

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)	Total cost (Approx.)
RO PRE PACK	01	22420
RO POST DI PACK	01	33040
RO MEMBRANE PACK	01	53100
PRE FILTER SET	01	12980
ULTRA PACK I	01	18880
ULTRA PACK II	01	21240
0.22 MICRON FILTER	01	7080

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 & Research

If both, state % of time to be used for patient care: % of time to be used for research: **100%**

Is this/ similar equipment already available in the department? **No**

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? **No**

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.....

Name.....

Designation.....

Date.....

Phone/Pager

डॉ. पुनीत धमिजा /Dr. Puneet Dhamija
आचार्य
औषधि विज्ञान विभाग
Professor
Department of Pharmacology
एम्स, ऋषिकेश /AIIMS Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

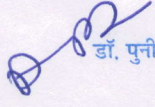
डॉ० एस. एस. हॉन्डू
Dr. S.S.HANDU(MD,DM)
आचार्य एवं विभागाध्यक्ष /Professor & Head
भेषजगुण विज्ञान विभाग /Deptt. of Pharmacology
एम्स ऋषिकेश /AIIMS Rishikesh

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

It is certified that the items (**RO PRE PACK, RO POST DI PACK, RO MEMBRANE PACK, PRE FILTER SET, ULTRA PACK I, ULTRA PACK II, 0.22 MICRON FILTER**) required in the P-2 form should be purchased from M/s **RIONS INDIA LAB WATER SYSTEMS PVT. LTD** to the best of my knowledge M/s **RIONS INDIA LAB WATER SYSTEMS PVT. LTD** are the sole manufacturer/agents of the sole manufacturers M/s **RIONS INDIA LAB WATER SYSTEMS PVT. LTD.**

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

1. Spare parts for the machine are required.
2. Spare parts manufactured by other firm will not fit in the machine.

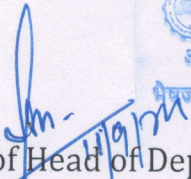
(Sign of Indenter)  डॉ. पुनीत धमिजा /Dr. Puneet Dhamija
 आचार्य Professor
 औषधि विज्ञान विभाग
 Department of Pharmacology
 एम्स, ऋषिकेश /AIIMS Rishikesh

Dated - 12.09.2024

Designation Professor

Department Pharmacology.

Recommendation:

 डॉ० एस. एस. हान्डू
 Dr. S.S.HANDU(MD,DM)
 आचार्य एवं विभागाध्यक्ष /Professor & Head
 औषध विज्ञान विभाग /Deptt. of Pharmacology
 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.