

B₂ form with Technical Specs

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)
<p>① Flash glucose Monitoring System</p> <p><u>Specs:</u></p> <ol style="list-style-type: none"> 1) flash glucose monitoring system 2) 14-day sensors 3) No need for finger stick calibration 4) system reader with ^{along} sensors 5) ambulatory glucose profile software 	<p>30 sensors + 1 reader</p>	<p>1 sensor - ~ Rs 2400/- 1 reader - ~ Rs 5200/-</p>	<p>Rs 76,100/-</p>

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment

for use in type 1 diabetic patients

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

Both Research

Is this/ similar equipment already available in the department?

~~NO~~ NO

When purchased?

Cost at that time:

Present functional status:

Tests/ procedures done on this equipment in last year:

N/A

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?

NO

4. For Consumables, please provide following information:

Description of stocks available

N/A

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

N/A

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 Ch Jagapathi babu (student PI)

Name CH JAGAPATHI BABU

Designation Senior Resident

HEAD OF DEPARTMENT (Guide)
Kalyani
Dr. Kalyani Sridharan

Signature Dr. Kalyani Sridharan
सह-अधीक्षक / Associate Professor

Name Dr. Kalyani Sridharan
एंडोक्रिनोलॉजी विभाग
Department of Endocrinology

Designation Associate Professor
एमएस कृष्णकेश / AIMS Rishikesh

(6-PI)

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (flash glucose monitoring system) required in the P-2 form should be purchased from M/s. Abott diabetes care limited. To the best of my knowledge M/s. Abott diabetes care limited. are the sole manufacturer/agents of the sole manufacturers M/s.....

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

- Ⓕ Requirement of calibration

Kalyani

(Sign of Indenter)

Dated 24/02/2024

Designation Associate Professor

Department Endocrinology

Recommendation:

Kalyani

Signature of Head डॉ. कल्याणी श्रीधरन
Dr. Kalyani Sridharan
Associate Professor
Department of Endocrinology
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.