

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.

Sr. No.	Name of items with full specifications & required accessories	Quantity(in figures and words)	Unit price (approx.) in rupees	Total Cost (approx.) in rupees
1.	TSCD wafers Product code: SC*W017 (To be used along with sterile connecting device) Pack Size: 140 pcs/pack	5600 pcs (40 Pack)	₹ 140/-	₹ 7,84,000.00
Total Amount (Including GST@18%)				₹ 9,25,120/-

3. For equipment, please provide the following information: N/A

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care of 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?

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? January 2020 In what quantity? 20 Pack.

Cost; ₹ 4,46,040/-

Source: under proprietary article GFR-166

Test/ procedures done in this period: 2800

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:

5. For furniture, please provide the following information : N/A

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

Signature..... *Ashish Jain*

Name. Dr. Ashish Jain

Designation Assistant Professor

Date..... 10/05/2022

Phone/Pager.....

डॉ. आशीष जैन / Dr. Ashish Jain
 सहायक प्राध्यापक / Assistant Professor
 रक्तदान चिकित्सा एवं रक्तकोष विभाग
 Department of Transfusion Medicine and Blood Bank
 एम्स ऋषिकेश / AIIMS Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature..... *for Gita Negi*

Name...Dr. Gita Negi.

Designation Professor & Head

Stamp....Transfusion Medicine
 AIIMS, Rishikesh

Head of Department
 Transfusion Medicine
 AIIMS, Rishikesh

6. For use of Central Store

Details of last purchase of this item - TSCD Wafers for sterile connecting device

Date/Reference	Indentor/Deptt	Quantity	Rate (per unit)	Source	Stock in hand
1. 42/65/2016 (Risk)/ H. Store/Diag. Store/184 Date - 27/01/2020 M/S Equipment Point, Delhi	Transfusion Medicine & Blood Bank	20 Box (2800 wafers)	135/pc	M/S Equipment Point, Delhi	2126

Store Keeper
Date

Kehar
23/05/2022

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



अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश, उत्तराखण्ड

All India Institute of Medical Sciences, Rishikesh-249203

Form P-3

(To be attached with form P-2 for purchase of Proprietary Articles)

PROPRIETARY ARTICLE CERTIFICATE

It is to certify that the item TSCD Wafer as mentioned in Form P-2 may be purchased from M/s Equipment Point, New Delhi (supplier name), as to the best of knowledge, M/s Terumo Corporation, Japan are the sole manufacturer of above said equipment/item.

Further, it is to certify that similar items manufactured by other firm (s) shall not be suitable for our purpose because of below mentioned reasons:

- 1. Proprietary item
- 2. Consumables are device specific.

Indenter Signature: *Ashish Jain*
 डॉ. आशीष जैन / Dr. Ashish Jain
 सहायक-आचार्य / Assistant Professor
 (उत्तराखण्ड चिकित्सा एवं रक्तकोष विभाग)
 Department of Transfusion Medicine and Blood Bank
 एम्स ऋषिकेश / AIIMS Rishikesh

Indenter Name: Dr. Ashish Jain

Designation: Assistant Pofessor

Department: Transfusion Medicine & Blood Bank

Date: 10/05/2022

Recommendation:

for
Signature
10/5/2022
 Head of Department
 Transfusion Medicine
 AIIMS, Rishikesh
 Signature of Head of Department/Section

Note: The indenter, before recording the above certificate should satisfy himself that the article is genuinely of proprietary nature and is manufactured under patent laws.

47



अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश, उत्तराखण्ड
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249203

Annexure

(To be attached with form P3)

PROPRIETARY/SPECIFIC BRAND GOODS CERTIFICATE:

1. Item/ Type/Model No. required along with specification:	<u>TSCD II wafer / Product code SC*W0817</u>
2. Is the item a spare part or accessory for existing Equipment?	Consumable for existing device
3. Name of the manufacturer/Supplier of the item proposed by the Indenter:	Manufacturer: Terumo Corporation Supplier: Equipment Point
4. User Id of the Supplier (by which they are registered on CPP Portal):	equipmentpoint@yahoo.co.in
5. Are they sole manufacturer of the item:	Yes
6. Is there any other item with similar/equivalent specifications Available in market to meet the job requirement envisaged? If yes, why the same can't be procured. (Demanding Officer should bring out comparative functional advantages/cost effectiveness of recommended item from these offered by other):	No
7. What efforts were made to identify alternative source(s) of Supply or to use substitutes:	Search on Internet & asked from other Institutions
8. Why open/limited tender can't be resorted to locate/identify Alternative sources:	Proprietary Item
9. Is the proprietary item (s) certifying rate reasonability:	Yes, as per benchmark provided
10. Any other justification for procuring item form single source (considering as proprietary article):	Device specific consumables

डॉ. आशीष जैन / Dr. Ashish Jain
 सहायक-आचार्य / Assistant Professor
 Signature of Indenter
 (Demanding Officer)
 of Transfusion Medicine and Blood Bank
 ऋषिकेश / AIIMS Rishikesh

for Head of Department
 Signature of HOD
 (Concerned Department)

Date: 10/05/2022

I certify that the item at Sr .no. 1 above is required to be procured at single tender basis as the source of supply is definitely known/of the specified brand proposed as it is advantageous and is meeting our functional requirements and limited tender system could be dispensed with as they would serve no useful purpose in this particular case.

(Strikeout whichever is not applicable)