

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.

S. No.	Name of items with full specifications & required accessories Tender for Consumables Rions	Qty.	Price/Unit Without GST	GST	Amount (Incl. GST)
1	R.O Pre pack	2	19000.00	18%	44840
2	R.O Post DI pack	2	28000.00	18%	66080
3	R.O Membrane pack	2	45000.00	18%	106200
4	Super Charge	6	14000.00	18%	99120
5	Pre Filter Set	2	11000.00	18%	25960
6	R.O Membrane for Prefill	15	11000.00	18%	194700
7	363 Booster Pump.	2	14000.00	18%	33040
8	Prefill Booster Pump.	6	8500.00	18%	60180
9	SMPS 24 V	6	9500.00	18%	67260
Total					697380

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

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:

M

Qaid

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 **NA**

When was it last purchased? **FIRST TIME PURCHASE** In what quantity? Cost;

Source

Test/ procedures done in this period: **NA**

Revenue generated in this period:

Average annual consumption **Annexure-1**

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... **Dr. Bela Goyal**...

Designation... **Associate Professor**

Date... **23-07-2022**.....

HEAD OF DEPARTMENT/SECTION

Signature.....

Name... **Dr. Anissa Atif Mirza**...

Designation... **Professor & Head**

डॉ० अनिसा अतिफ मिर्जा / Dr. Anissa Atif Mirza
 प्रोफेसर एवं विभागाध्यक्ष / Professor & Head
 रीशिकेश विभाग / Department of Biochemistry

एम्स रीशिकेश / AIIMS Rishikesh

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)	Yes
2	Space availability	(Yes/ No)	Yes
3	Whether specifications are generic, not of some 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)	Yes
5	Approved in Assessment Committee or Not.	(Yes/ No)	No
6	If Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/ No)	No
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No)	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)	NA

INDENTOR

Signature.....

Name: Dr. Bela Goyal.....

Designation: Associate Professor.....

Department: Biochemistry.....

Date: 23-07-2022.....

Mobile No./ Pager:.....

HEAD OF DEPARTMENT/ SECTION

Signature.....

Name: Dr. Anissa AH/ Mirza.....

Designation: Professor & Head.....

Department: Biochemistry.....

Date: 23-07-2022.....

Mobile No./ Pager:.....

Dr. Anissa AH/ Mirza
सहसंचालक एवं विभागाध्यक्ष
सो. & Headके.ए. रत्नम विभाग /Department of Biochemistry
एम्स ऋषिकेश /AIIMS Rishikesh

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items
 (..... items attached in P2 form) required in the P-2 form
 should be purchased from M/s..... Rions India Lab water To the best of my
 knowledge M/s..... Rions India Lab water system are the sole
 manufacturer/agents of the sole manufacturers
 M/s..... Rions India Lab water system .

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



(Sign of Indenter)

Dated 25/7/22Designation Associate ProfessorDepartment Biochemistry

Recommendation:



डॉ० अनिसा आतिफ मिर्जा /Dr. Anissa Atif Mirza
 आचार्य एवं विभागाध्यक्ष | Professor & Head
 केम रसायन विभाग /Department of Biochemistry
 एम्स ऋषिकेश /AIIMS Rishikesh

PROPRIETARY CERTIFICATE

OUR REF NO: R/048/QN/RI/22-23

DATED: 02-05-2022

TO,
 THE DIRECTOR,
 DEPARTMENT OF BIOCHEMISTRY,
 AIIMS, RISHIKESH

SUBJECT: CONSUMABLE FILTERS FOR RIONS LAB WATER PURIFICATION SYSTEM
(SRL NO.: 3631805/ 3641798/ 3641801)

"We hereby certify that the item quoted in our above mentioned quotation for are proprietary items of **M/S RIONS INDIA** and only these can be used in this system."

Signature:


 Designation: Sales Coordinator









डॉ० अनिसा अतिफा मिर्जा / Dr. Anisa Atif Mirza
 आचार्य एवं विभागाध्यक्ष / Professor & Head
 रसायन विभाग / Department of Biochemistry
 एम्स ऋषिकेश / AIIMS Rishikesh