

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 foreign currency and Rupees	Total cost (approx)
① cepherd x bent CBMAAT MTB/RIF Cartridge (50 test)	20	62,600	1252000
Total —		1252000 /—	
CST (12%) —		150290 /—	
Grand total		<hr/> 1402290 /—	

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:

/ HIA

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:

MIA

If yes, what is the justification for this purchase?

Is this/similar equipment available in an / 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

MIA

When was it last purchased?

In what quantity?

Cost;

Source

Test/ procedures done in this period:

50 test (1 cartridge) Received

Revenue generated in this period:

by state government. Oct-23.

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

MIA

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.....

Handwritten signature of Dr. Amber Prasad

Name.....

Dr. Amber Prasad
सहायक आचार्य/Assistant Professor
जीव विज्ञान/Microbiology
एम्स, राविकेश/AMMS-Ravikesh

Date.....

HEAD OF DEPARTMENT/SECTION

Signature.....

Handwritten signature of Dr. Shaukh H Hendy

Name.....

Dr. Shaukh H Hendy

Designation.....

Professor & Head

Stamp.....



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)	NIA
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)	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)	Available

INDENTOR

Signature: _____

Name: _____

Designation: _____

Department: _____

Date: _____

Mobile No./ Pager: _____

HEAD OF DEPARTMENT/ SECTION

Signature: _____

Name: _____

Designation: _____

Department: _____

Date: _____

Mobile/Pager: _____

Dr. Amber Prasad
25/11/23

डॉ. अम्बर प्रसाद
Dr. Amber Prasad
सहायक आचार्य/Assistant Professor
एम्स, ऋषिकेश/AIIMS Rishikesh

Dr. Shailendra Handy
25/11/23

Dr. Shailendra Handy
Professor & Head
Microbiology

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (...CBNAAT MTB / RIF Cartridge.....) required in the P-2 form should be purchased from M/s...Cepheid India Pvt Ltd. To the best of my knowledge M/s...Cepheid India Pvt Ltd are the sole manufacturer/agents of the sole manufacturers M/s...Cepheid India Pvt Ltd

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

No other manufacturer is available for the above mentioned cartridges.

AW
 डॉ. अम्बर प्रसाद
 Dr. Amber Prasad
 सहायक आचार्य/Assistant Professor
 सूक्ष्मजीव विज्ञान/Microbiology
 विभाग/Department of Microbiology
 AIIMS Rishikesh

(Sign of Indenter)
 Dated 05/02/24

Designation ASSOCIATE PROF.

Department MICROBIOLOGY

Recommendation:

for HD
बलराम जी अमर (M.D.)
5 Feb 2024
 डॉ. बलराम जी अमर (M.D.)
 आचार्य /Professor
 सूक्ष्मजीव विज्ञान विभाग
 Department of Microbiology
 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.