

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)
Lamp Contaener 300W Xenon	02	2,86,530/-	5,73,060/-

3. **For equipment, please provide the following information**

Detailed description of the actual use of the equipment - NA

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:

N/A

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 - 0

When was it last purchased? - N/A In what quantity? Cost;

Source

Test/ procedures done in this period: - N/A

Revenue generated in this period: - N/A

Average annual consumption - 01

Shelf life - Normally shelf life is 500 hours

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 N/A

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. Abhishek Bhardwaj

Designation..... Associate Professor

Date..... 26/12/22

डॉ. अभिषेक भारद्वाज
Dr. Abhishek Bhardwaj
पहायक आचार्य / Assistant Professor
कण, नासा एवं कंठ शल्योपचार विभाग
Department of Ear, Nose & Throat
एम्स, ऋषिकेश / AIIMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature.....

Name..... Dr. Manu Malhotra

Designation..... Prof. Manu Malhotra & Head

विभागाध्यक्ष / Professor & Head

कण, नासा एवं कंठ शल्योपचार विभाग.....

Department of Ear, Nose & Throat

एम्स, ऋषिकेश / AIIMS, Rishikesh

Stamp

P-3 FORM

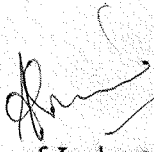
(to be attached with P-2 form for Proprietary items)

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (...Lamp Container 300 W Xenon...) required in the P-2 form should be purchased from M/s. Venus Medical Products to the best of my knowledge M/s. Venus Medical Products are the sole manufacturer/agents of the sole manufacturers M/s. Carl Zeiss India (Bangalore) PVT. LTD.

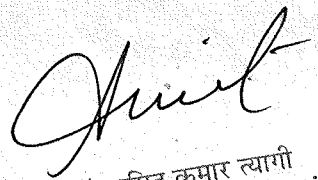
Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons:-


 डॉ. अभिषेक भारद्वाज
 Dr. Abhishek Bhardwaj
 सहायक आचार्य / Assistant Professor
 कर्ण, नासा एवं कंठ शल्योपचार विभाग
 Department of Ear, Nose & Throat
 एम्स, ऋषिकेश / AIIMS, Rishikesh

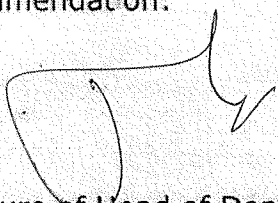
(Sign of Indenter)
 Dated - 26/12/2022

Designation - Associate Professor

Department - ENT & HIVS


 डॉ. अमित कुमार त्यागी
 Dr. Amit Kumar Tyagi
 सहायक आचार्य / Assistant Professor
 कर्ण, नासा एवं कंठ शल्योपचार विभाग
 Department of Ear, Nose & Throat
 एम्स, ऋषिकेश / AIIMS, Rishikesh

Recommendation:


 प्रो० मनु मल्होत्रा / Prof. Manu Malhotra
 विभागाध्यक्ष / Professor & Head
 कर्ण, नासा एवं कंठ शल्योपचार विभाग
 Department of Ear, Nose & Throat
 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.