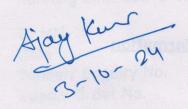
AIIMS RISHIKESH INDENT FOR PURCHASE OF STORES (FORM P-2)

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 |
| O3 Regional Oximetry Sensors, Infant(20/box) | 1 box | 1,47,567.84/- | 1,47,567.84/- |
| O3 Regional Oximetry Sensors, Infant(20/box) | 1 box | 1,47,567.84/- | 1,47,567.84/- |
| Grand Total in words:- (ten lakh thirty two thousand nine hundred seventy five rupees only) | | | 10,32,975/- |



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: for research

% of time to be used

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

Name: Dr. _Ajay Kumar

Department: Anaesthesia

Date-:

In charge/HOD

Name: Prof. Sanjay Agrawal

Designation: HOD

Department: Anaesthesia Stamp. 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

PROPRIETORY 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, Kusumkhera Haldwani, 263139- Uttarakhand best of my knowledge, they are the sole agents/distributors of the sole manufacturersM/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.

Signature of Indenter 3-10-2024 with date and Stamp with date and Stamp

अपर आचार्च /Additional Professor निश्चेतना विज्ञान विभाग Department of Anaesthesiology एम्स ऋणिकेश /AIIMS Rishikesh

Recommendation by HoD:

डॉo संजय अग्रवाल/ Dr. Şanjay A

आचार्य एवं विभागाध्यक्ष/ Professor & HOD निश्चेतना विज्ञान विभाग Department of Anaesthesiology एस्स ऋषिकेश /AIIMS, Rishikes

Signature of Head of Department /Section

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