

# 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.

Sno.	Name of items with full specifications & required accessories	Pack size	Quantity (in figures and words)	Cost per unit (approx) in foreign currency and Rupees	Total cost (approx)
1.	CAT No. 561164 CD20 V450	50 tests	1 (one)	18899	18899
2.	CAT no. 560779 CD45 V500	25 tests	2 (two)	19115	38230
3.	CAT no. 347203 CD34 PerCP-Cy5.5	50 tests	1 (one)	28535	28535
4.	CAT no. 340923 CD10 APC	100 tests	1 (one)	50006	50006
5.	CAT no. 560728 CD19 PE-Cy7	50 tests	1 (one)	22678	22678
6.	CAT no. 656646 CD38-APCH7	100 tests	1 (one)	50437	50437
<b>Total</b>					<b>2,08,785 + GST</b>

### **3. For equipment, please provide the following information**

Detailed description of the actual use of the equipment : **N.A**

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:

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 back up.

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: **NIL**

When was it last purchased? **NA** In what quantity? **NA** Cost; **NA**

Source **NA**

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

Revenue generated in this period: **NA**

Average annual consumption: **NA**

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: **NA**

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.....

Date.....

Phone/Pager

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

**6. For use of Central Store**

Details of last purchase of this item - *First time purchase.*

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

Store Keeper *Kehar*  
Date *03/06/22*

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

**P-3 FORM**

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

**AIIMS Rishikesh**

**PROPRIETARY ARTICLE CERTIFICATE**

It is certified that the items (.....**Serial no. 1 to 7.....**) required in the P-2 form should be purchased from **M/s Dasure Healthcare Services, Dehradun...** To the best of my knowledge **M/s Becton Dickinson India Pvt Ltd.....**are the sole manufacturer/agents of the sole manufacturers.

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

***These antibodies have been standardized and recommended by the Euroflow panel for Acute Leukemia Immunophenotyping. We wish to follow the Euroflow panel for Acute leukemia immunophenotyping by flowcytometry and hence require these antibodies to be procured from BD Life Sciences as proprietary items.***

(Sign of Indenter)

Dated **31-05-2022**.

Designation **Additional Professor**

Department **Pathology**

Recommendation:

Signature of Head of Department/Section

**विभागाध्यक्ष**  
**Head of Department**  
**विज्ञान एवं प्रयोगशाला चिकित्सा**  
**Pathology & Medicine**  
**एम्स रुषिकेश / 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.