

**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.

of items with full specifications & required accessories	Quantity(in figures and words)	Cost per unit (approx) in Rupees	cost (approx)
03 Regional Oximetry Sensors, Adult (20/box)	5 box	1,47,567.84/-	7,37,839.2
03 Regional Oximetry Sensors, Infant(20/box)	1 box	1,47,567.84/-	1,47,567.84/-
03 Regional Oximetry Sensors, Infant(20/box) <i>pediatric</i>	1 box	1,47,567.84/-	1,47,567.84/-
<b>Grand Total in words:-</b> (ten lakh thirty two thousand nine hundred seventy five rupees only)			10,32,975/-

*Ajay Kumar*  
3-10-24

**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:

If both, state % of time to be used for patient care:                      % of time to be used for research

Signature: \_\_\_\_\_  
Name: Prof. Sanjay Agtawal  
Designation: HOD  
Department: Anaesthesiology  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: Dr. Ajay Kumar  
Department: Anaesthesiology  
Date: \_\_\_\_\_

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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 **zero**

Last purchase In what quantity?

Cost: / Unit

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)

INDENTORS

Signature.....

Name: Dr. Ajay Kumar

Department: Anaesthesia

Date:-

In charge/HOD

Signature..... 7/11/24

Name: Prof. Sanjay Agrawal

Designation: HOD

Department: Anaesthesia

**Stamp** डॉ० संजय अग्रवाल/ Dr. Sanjay Agrawal

आचार्य एवं विभागाध्यक्ष/ Professor & HOD

निश्चेतना विज्ञान विभाग

Department of Anaesthesiology

एम्स 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 Article/Consumable **O3 Regional Oximetry Sensors, Adult** required in the P-2 form should be purchased from M/s **UB Lifesciences, Amba colony, Gas Godam road, Kusumkhara Haldwani, 263139- Uttarakhand** To the best of my knowledge, they are the sole agents/distributors of the sole manufacturers M/s **Masimo Medical technologies India Pvt. Ltd.** .....  
No other make/brand will be suitable for our purpose for the following reasons:-

- a. this sensor electrode is compatible with "Radical 7" brain function monitor bought from Masimo **Medical technologies India Pvt. Ltd** in 2018.
- b. No other tissue oximetry electrode will be compatible with this "Radical 7" monitor.
- c.

These features are important for monitoring **brain/tissue oximetry** and to the best of knowledge **no other oximetry sensors are compatible with the monitor** and are not available in any other product.

*Ajay Kumar*  
Signature of Indenter  
with date and Stamp **3-10-2024**  
अपर आचार्य /Additional Professor  
निश्चेतना विज्ञान विभाग  
Department of Anaesthesiology  
एम्स ऋषिकेश /AIIMS Rishikesh

Recommendation by HoD:

*Sanjay Agrawal*  
डॉ० संजय अग्रवाल/ **Dr. Sanjay Agrawal**  
आचार्य एवं विभागाध्यक्ष/ Professor & HOD  
निश्चेतना विज्ञान विभाग  
Department of Anaesthesiology  
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.