

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 incw	Total cost (approx) including GST
Signature Pro Phacoemulsification consumable ① OP073- Disposable Phaco Pack for Signature Pro (1 Pack 6 unit)	17 Packs (Seventeen Pack (100 unit))	₹ 13,974 + 12%	₹ 2,66,050/-
② OP0HF20L- High flow sleeve (1 Pack of 6 unit)	9 Packs (Nine Pack) 50 unit	₹ 3,528 + 12%	₹ 35,559/-
③ OP0CR3020R- 20g 30 Degree Phaco tip curved (1 Pack of 6 unit)	4 Packs (four Pack (20 unit))	₹ 32,352 + 12%	₹ 1,44,936/-
④ OP0R3020R- 20g 30 Degree Phaco tip straight (1 Pack of 6 unit)	4 Pack (four Pack (20 unit))	₹ 32,352 + 12%	₹ 1,44,936/-
⑤ NGP0023- 23 Gauge vit. cutter for Signature Machine (1 Pack of 6 unit)	5 Pack (five Pack) 30 unit	₹ 58,235 + 12%	₹ 3,26,115/-
			₹ 9,17,596/-

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:

Patient Care & Diagnostics.

Is this/ similar equipment already available in the department? **N/A**

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: **N/A**

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: **N/A**

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..... *[Signature]*
17/11/2022

Name..... **Dr. Anupam**

Designation..... **Additional Professor**

Date.....

[Stamp: Dr. Anupam, Additional Professor]

HEAD OF DEPARTMENT/SECTION

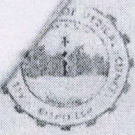
Signature..... *[Signature]*

Name..... **Dr. S.K. Mittal**

Designation..... **Professor & Head**

Stamp..... *[Stamp: Dr. S.K. Mittal, Professor]*

..... of Ophthalmology
एम्स, नवदिवेश/AllMS, Rishikesh



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 (Yes/ No)	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)	Yes
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)	N.O.
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No)	N.A
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by L1/PC/Tender (Specification should be same).	(Available/ Not available)	N.A

INDENTOR

Signature

Name

Designation

Department

Date

Mobile No./ Pager

Additional Professor
Department of Ophthalmology
एम्स ऋषिकेश / AIIMS Rishikesh

HEAD OF DEPARTMENT/ SECTION

Signature

Name

Designation

Department

Date

Mobile/Pager

Professor of Retinal
Ophthalmology
Dr. Sanjeev Kumar Mittal
Department of Ophthalmology
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 items (Signature Pro Phacoemulsification Machine ^{Consumable})
 required in the P-2 form should be purchased from M/s. Global Drugs & Vaccine To
 the best of my knowledge M/s. Global Drugs & Vaccine are the
 sole manufacturer/agents of the sole manufacturers M/s. Johnson & Johnson Surgical
Vision India Pvt. Ltd.

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

*Because these are proprietary
 consumable items of signature pro phaco
 machine, not being manufactured by
 any other firm*

Anupam
 12/11/2022

(Sign of Indenter)

Dated

Designation

Department

Anupam
 12/11/2022
 DRANUPAM

Additional Professor
Ophthalmology
 डॉ० अनुपम
 Dr. Anupam
 अतिरिक्त प्राध्यापक
 Additional Professor
 नेत्र रोग विभाग
 Department of Ophthalmology
 एम्स रिशिकेश / AIIMS Rishikesh

Recommendation:

for
 12/11/22
 Dr. S.K. Mittal
 Professor & Head
 Ophthalmology
 डॉ० सुजाय कुमार मिश्रा
 Dr. S.K. Mittal
 Professor
 Department of Ophthalmology
 नेत्र रोग विभाग / Dept. of Ophthalmology
 एम्स रिशिकेश / 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.