

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 with GST	Total cost (approx)
① Matrix HCCA (10 tubes/ Pack)	01	95000	95000
② BTS (Bacterial test standard) (5 tubes/ Pack)	01	120000	120000
Total incubator GST/-		215000	/

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:

/ N/A

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?

/ N/A

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 N/A

When was it last purchased?

In what quantity?

Cost:

Source

Consumables supplied FOC with the equipment MALDI-TOF

Test/ procedures done in this period:

Revenue generated in this period:

Average annual consumption / N/A

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

/ N/A

Possible sources (name all sources you know) from where item may be obtained (name, address, phone no, fax no, email, etc of contact person)

Signature of SINDENTOR

SINDENTOR

Signature.....

Name.....

Designation.....

Date.....

Dr. BALRAM JI CHAKRABORTY
Department of Microbiology
AIIMS

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

Signature: 21/07/2022

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (~~Matrix HCA~~ / BTS) required in the P-2 form should be purchased from M/s. Bruker Daltonik GmbH, Germany To the best of my knowledge M/s. Bruker Daltonik GmbH, Germany are the sole manufacturer/agents of the sole manufacturers M/s. Bruker Daltonik GmbH, Germany

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

- 1 - No other manufacturer makes these consumables for Bruker MALDI-TOF System

(Sign of Indenter)

Dated

Designation

Department

[Handwritten Signature]
27.7.2022
Dr. BAL RAM JI OMAR (M.D.)
आचार्य / Professor
सूक्ष्मजीव विज्ञान विभाग
Department of Microbiology
एम्स ऋषिकेश / AIIMS, Rishikesh

Recommendation:

[Handwritten Signature]

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.