

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	Total cost (approx)
1. KARL STORZ HOPKINS TELESCOPE 0°, 4.5 mm, 50 cm.	01 Pcs.	2,00,207.00	2,24,231.84 INR (12% GST)
• Total Price with main Product			2,00,207.00 INR
• Total Tax Amount			24,024.84 INR (+)
• Exchange Amount			50,000.00 INR (-)
• Total value after Inclusion of Tax			1,74,231.84 INR

- For equipment, please provide the following information

Detailed description of the actual use of the equipment

equipment used in Rigid Bronchoscopy Cases

Is the equipment to be used for patient care or research:

Yes used for Pt. Care as well as research purpose.

Is this/ similar equipment already available in the department? *Yes*

When purchased? *2-11-2018* Cost at that time: *244,125.00* Present functional status: *Not functional*

Tests/ procedures done on this equipment in last year: *200 Approx*

Revenue generated by this equipment in last year: *100000 Approx*

If yes, what is the justification for this purchase? *For advanced Interventional Pulmonology Procedures.*

Is this/similar equipment available in an / other department in the Institute? *NO*

If yes, what is the justification for this purchase? *NO*

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..... *Dr. Mayank Mishra*

Designation..... *Add. Professor*

Date..... *01/05/23*

HEAD OF DEPARTMENT/SECTION

Signature.....

Name..... *Girish Sindhvani*

Designation..... *Professor & HOD*

Stamp.....
 Dr. Girish Sindhvani / Dr. Girish Sindhvani
 आचार्य एवं विभागाध्यक्ष, फेलोशिप मेडिसिन
 Professor & Head, Pulmonary Medicine
 एम्स, रायचूर / AIIMS, Raichur

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) ✓	company specific KARL STORZ Compatible only
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 lacs, 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 L.PC/Tender (Specification should be same).	(Available/Not available) ✓	Not available in Gem Portal

INDENTOR

Signature

Name: Dr. Mayank Mishra

Designation: Add. Professor

Department: Pulmonary Medicine

Date: 01/05/23

Mobile No./ Pager: 9058788799

HEAD OD DEPARTMENT/ SECTION

Signature

Name: Dr. Gurish Sindhurani

Designation: Prof. W.H.O.D

Department: Pulmonary Medicine

Date: 01/05/23

Mobile/Pager: 7895050321



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- 249203
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH- 249203

Form P-3

(To be attached with form P-2 for purchase of Proprietary Articles)

PROPRIETARY ARTICLE CERTIFICATE

It is to certify that the item(s) KARL STORZ HOPKINS
TELESCOPE 0°, 4.5 mm, 50cm (item name) as mentioned in Form P-2
may be purchased from M/s KARL STORZ (manufacturer/supplier name), as to the best
of my knowledge, M/s KARL STORZ (LIFE CARE MEDISURG) are the sole manufacturer/
manufacturer M/s KARL STORZ (LIFE CARE MEDISURG) (manufacturer name) of above said equipment/ item.
(LIFE CARE MEDISURG)

Further, it is to certify that similar items manufactured by other firm(s) shall not be suitable for
our purpose because of below mentioned reasons:

1. Genuine Parts supplied by only M/S KARL STORZ.
2. Compatibility issues from other manufacturers.
3. Service of the equipment given by M/S KARL STORZ only.

Indenter Signature:

Indenter Name:

Designation:

Department:

Date:

Recommendation:

Signature of Head of Department/Section

डॉ. गिरिश सिंघवानी / Dr. Girish Sindhwani
आचार्य एवं विभागाध्यक्ष, फेलोशिप मेडिसिन
Professor & Head, Pulmonary Medicine
एमएस, ऋषिकेश / AIIMS, Rishikesh

Note: The indenter, before recording the above certificate should satisfy himself that the article
is genuinely of proprietary nature and is manufactured under patent laws.