

## P-3 FORM

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

AIIMS Rishikesh

## PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items Hopkins Telescope 0°, 4mm, 18cm  
 required in the P-2 form should be purchased/repaired from M/s LIFECARE MEDISURG  
 the best of my knowledge M/s LIFECARE MEDISURG are the  
 sole manufacturer/agents of the sole manufacturers M/s KARL STORZ ENDOSCOPY  
INDIA PVT. LTD.

Similar items manufactured by other firm(s) shall not be suitable for our purpose  
 for the following reasons:- Due to compatibility issue with the  
Complete system.

Rishi Kulddeep

(Sign of Indenter)

Dated - 03/06/2024Designation - OT InchargeDepartment - Neurosurgery

Dr. Saravanan S  
 डॉ० सरवानन स./Dr. Saravanan S  
 सह- आचार्य/ Associate Professor  
 तंत्रिका शल्य चिकित्सा विभाग  
 Department of Neurosurgery  
 एम्स ऋषिकेश /AIIMS, Rishikesh

Recommendation:

Dr. Rishish Kumar Arora  
 डॉ० रजनीश कुमार अरोडा  
 अपर-आचार्य एवं विभागाध्यक्ष  
 Additional Professor & Head  
 तंत्रिका शल्य चिकित्सा विभाग  
 Department of Neurosurgery  
 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.

**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 INR	Total cost (approx)
'Repair / Replacement of Hopkins Telescope 0°, 4mm, 18cm.'	01 (one)	1,46,246	1,46,246

*Prof. Kuldeep  
Neurosurgery  
OT Incharge)*

*डा. रजनीश कुमार अरोड़ा*  
Dr. R. Jinish Kumar Arora  
अपर-आचार्य एवं विभागाध्यक्ष  
Additional Professor & Head  
तंत्रिका शाल्य चिकित्सा विभाग  
Department of Neurosurgery  
आर्य कर्मिकेश / AIIMS Rishikesh

**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: *For patient Care*

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

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

When purchased? *2018* Cost at that time: *Approx. 1,98,900 (INR)* Present functional status: *NOT WORKING*  
Tests/ procedures done on this equipment in last year:

Revenue generated by this equipment in last year: *NA*

If yes, what is the justification for this purchase? *REPAIR/REPLACEMENT*

Is this/similar equipment available in any other department in the Institute? *YES (ENT)*

If yes, what is the justification for this purchase? *Same equipment can not be used by both the Depts. on the same day simultaneously.*

**4. For Consumables, please provide following information: - NA**

information: 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: NA**

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

**6. For use of Central Store**

Details of last purchase of this item

Date/Reference	Indentor/Dept.	Quantity	Rate (per unit)	Source	Stock in hand

Store Keeper  
DateStore Technical Assistant  
DateStore Purchase Officer  
Date**7. For use of Purchase Section:**

Method of purchase recommended:

Single tender/ limited tender/ open tender/ DI/UP-CMSD/DGS&amp;D Rate Running Contract/ Local Cash Purchase

JD MM

Date

Tender/ Enquiry No.

Supply Order No.

Date

Date

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

डॉ० रजनीश कुमार अरोड़ा  
Dr. R. Jinish Kumar Arora  
अपर-आचार्य एवं विभागाध्यक्ष  
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Department of Neurosurgery  
एम्स ऋषिकेश /AIIMS, Rishikesh

INDENTOR  
Signature.....  
Name.....  
Designation.....  
Date.....

HEAD OF DEPARTMENT/SECTION  
Signature.....  
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