AIIMS RISHIKESH INDENT FOR PURCHASE OF STORES (FORM P-2)

- Please fill a separate form for each item 1.
- 2. Please fill completely in triplicate. Incomplete forms and those with illegible writing may not be accepted.

S.N	ITEM NAME	REQUIRED QTY	Unit Price	TOTAL
1	BIOFEEDBACK MACHINE FOR PELVIC FLOOR MUSCLE THERAPY(Myofeedback and Combined therapy device)	01	14,00,000/- Plus GST	1400000/- Plus GST
		pa. Inc.		
Grand Total Cost				14,00,000/- Plus GST

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 of research: Yes

Teaching, Training, Treatment and Research

If both, state % of time to be used for patient care:

% of time to be used for

research-100%

Is this/ similar equipment already available in the department?- NO

When purchased? NA

Cost at that time: NA

Present

functional status: NA

Tests/ procedures done on this equipment in last year: NA Revenue generated by this equipment in last year: NA

This equipment is for Teaching & Training purpose

If yes, what is the justification for this purchase? NA

Is this/similar equipment available in any other department in the Institute? NO

डॉo अमृता गौरव / Dr. Amrita G अपर-आचार्य /Additional Profe स्त्री एवं प्रसृति रोग विभाग Department of Obstetrics & Gyna एम्स ऋषिकेश /AIIMS, विकास

4. For Consumables, please provide following information:

Description of stocks available - First Time Purchase

When was it last purchased? In wh.

Course

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:

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)

INDENTORS

Signature Amerile Game

Name: On Amerita Gouper.
Designation: Add. Robinson

Department: ods & Gyrac.

Date-:

डॉo अमृता गौरव / Dr. Amrita Gaurav अपर-आचार्य /Additional Professor स्त्री एवं प्रसूति रोग विभाग Department of Obstetrics & Gynaecology एम्स ऋषिकेश /AIIMS, Rishikesh **HEAD OF DEPARTMENT**

Signature..

Name: Bob Jaga Chalumed' Designation: Robener

Department: OBSA Gyman

Stamp.....

डॉ॰ जया चतुर्वेदी / Dr. Jaya Chaturvedi आचार्य एवं विभागाध्यम / Professor end Head प्रश्ति एवं स्त्री ग्रेग विभाग / Deptt. of Obs. & Gynas एम्स, ऋषिकेम / AIIMS, RISHIKESH

P-3 Form

(to be attached with P-2 form for Proprietary Item) AIIMS Rishikesh PROPRIETORY ARTICLE CERTIFICATE

It is certified that the items **BIOFEEDBACK MACHINE FOR PELVIS FLOOR** MUSCLE THERAPY (Myofeedback and Combined therapy device) required in the P-2 form should be purchased from M/S APAR SOLUTION to the best of my knowledge M/S GYMNAUNIPHY N.V. BELGIUM are the sole manufacturer / agents of the sole manufacturers M/S M/S GYMNAUNIPHY N.V. BELGIUM.

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

Dated -

Designation - Add. Professor.

Department - OBS A Gyrac.

(Sign of the Indenter) Amile Gama.

डॉo अमृता गौरव / Dr. Amrita Gaurav अपर-आचार्य /Additional Professor स्त्री एवं प्रसृति रोग विभाग Department of Obstetrics & Gynaecology

Specyce surctions are not fully met

एम्स ऋषिकेश /AIIMS, Rishikesh

Recommendat on:-

Signature of the Head of the Department/Section / Professor and Head

प्रसृति एवं स्त्री रोग विभाग/Deptt. of Obs. & Gynae एम्स, ऋषिकेश/AIIMS, RISHIKE8H

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