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) (pcs)	Cost per unit (approx.) in foreign currency and Rupees	Total cost (approx.)
Cordless Ultrasonic Dissector SCDA13 Curved Jaw 13 CM.	24 Nos	50000.00	1200000.00
2 Cordless Ultrasonic Dissector SCDA26 Curved Jaw 26 CM.	24 Nos	50000.00	1200000.00
Cordless Ultrasonic Dissector SCDA39 Curved Jaw 39 CM.	24 Nos	50000.00	1200000.00
	N. V	Total	3600000.00
		GST 12% Extra.	432000.00
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Succession of change of the supplied			
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esgnarion. Assistant Professor		decelor 2 IncreiseA 100	
		2,5017013	E 950
		1	
	Grand Total A	Amount (approx.):	₹ 4032000/-

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 of research:

15 (1115) Sillinal Equipment	Is this	similar equipment already available	e in the	department?	-14
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Cost at that time: Present functional status: Tests/ procedures done on this When purchased? equipment in last year:

Revenue generated by this equipment in last year: ____

If yes, what is the justification for this purchase? An additional slide warming plate is needed due to the increased number of cases and also as a backup.

Is this/similar equipment available in any other department in the Institute?

If yes, what is the justification for this purchase?

For Consumables, please provide the following information:

Description of stocks available: As per point 6.

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:

For furniture, please provide the following information: 5.

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 केश असोड़ा | Dr. Lokesh Arora Signature Department ALIMS Rishikesh

Name: Dr. Lokesh Arora

Designation. Assistant Professor

Date...31/10/2023.....

Name: Dr. Amrita Gaurav

Date...31/10/2023.....

Designation. Associate Professor

HEAD OF DEPARTMENT/SECTIONOR. N

Surgical Gastroenterology

Name. Dr. Nirjhar Raj Rakesh

Designation. Assistant Professor

Stamp.....

Signature.....

Name: Dr. Jaya Chaturvedi Designation. Professor & HOD BAT/AIIMS, RISHIKES

Stamp.....

P-3 FORM

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

AIIMS Rishikesh

PROPRIETORY ARTICLE CERTIFICATE

1. ULTRASON DISSECT SCOALS, CURVED JAW 13CM. (CORDLESS) 2. ULTRASON DISSECT SCDAZE, CURVED JAW 26 CM (COROLESS) It is certified that the items (.. 3: ULTRASON DISSECT SCDA39, CURVED JAW 39 CM. (GORD LESS)

required in the P-2 form should be purchased from M/s... INDIA MEDTRONICS PVT. LTD. To the best of my knowledge M/s. INDIA MEDTRONICS PUT. LTD. are the sole manufacturer/agents of the sole manufacturers M/s...INDIA MEDTRONICS PVT. LTD.

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

(Sign of Indenter)

: 301/10/2023 Dated

Designation . ASSISTANT PROFESSOR

Department : SURGICAL GASTRO ENTEROLOGY

Recommendation:

डॉ. निर्देश राज IDr. Nirjhar Raj सहायक आचार्य IAssistant Professor शल्य अक्तंत्र रोग विभाग शल्य जा विभाग शल्य Surgical Gastroenterology nment of Surgical Gastroenterology एम्स ऋषिजीवार्गित Rishikesh एम्स ऋषिजीवार्गित स्वापित स्वापित

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