

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: DMD chip for Multimedia Projector ULTRA W42U	01 (One)	18,450/-	18,450/-
(2: Main PCB for Multimedia Projector ULTRA W42U	01 (One)	12,150/-	12,150/-
(3: Main PCB repair / & other charges.	01 (One)	10,318/-	10,318/-
Total Amount (Approx.)		Rs. 41,418/-	

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:

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.....

Name..... *Jai Prakash Babbar*

Designation..... *S.K*

Date..... *24.11.2023*

[Signature]
Aso
24/11/23

HEAD OF DEPARTMENT/SECTION

Signature..... *[Signature]*

Name..... *24/11/23*
Rajeev Kumar

Designation..... *Stores Officer*
All India Institute of Medical Sciences
Rishikesh (U.k.) -249203

Stamp.....



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201

अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश-

249201

ATTACHED WITH FORM-P2

Please ensure following points with Form-P2 along with your request letter for procurement:

Sl. No	Required field	Whether fulfilled the criteria (Yes/No)	Remark
1.	Manpower availability	(Yes/No)	Yes
2.	Space availability	(Yes/No)	Yes
3.	Whether specifications are generic, not of same 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)	Not required
6.	If item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	Not required
7.	Letter of External Expert & DGHS should be routed through Director Office only (BME will help in this process).	(Yes/No)	Not required
8.	Mode of purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same)	(Yes/No)	

INDENTOR

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Department.....

Date.....

Mobile No/Pager.....

Signature.....

Name.....

Designation.....

Department.....

Date.....

Mobile No/Pager.....

Signature: [Handwritten Signature]
 Name: [Handwritten Name]
 Designation: [Handwritten Designation]
 Department: [Handwritten Department]
 Date: [Handwritten Date]
 Mobile No/Pager: [Handwritten Mobile No/Pager]

Signature: [Handwritten Signature]
 Name: [Handwritten Name]
 Designation: [Handwritten Designation]
 Department: [Handwritten Department]
 Date: [Handwritten Date]
 Mobile No/Pager: [Handwritten Mobile No/Pager]

6. For use of Central Store

Details of last purchase of this item:

ITEM	Date/Reference	Indenter/dept.	Quantity	Rate (per unit)	Source	Stock in hand
SMO chip Main kit for Projector ULTRA W A2L	Items not procured earlier.					

[Signature]
Store Keeper
Date 24.5.2023

[Signature]
Store Technical Assistant
Date 24/5/23

[Signature]
Store Purchase Officer
Date 24/05/23
Rajeev Kumar
Stores Officer
All India Institute of Medical Sciences
Rishikesh (U.k.) -249203

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.
Supply Order No.

Date
Date

[Signature]
24/05/23

P-3 FORM

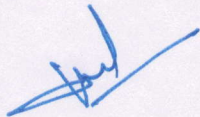
(to be attached with P-2 form for Proprietary items)

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (..... *Globus Proprietary Repair*)
 required in the P-2 form should be purchased from M/s..... *OEM* To
 the best of my knowledge M/s..... *Globus Inform* 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:-


 (Sign of Indenter)

Dated *12-08-2023*

Designation *Officer Incharge*

Department *IT*

Recommendat on:

Vinay Kumar
 विनीत कुमार/Vinay Kumar
 प्रभारी अधिकारी/Officer In-Charge
 सूचना एवं प्रौद्योगिकी (सूप्रो)
 Information & Technology (IT)
 एम्स ऋषिकेश/AIIMS Rishikesh

Signature of Head of Department/Section

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