

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)
NON STERILE BATTERY	01(ONE)	83094 (Eighty three thousand ninety four)	83094 (Eighty three thousand ninety four)
Aseptic Housing Assy	01(ONE)	145954 (One lakh forty five thousand nine hundred and fifty four)	145954 (One lakh forty five thousand nine hundred and fifty four)
		TOTAL: Rs.229048(Two lakh twenty nine thousand forty eight)	

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment: Drill battery and case

Is the equipment to be used for patient care or research: patient care

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?:Yes,but damaged

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

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

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)



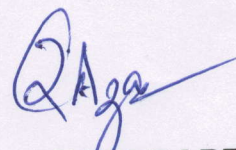
INTENDOR

Dr. Bhaskar Sarkar
Associate Professor
Department of Trauma Surgery
AIIMS, Rishikesh



FACULTY

Dr. Ajay Kumar
Associate Professor
Department of Trauma Surgery
AIIMS, Rishikesh



HEAD OF DEPARTMENT

Prof. (Dr.) Md. Quamar Azam
Professor & Head
Department of Trauma Surgery
AIIMS, Rishikesh

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Non-sterile battery, Aseptic housing Assy - Stryker)
 required in the P-2 form should be purchased from M/s. Stryker. To
 the best of my knowledge M/s. Stryker are the
 sole manufacturer/agents of the sole manufacturers M/s. Stryker.

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

Bhaskar
 (Sign of Indenter)
 Dated Dr. Bhaskar Sarkar
 Designation Associate Professor
Department of Trauma Surgery
AIIMS, Rishikesh
 Department

Recommendation on: 2 drills are already available in Trauma OT
The battery case is needed for treaim.

Q. Azam
 Signature of Head of Department/Section
Prof. (Dr.) Md. Quamar Azam
Department of Trauma Surgery
AIIMS Rishikesh

Bhaskar

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