

# 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) (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
Total			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 of 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

INDENTOR शल्य जठरांत्र रोग विभाग  
Department of Surgical Gastroenterology

एम्स, रुड़की / AIIMS Rishikesh

Signature.....

Name... DR. LOKESH ARORA

Designation... ASST. PROFESSOR

Date.....

Phone/Pager

डॉ. निरभर राज / Dr. Nirhar Raj

सहायक आचार्य / Assistant Professor

HEAD OF DEPARTMENT/SECTION

शल्य जठरांत्र रोग विभाग  
Department of Surgical Gastroenterology

एम्स, रुड़की / AIIMS, Rishikesh

Signature.....

Name... DR. NIRHAR RAJ RAKESH

Designation... ASST. PROFESSOR

Stamp.....

Stamp.....





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	Remark
1	Manpower availability	(Yes/ No) ✓	
2	Space availability	(Yes/ No) ✓	
3	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	(Yes/ No) ✓	
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) ✓	
5	Approved in Assessment Committee or Not.	(Yes/ No)	
6	If Item cost is above or equal to 30 laes, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/ No) ✓	
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No) ✓	
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Fender (Specification should be same).	(Available/ Not available) ✓	NOT AVAILABLE IN GEM

INDENTOR: **डॉ. लोकेश अरोड़ा / Dr. Lokesh Arora**  
 सहायक आचार्य / Assistant Professor  
 शल्य जठरांत्र रोग विभाग  
 Department of Surgical Gastroenterology  
 एम्स, ऋषिकेश / AIIMS Rishikesh

Name: **DR. LOKESH ARORA**  
 Designation: **ASST. PROFESSOR**  
 Department: **SURGICAL GASTROENTEROLOGY**

Date: **06/10/2023**

Mobile No./ Pager: .....

HEAD OF DEPARTMENT/ SECTION  
 सहायक आचार्य / Assistant Professor  
 शल्य जठरांत्र रोग विभाग  
 Department of Surgical Gastroenterology  
 एम्स, ऋषिकेश / AIIMS, Rishikesh

Name: **DR. NIRSHAR RAJ RAKESH**  
 Designation: **ASST. PROFESSOR**  
 Department: **SURGICAL GASTROENTEROLOGY**

Date: **06/10/2023**

Mobile/Pager: .....



## 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:-

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

(Sign of Indenter)

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

Dated : 08/02/2024

Designation ASSISTANT PROFESSOR

Department SURGICAL GASTROENTEROLOGY

Recommendation: 08/02/2024

डॉ निरज 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 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.