

**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)
Telemedicine with Digital Health Record		1,50,000/-	1,50,000/-
			1,50,000/-

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:

Yes

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 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: N/A

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.....

Name.....

Designation.....

Date.....

*[Handwritten Signature]*  
**DR. SANTOSH KUMAR,**  
 Associate Professor  
 Department of Community and  
 Family Medicine  
 All India Institute of  
 Medical Sciences, New Delhi

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

*[Handwritten Signature]*  
 Dr. Varitika Saxena  
 HOD, Community &  
 Family Medicine





## Annexure - A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201

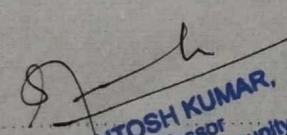
अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- २४९२०१

## 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	<input checked="" type="checkbox"/> (Yes/ No)	Manpower Recruited
2	Space availability	<input type="checkbox"/> (Yes/ No)	
3	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	<input checked="" type="checkbox"/> (Yes/ No)	Company specific
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.	<input type="checkbox"/> (Yes/No)	N/A
5	Approved in Assessment Committee or Not.	<input type="checkbox"/> (Yes/ No)	This item is for research project
6	If Item cost is above or equal to 30 laes, specifications should be duly vetted by DGHS nominee/External expert.	<input checked="" type="checkbox"/> (Yes/ No)	Not applicable
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	<input checked="" type="checkbox"/> (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).	<input type="checkbox"/> (Available/ Not available)	Not available

INDENTOR

Signature: 

Name: Dr. Santosh Kumar,

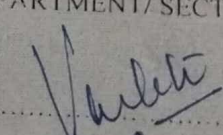
Designation: Associate Professor

Department: Community and Family Medicine

Date: 3-03-2022

Mobile No./ Pager: \_\_\_\_\_

HEAD OF DEPARTMENT/ SECTION

Signature: 

Name: Dr. Varika Saxena

Designation: HOD

Department: Community and Family Medicine

Date: 3-03-2022

Mobile/Pager: \_\_\_\_\_

DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE  
All India Institute of Medical Sciences  
Rishikesh

**6. For use of Central Store**

Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate (per un t)	Source	Stock in hand
Telemedicine with digital health Record (software)	NA	NA	NA	NA	NA



Store Keeper  
Date

Store Technical Assistant  
Date

Store Purchase Officer  
Date

**7. For use of Purchase Section**

Method of purchase recommended:

Single tender/ limited tender/ open tender/ DI/UP-CMSD/DGS&D Rate Running Contract/ Local Cash Purchase

JD MM  
Date

Tender/ Enquiry No.

Date

Supply Order No.

Date



P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Telemedicine with Digital Health Record) required in the P-2 form should be purchased from M/s. Renatus meditech solution to the best of my knowledge M/s. Renatus meditech solution Pvt. 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:-

- The required items for this purpose will be covered in the budgeted amount
- The company is ready to give services at point of care.
- The manufacturer is easily accessible & available to resolve technical glitches.
- Mentioned manufacturer is already working for another organization in study area. As a result, feasibility is insured.

(Sign of Indenter)

Dated

Designation

Department

*[Signature]*  
 Dr. SANTOSH KUMAR,  
 Associate Professor  
 Department of Community and Family Medicine  
 AIIMS, Rishikesh  
 Department of Community & family medicine

Recommendation on:

Recommended with condition that all data will be AIIMS property & no govt. rule should be violated in this process.

Signature of Head of Department/Section

*[Signature]*  
 02/03/22  
 DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE  
 AIIMS RISHIKESH  
 Health Sciences

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