

AIIMS RISHIKESH

## INDENT FOR PURCHASE OF STORES

(FORM P-2)

- Please fill a separate form for each item
- 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 <sup>with</sup>	Total cost (approx) (with 12% GST INCLUDE)
01. HEMOLOK TAKEAPART ENDO L APPLIER 20°	01 NOS	75000.00	84000.00
02. HOL L ENDO APPLIER, 10MM, 45CM.	01 NOS	82000.00	91840.00
03. HOR ENDO APPLIER, M/L, 45CM;	01 NOS	141521.00	158503.52
04. HOL APPLIER ML 11" CVD.	01 NOS	25341.00	28381.92
05. HOL APPLIER LG 11" CVD.	01 NOS	17074.00	19122.88
06. HOL APPLIER L 11" RA.	01 NOS	17074.00	19122.88
07. HZ APPLIER MED 11" CVD.	01 NOS	6578.00	7367.36
08. HZ APPLIER MED 11" ANG.	01 NOS	6578.00	7367.36
09. HZ APPLIER ML 11" CVD.	01 NOS	6585.00	7375.20
10. HZ APPLIER ML 11" ANG.	01 NOS	6585.00	7375.20
11. HZ APPLIER SMALL WIDE 11" CVD.	01 NOS	6598.00	7389.76
12. HZ APPLIER LG 11" CVD.	01 NOS	6581.00	7370.72
13. HOL 5MM ENDO CLIP REMOVER	01 NOS	95000.00	106400.00
			5,51,616.80

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:

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

% of time to be used for

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: no  
 Revenue generated by this equipment in last year: no  
 If yes, what is the justification for this purchase? no  
 Is this/similar equipment available in an / other department in the Institute?  
 If yes, what is the justification for this purchase? no

4. For Consumables, please provide following information:

Description of stocks available no  
 When was it last purchased? In what quantity? Cost: no  
 Source  
 Test/ procedures done in this period: no  
 Revenue generated in this period: no  
 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 } na  
 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)

डॉ. लोकेश अरोड़ा / Dr. Lokesh Arora  
 सहायक आचार्य, Assistant Professor  
 शल्य जठरांत्र रोग विभाग  
 Department of Surgical Gastroenterology  
 एम्स, आर्य समाज आर्य समाज आर्य समाज  
 IMS, Rishikesh  
 INDENTOR  
 Signature.....  
 Name.. DR. LOKESH ARORA  
 Designation... ASST. PROFESSOR  
 Date.....  
 Phone/Pager

डॉ. निरंजन राज / Dr. Nirjan Raj  
 सहायक आचार्य / Assistant Professor  
 शल्य जठरांत्र रोग विभाग  
 Department of Surgical Gastroenterology  
 एम्स, आर्य समाज आर्य समाज आर्य समाज  
 IMS, Rishikesh  
 HEAD OF DEPARTMENT/SECTION  
 Signature.....  
 Name... DR. NIRJAN RAJ RAKESH  
 Designation... ASST. PROFESSOR  
 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 (THIRTEEN ITEMS MENTIONED ON P2 FORM) required in the P-2 form should be purchased from M/s. TELEFLEX MEDICAL. To the best of my knowledge M/s. TELEFLEX MEDICAL are the sole manufacturer/agents of the sole manufacturers M/s. TELEFLEX MEDICAL.

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

डा० लोकेश अरोरा / Dr. Lokesh Arora  
सहायक-आचार्य / Assistant Professor  
शल्य जठरांत्र रोग विभाग  
Department of Surgical Gastroenterology  
एम्स ऋषिकेश / AIIMS, Rishikesh

(Sign of Indenter)

Dated : 08/02/2024

Designation ASSISTANT PROFESSOR

Department SURGICAL GASTROENTEROLOGY

डा० सुनीता सुमन / Dr. Sunita Suman  
सहायक-आचार्य / Assistant Professor  
शल्य जठरांत्र रोग विभाग  
Department of Surgical Gastroenterology  
एम्स ऋषिकेश / AIIMS, Rishikesh

Recommendation: 08/02/2024

डा० निरंजन राज राकेश  
Dr. Nirjhar Raj Rakesh  
सह-आचार्य / Associate Professor  
शल्य जठरांत्र रोग विभाग  
Department of Surgical Gastroenterology  
एम्स ऋषिकेश / AIIMS, Rishikesh

Signature of Head/Assistant Head/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.