

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)/ Year	Cost per unit (approx) in foreign currency and Rupees	Total cost (approx)
Calf (M)	720 Pair	₹ 1900.00	₹ 13,68,000.00
Calf (L)	720 Pair	₹ 2000.00	₹ 14,40,000.00
Thigh + Calf (M) Garment	720 Pair	₹ 2300.00	₹ 16,56,000.00
Thigh + Calf (L) Garment	720 Pair	₹ 2400.00	₹ 17,28,000.00
Foot Garments	365 Pair	₹ 1200.00	₹ 4,38,000.00
GST (12%)			₹ 7,95,600.00
Total Amount(including tax)			₹ 74,25,600.00

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 research

77727/2023/14

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:

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? 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:

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. Assistant Professor

Date.....

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

विभागाध्यक्ष / Head of Department
आपातकाल चिकित्सा विभाग
Department of Emergency Medicine
एम्स ऋषिकेश / AIIMS Rishikesh

6. **For use of Central Store**

Details of last purchase of this item

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

Store Keeper
Date

Store Technical Assistant
Date

Store Purchase Officer
Date

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

JD MM

Date

Tender/ Enquiry No.

Date

Supply Order No.

Date

Annexure -A



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201
अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिके 1-249201

ATTACHED WITH FORM-P2

Please ensure following points with Form-P2 along with your request letter for procurement:

Sl. No	Required field	Whether fulfilled the criteria	Remark
1.	Manpower availability	(Yes/No)	Yes
2.	Space availability	(Yes/No)	Yes
3.	Whether specifications are generic, not of same company or brand specific (should have priority for make in India products)	(Yes/No)	Yes
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)	NA
5.	Approved in Assessment committee or Not	(Yes/No)	Yes
6.	If item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/No)	NA
7.	Letter of External Expert & DGHS should be routed through Director Office only (BME will help in this process).	(Yes/No)	NA
8.	Mode of purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same)	(Yes/No)	Not Available in GeM

INDENTOR

Signature.....

Name.....

Designation.....

Department.....

Date.....

Mobile No/Pager.....

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Department.....

Date.....

Mobile No/Pager.....

डॉ. वी. नागब्रामायण
Dr. V. Nagabramayam
सह-आचार्य / Associate Professor
आपातकालीन चिकित्सा विभाग
Emergency Medicine
रिश्किश
Rishikesh

डॉ. निधि कौल / Dr. Nidhi Kaer
विभागाध्यक्ष / Head of Department
आपात चिकित्सा विभाग
Department of Emergency
रिश्किश / AllMS Rishikesh
Emergency Medicine

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (**Item Nr.01 to Item Nr.5**) required in the P-2 form should be purchased from **M/s. MHS Medicare India Pvt. Ltd.**, to the best of my knowledge **M/s. MHS Medicare India Ltd., UK** is the sole manufacturer **M/s. Wonjin Mulsan Co. Ltd., Korea**

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

As there are no manufacturers of consumables for DVT Pump Model DVT excepts M/s. Wonjin Mulsan Co. Ltd. , Korea as of today in the world.

(Sign of Indenter)

Dated:

Designation: Associate Professor

Department: Emergency Medicine

Recommendation:

Nidhi Kaeley
 निधि कैले / Dr. Nidhi Kaeley
 विभागाध्यक्ष / Head of Department
 अतःकाल चिकित्सा विभाग
 Department of Emergency Medicine
 एम्स रुड़िकेश / AIIMS Rishikesh

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