

79014/2023/226

**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 form and those with illegible writing may not be accepted

S.N.	Items Names	Qty.	Rate piece in Rupee (Approx.)	Total Price (Without GST)	Total Price (With 18% GST)
01	Mouth Piece for Lacto FAN2	1000	105.00	105000.00	123900.00
<b>Total</b>					123900.00

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: NA

Is this/ similar equipment already available in the department: NA

When purchased: First Time Purchase; Cost at that time: Present functional status

Test/ procedures done on this equipment in last year:

Revenue generated by this equipment in last year: NA

If yes, what is the justification for this purchase? NA

Is this/similar equipment available in any other department in the Institute? NA

If yes, what is the justification for this purchase? NA

**4. For Consumables, please provide following information:**

Description of stocks available ANNEXURE-1A

When it was last purchased – 13.03.2020

In what quantity – ANNEXURE-2A      Cost- ANNEXURE-2A      Source: RC from Diagnostic store

Test/ procedures done in this period: 880 tests from 13.3.2020 to 12.06.2023

Revenue generated in this period: Rs. 100 per test

Average annual consumption: 800 pieces

Shelf life -NA

Period for which this purchase will last Number of tests likely to be done with this quantity 8 to 12 months

**5. For furniture, please provide the following information:**

Exact location and use: NA

Existing furniture at that place: NA

Justification for this purchase: To initiate diagnostic services.

*M*  
*Rabni Kambhok*

79014/2023/226 ble 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 *Saroma Saha*

Name *Dr. Saroma Saha*

Designation *Additional Professor*

Date .....

डॉ. सरमा साहा  
Dr. Saroma Saha  
अपर - आचार्य / Additional Professor  
जैव रसायन विभाग  
Department of Biochemistry  
एम्स रिशिकेश / AIIMS Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature *MNaithani*

Name *Dr. Manisha Naithani*

Designation *Professor*

Stamp .....

डॉ. मनीषा नैथानी  
Dr. Manisha Naithani  
आचार्य / Professor  
जैव रसायन विभाग  
Department of Biochemistry  
एम्स रिशिकेश / AIIMS Rishikesh

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## Annexure –A

All India Institute of Medical Sciences Rishikesh-249 203

अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश, –249203

ATTACH WITH FORM –P2



Please ensure following points with form-P2 with your request letter for procurement:

S.N.	Required fields	Whether fulfilled the criteria	Remark
01	Manpower availability	(Yes/No)	Yes
02	Space availability	(Yes/No)	Yes
03	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	(Yes/No)	Yes
04	USFDA and European CE should be replaced with equivalent India standards that is ISO or BIS same may be written as ISO/BIS/USFDA/European CE or equivalent	(Yes/No)	Yes
05	Approved in Assessment Committee or Not	(Yes/No)	No
06	If item cost is above or equal to 30 lacs. Specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	No
07	Letter to external expert & DGHS should be routed through Director Office only (BME will help in this process).	(Yes/No)	No
08	Mode of purchase GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same)	(Available/Not available)	NA

INDENTOR

Signature..... *Sarama Saha*

Name *Dr. Sarama Saha*Designation..... *Additional Professor*

Date .....

Mobile No/ Pager .....

HEAD OF DEPARTMENT SECTION

Signature..... *Dr. Manisha Naithani*

Name *Dr. Manisha Naithani*Designation..... *Professor*

Date .....

Mobile No./Pager:.....

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**P-3 FORM**  
 (To be attached with P-2 form for Proprietary items)  
 AIIMS Rishikesh  
**PROPRIETARY ARTICLE CERTIFICATE**

It is certified that the items Filter Mouth Piece required in the P-2 form should be purchased M/S Vividus Medical to the best of my knowledge M/S M/S Vividus Medical are the sole manufacturer/ agents of the sole manufacturers M/S fishee

**Analysar Instrument GmpH**

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

*Sarama Saha*

(Sign of Indenter)

Dated

Designation

Department

डॉ. सरमा सहा  
 Dr. Sarama Saha  
 अपर - आचार्य /Additional Professor  
 जैव रसायन विभाग  
 Department of Biochemistry  
 एम्स कश्मीर AIIMS Rishikesh

Recommendation:

*MNS*

Signature of Head of Department/Section

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

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# Fischer ANalysen Instrumente GmbH

Fischer ANalysen Instrumente GmbH | Brahestraße 25-27 | 04347 Leipzig



TO WHOM IT MAY CONCERN IN INDIA

## Letter of Declaration

We, Fischer ANalysen Instrumente GmbH,  
Brahestraße 25-27  
04347 Leipzig  
Germany

are a proven and reputable manufacturer of the **Hydrogen Breath Test Analyzer LactoFAN2** and its accessories which includes filter mouthpieces LF2-AC-01.

We wish to inform you that we are the only company which manufacture filter mouthpieces LF2-AC-01 which are compatible and required with Hydrogen Breath Test Monitor LactoFAN2.

No other company manufactures this product. It is a proprietary item of Fischer ANalysen Instrumente GmbH, Germany.

The LactoFAN2 may only be used with filter mouthpieces LF2-AC-01, as only these mouthpieces provide the correct operation of the device and ensure the hygienic safety of the patient as claimed by us. This is also laid down in the Instructions for Use, which are the basis of our CE Mark.

Leipzig, 07.06.2023

Dr. Martin Schaich, Managing Director / CEO  
Fischer ANalysen Instrumente GmbH

Fischer ANalysen Instrumente GmbH  
Brahestraße 25 - 27 - 04347 Leipzig  
Tel. 0341 / 2 44 50 - 0 - Fax: 0341 / 2 44 50 - 22

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04347 Leipzig  
Telefon: 0341 2 44 50 - 0  
Telefax: 0341 2 44 50 - 22  
e-mail: fan@fan-gmbh.de  
internet: www.fan-gmbh.de

Geschäftsführer  
Dr. Martin Schaich  
Gerichtsstand Leipzig  
eingetragen AG Leipzig  
HRB: 3160

SWIFT BIC: DPRES333 IBAN: DE70 8605 0000 0165 3631 00

डॉ. निखा मिश्रा  
Dr. Nisha Naithani  
अध्यापिका / Professor  
जैव रसायन विभाग  
Department of Biochemistry  
एम्स रीशिकेश / AIIMS Rishikesh

Robab Kamlesh K  
BANKVERBINDUNG  
Kommunikationsbank Leipzig  
Konto-Nr.: 0 165 383 500  
BIC: 86050000

डॉ. सरमा साहू  
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एम्स रीशिकेश / AIIMS Rishikesh

Sararu Saha  
22/6/23