

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)
Inj Durvalumab Inj 500mg / 10ml	18 Pcs	1,15,772.27 + GST	= 2083900.00 = 2083901.00 + GST
Inj Durvalumab 120mg / 2.4 ml	10 Pcs	27,9785.10 + GST	= 277851.00 + GST
		RS 2361752.00 + GST	

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:

M/A

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:

MIA

If yes, what is the justification for this purchase?

Is this/similar equipment available in any 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

When was it last purchased?

In what quantity? 06

Cost; 1,55,598

Source M/s Anant Pharmacy

Test/ procedures done in this period:

Revenue generated in this period:

Average annual consumption

Shelf life Variable

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

MIA

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

HEAD OF DEPARTMENT/SECTION

ditch PTA

Signature.....

Signature.....

Name..... 19/12/23

Name.....

Designation..... Stores Officer

Designation..... सहाय स्टॉक प्रबन्धन प्रभारी

Date.....

Stamp..... फार्मली स्टॉक, एम. एडि. कोश

Date.....

Stamp.....



Annexure - A

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) MIA	
5	Approved in Assessment Committee or Not.	(Yes/ No) MIA	
6	If Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/ No) MIA	
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/Tender (Specification should be same).	(Available/ Not available) ✓	Not available on GeM

INDENTOR

HEAD OD DEPARTMENT/ SECTION

Signature:

Signature:

Name: 1911223

Name:

Designation: Stores Director

Designation: संचाय स्टॉक प्रबन्धन प्रभारी

Department: All India Institute of Medical Sciences
Rishikesh (U.K.) - 249203

Department: फार्मसी स्टोर, एम्स ऋषिकेश

Date:

Date:

Mobile No./ Pager:

Mobile/Pager:

6. For use of Central Store

Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate (per un t)	Source	Stock in hand
	EHS	06	155598 + GST	M/S Ammit Pharmeg	03

pharmacist - *alok*
Store Keeper *PH*
Date

datob
Store Technical Assistant
Date

Deep
Store Purchase Officer
Date 19/12/23

Stores Officer
All India Institute of Medical Sciences
Rishikesh (U.K.) - 243203

7. For use of Purchase Section

Method of purchase recommended:

Single tender/ limited tender/ open tender/ DI/UP-CMSD/DGS&D Rate Running Contract/ Local Cash Purchase / *GPR 166 C11*

JD MM

Date

Tender/ Enquiry No.

Date

Supply Order No.

Date

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

(C Inj) Durvalumab 500mg/10ml and 120mg/2.4ml)
 It is certified that the items (Imfinzi 120mg and Imfinzi 500mg.....)
 required in the P-2 form should be purchased from M/s. AstraZeneca Pharma India Ltd To
 the best of my knowledge M/s. AstraZeneca Pharma India Ltd New Delhi are the
 sole manufacturer/agents of the sole manufacturers M/s.....

Similar items manufactured by other firm(s) shall not be suitable for our purpose
 for the following reasons:- NA, as drug is solely manufactured by AstraZen

(Sign of Indenter)

Dated

14 Dec 2023

Designation

डॉ० अमित सहरावत/ Dr. Amit Sehrawat

MD (Med.), DNB (Med. Onco) MCI-08/32303

सह - आचार्य / Associate Professor

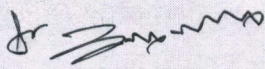
Department

कैंसर चिकित्सा रूधिर विज्ञान विभाग

Department of Medical Oncology Haematology

एमएस ऋषिकेश/ AIIMS Rishikesh

Recommendat on:



Dr. Uttam Kumar Nath (MD, DM)

आचार्य एवं विभागाध्यक्ष / Professor & Head

कैंसर चिकित्सा रूधिर विज्ञान विभाग

Department of Medical Oncology Haematology

एमएस 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.