/-

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: **Around 600 tests**

**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.....

Name Dr. Neha Singh

Designation Professor

Date 11<sup>th</sup> October 2024

Phone/Pager 8979791092

डॉ० नेहा सिंह (एम०डी०)  
Dr. Neha Singh (M.D.)  
आचार्य, Professor  
विवेक विज्ञान एवं परीक्षण विभाग  
Department of Pathology & Laboratory Medicine  
एमएस ऋषिकेश / AIIMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature.....  
Name Dr. Sanjeev Kishore  
Head of Department  
Department of Pathology  
AIIMS, Rishikesh

Designation Professor & Head

Stamp.....

## 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)                      | —                    |
| 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)                       | Yes                  |
| 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)                      | No                   |
| 7       | Letter to External Expert & DGHS Should be routed through Director Office only (BML will help in this process).   | (Yes/ No)                      | N.A.                 |
| 8       | Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).               | (Available/ Not available)     | Not Available on GeM |

INDENTOR

HEAD OF DEPARTMENT/ SECTION

Signature

Signature

Name

Name

Designation

Designation

Department

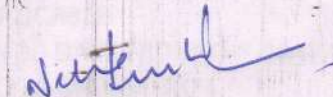
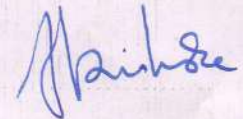
Department

Date

Date

Mobile No./ Pager

Mobile/Pager

Dr. Neha Singh

Name

Professor

Designation

Department

Pathology &amp; Lab. Med

Department

Date

11/8/2024

Date

Mobile No./ Pager

8979791092

Mobile/Pager

डॉ० नेहा सिंह (एम०डी०)

Dr. Neha Singh (M.D.)

आचार्या / Professor

 विकृति विज्ञान एवं प्रयोगशाला चिकित्सा विभाग  
 Department of Pathology & Laboratory Medicine  
 एम्स ऋषिकेश / AIIMS, Rishikesh

 Head of Department  
 Department of Pathology  
 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 (**D-10 Dual reorder Pack and Hemoglobin A2 Control**) required in the P-2 form should be purchased from **M/s Novena Chem, 57 D. L. Road, Dehradun** To the best of my knowledge **M/s Novena Chem** are the sole manufacturer/agents of the sole manufacturers **M/s Bio Rad Laboratories (India) Pvt Ltd.**

Further, it is to certify that similar items manufactured by other firm(s) shall not be suitable for our purpose of below mentioned reasons:-

*These reagents are proprietary in nature*

(Sign of Indenter)

Indenter Name:-

Designation:-

Department:-

Date:-

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.

**F.No.24/01/2014-RISH(ADMN)/**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**RISHIKESH**