

Comp No - 8945

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)
Blood tubing (Adult) for 500s dialysis machine. (Technical specifications enclosed)	500 Nos.	Rs 450-500 (Approx.)	250,000/- (Approx.)

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?

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 200 NOS.

When was it last purchased? 21/5/21 In what quantity? 800 Cost; 3,50,371.84

Source R/c m/s sidak scientific & surgicals, Dehradun

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.....

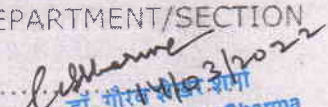
Name.....


Dr. Dipesh Kumar Djoor
सहायक आचार्य/Assistant Professor
गुदा रोग विभाग/Department of Nephrology
एम्स रीशिकेश/AIIMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....


Dr. Gaurav Shekhar Sharma
सहायक आचार्य एवं कार्यवाहक प्रमुख
& Officiating Head

6. For use of Central Store

Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate (per unit)	Source	Stock in hand
1- 572/PO.272 / 18/05/21 Date - 21-5-21 M/S Bidak Scientific & Surgical Dehradun	Nephrology	1. Blood Tubing (Adult) 508		80008.21	391.04 <u>NPL</u>

Store Keeper ^{Kehand} (SKCS)
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

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)	
2	Space availability	<input checked="" type="checkbox"/> (Yes/ No)	
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 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)	
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ 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) <input checked="" type="checkbox"/>	

INDENTOR

Signature


डॉ. दिपेश कुमार घुत/Dr. Dipesh Kumar Djoot

Name:

सहायक आचार्य/Assistant Professor
गुर्दा रोग विभाग/Department of Nephrology
एम्स, ऋषिकेश/AIIMS, Rishikesh

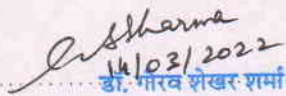
Designation:

Department:

Date:

HEAD OF DEPARTMENT/ SECTION

Signature


14/03/2022
डॉ. गौरव शेखर शर्मा

Name:

Dr. Gaurav Shekhar Sharma
सहायक आचार्य एवं कार्यवाहक प्रमुख
Assistant Professor & Officiating Head
गुर्दा रोग विभाग / Department of Nephrology
एम्स, ऋषिकेश / AIIMS Rishikesh

Designation:

Department:

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 (*AV. Set online plus SWB-R*) required in the P-2 form should be purchased from M/s. *Sidak Scientific & Surgicals D. Du* To the best of my knowledge M/s. *Fresenius Medical Care* are the sole manufacturer/agents of the sole manufacturers M/s. *of this item*

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

Item is a part of closed system

(Sign of Indenter)

Sharon
21/6/22

Dated

Designation

ASSISTANT PROFESSOR

Department

NEPHROLOGY

डॉ० शेरोन कण्डारी Dr. Sharon Kandari

Assistant Professor

गुदा रोग विभाग / Department of Nephrology

एम्स ऋषिकेश / AIIMS, Rishikesh

Recommendation:

Gaurav
21/06/2022

डॉ० गौरव शेखर शर्मा

Dr. Gaurav Shekhar Sharma

सहायक अध्यापक एवं अतिरिक्त प्रमुख

Assistant Professor & Officiating Head

गुदा रोग विभाग / Department of Nephrology

एम्स, ऋषिकेश / AIIMS Rishikesh

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.