

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)
<p>I. Radiographical films Cartridges (8" x 10") Carestream</p>	<p>600 pkt (1 pkt = 125 pcs)</p>	<p>46.5 x 125 = 5812.5 Rs/-</p>	<p>Rs. 3,487,500/-</p>
<p>2. Radiographical x-ray film Cartridges (10" x 12") Carestream</p>	<p>545 pkt (1 pkt = 125 pcs)</p>	<p>69.60 x 125 = 8,700 Rs/-</p>	<p>Rs. 4,741,500/-</p>

Annual Demand to

be

verified by

HOD

Radiodiagnosis
 Dr. Rajaj Sharma
 Additional Professor
 Radiodiagnosis & Imaging
 AIIMS, Rishikesh

This is approximate annual consumption demand separately for each size i.e. (8" x 10") & (10" x 12").

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:

Duly noted
data will

monthly summary
to be put up by
25 Sep 2023

- Put up month wise
consumption of
Radiographic film
from Jan 23 - Aug 23

- calculate NMF &
Put up demand accordingly

ब्रिगेडियर सुधीर साक्सेना
 Brig. Sudeep Saxena
 Professor & HOD
 Department of Intervention Radiology
 AIIMS, Rishikesh
 22 Sep 2023

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 an / 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.....

Designation.....

Date.....

Dr. Rajat Sharma
Professor
Radiodiagnosis & Imaging
AIIMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature..... *Sudhakar*

Name..... *Brig Sudhakar*

Designation.....
आचार्य एवं विभागाध्यक्ष / Professor & HOD
नैदानिक एवं इंटरवेंशन विकिरण विभाग
Department of Diagnostic & Intervention Radiology
अभिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश
AIIMS, Rishikesh

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)	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)	No
5	Approved in Assessment Committee or Not.	(Yes/ No)	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 (BME will help in this process).	(Yes/ No)	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)	Available

INDENTOR

Signature

Name:

Designation:

Department:

Date:

Mobile No./ Pager:

डॉ० पंकज शर्मा
Pankaj Sharma
प्रो० आचार्य
Professor
विकिरण, निदान विभाग
Radiodiagnosis & Imaging
एम्स, ऋषिकेश/AIIMS, Rishikesh

HEAD OF DEPARTMENT/ SECTION

Signature

Name:

Designation:

Department:

Date:

Mobile/Pager:

Sudhir Saxena
04/10/23

ब्रिगेडियर सुधीर सक्सेना
Brig Sudhir Saxena
नैदानिक एवं इंटरवेंशन विकिरण विभाग
Department of Diagnostic & Intervention Radiology
अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश
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 (.....carestream Dry view Laser films
required in the P-2 form should be purchased from M/s.....carestream Health India
the best of my knowledge M/s.....carestream Health India are the
sole manufacturer/agents of the sole manufacturers M/s.....carestream Health India

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

- Films are OEM specific, and using other films will null and void OEM Printer Warranty. Hence only OEM films can be used in Carestream printer

Dr. Pankaj Sharma
(Sign of Indenter)

Dated

Designation Additional professor

Department Diagnostic & Intervention Radiology

Recommendation on:

Dr. Anjum Syed
Professor & Head
Department of Diagnostic & Intervention Radiology
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.