

AIIMS RISHIKESH
INDENT FOR PURCHASE OF STORES(FORM P-2)

S.N	ITEM NAME	REQUIRED QTY	Unit Price	total
1	SPO2 INTERMEDIATE CABLE	10	16298	162980
2	SPO2 SENSOR ADULT	10	8000	80000
3	SPO2 SENSOR PEAD	1	8000	8000
4	MULTIMED CABLE	1	51616	51616
5	SPO2 NELLCOR SMART POD	1	150000	150000
6	ECG -5 LEAD	10	17352	173520
7	IBP CABLE	1	5600	5600
8	IBP Y CABLE	1	19416	19416
9	NIBP EXENTION HOSE	10	6650	66500
10	TEMPRATURE PROBE NASAL Adult	10	17213	172130
11	TEMPRATURE PROBE PEAD Nasal	10	16856	168560
12	TEMPRATURE PROBE SKIN Adult	10	20421	204210
13	TEMPRATURE PROBE SKIN Pead	10	19000	190000
14	BIS SENSOR	25	46563	1164075
15	BIS SENSOR PEAD	25	50625	1265625
16	Y CABLE , REUSABLE 7 PIN CONNECTOR FOR TEMPERATURE PROBE	10	22024	220240

17	SPRIROLOG FLOW SENSOR (Each box content 5pcs)	50	11440	572000
18	D/S Anaesthesia Circuit	25	650	16250
19	WATER LOCK	20	23309	466180
20	SAMPLE LINE SET	25	2811	70275
21	NIBP CUFF XS	10	2920	29200
22	NIBP CUFF S	10	2920	29200
23	NIBP CUFF M	10	2920	29200
24	NIBP CUFF L	10	3663	36630
25	NIBP CUFF XL	10	4318	43180
26	Temperature Probe cover	4	2548	10192
27	Primus 3yr Service set	15	83812	1257180
	Grand Total			6661959

GST extra as applicable

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
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: Yes

If both, state % of time to be used for patient care: Equal % 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:

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 - First Time Purchase

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 year

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)

INDENTORS

Signature Maqsood

Name: **Maqsood alam**

Designation: Technical supervisor

Department: Anaesthesia

Date: 28/10/23

HEAD OF DEPARTMENT

Signature Sanjay Agarwal

Name: Dr Sanjay Agarwal

Designation: Prof and HOD

Department: Anaesthesia

Stamp

AGARWAL
28/10/23
Department of Anaesthesia
Rishikesh

P-3 Form
(to be attached with P-2 form for Proprietary Item)
AIIMS Rishikesh
PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Mentioned in P-2 Form) required in the P-2 form should be purchased from M/S Draeger India PVT Ltd to the best of my knowledge M/S SBL Medical systems are the sole manufacturer / agents of the sole manufacturers M/S. Draeger India PVT Ltd

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

(Sign of the Indenter) 

Dated –

24/11/23


Designation –

Teacher of Ana

Department –

Anesthesia

Recommend at on:-


 Ranjay Agrawal
 Professor of Anaesthesiology
 AIIMS, Rishikesh
 25/11/23

Signature of the Head of the 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.

Ref No. DIPL/CORP/2023/191

Date:11/10/2023

To,
The Director,
All India Institute of Medical Sciences,
Rishikesh.

Proprietary cum Price Certificate

This is to certify that the rates quoted by us is lowest and are not more than the rates charged to any other government institute/ Semi Govt./ Autonomous bodies/ DGS&D, New Delhi. These items are proprietary in nature and are meant for Draeger equipment's only & no other make is compatible.

Yours Truly,

For Draeger India Pvt. Ltd.



Authorized Signatory

REGISTERED OFFICE

Draeger India Private Limited
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Email: customercareindia@draeger.com
www.draeger.com

WAREHOUSE

Draeger India Private Limited
Shed No. 6, Survey No. 42,
Village Deodal, Taluka: Vasai,
District: Palghar,
Maharashtra - 401 208

BRANCH OFFICES

Ahmedabad | Bengaluru | Chennai
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