

117753/2024/OBGY what is the justification for this purchase? NO

4. For Consumables, please provide following information:

Description of stocks available - First Time Purchase

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)

INDENTORS

Signature: *Amrita Gaurav*Name: *Dr. Amrita Gaurav*Designation: *Add. Professor*Department: *Obs & Gynec.*

Date:

डॉ० अमृता गौरव / Dr. Amrita Gaurav
अपर-आचार्य / Additional Professor
स्त्री एवं प्रसूति रोग विभाग
Department of Obstetrics & Gynaecology
एमएस ऋषिकेश / AIIMS, Rishikesh

HEAD OF DEPARTMENT

Signature: *Dr. Jaya Chaturvedi*Name: *Prof. Jaya Chaturvedi*Designation: *Professor*Department: *Obs & Gynec.*

Stamp:

डॉ० जया चतुर्वेदी / Dr. Jaya Chaturvedi
आचार्य एवं विभागाध्यक्ष / Professor and Head
प्रसूति एवं स्त्री रोग विभाग / Deptt. of Obs. & Gynae
एमएस, ऋषिकेश / AIIMS, RISHIKESH

P-3 Form

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

AIIMS Rishikesh

PROPRIETARY 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 –

- Desired specifications are not fully met
- Specific functions are not included

(Sign of the Indenter) *Amrita Gaurav*

Dated –

Designation – *Add. Professor*

Department – *Obs & Gynae.*

डॉ० अमृता गौरव / Dr. Amrita Gaurav
अपर-आचार्य / Additional Professor
स्त्री एवं प्रसूति रोग विभाग
Department of Obstetrics & Gynaecology
एमएस ऋषिकेश / AIIMS, Rishikesh

Recommendat on:-

Jaya Chaturvedi
Signature of the Head of the Department/Section
डॉ० जया चतुर्वेदी / Dr. Jaya Chaturvedi
आचार्य एवं विभागाध्यक्ष / Professor and Head
प्रसूति एवं स्त्री रोग विभाग / Deptt. of Obs. & Gynae
एमएस, ऋषिकेश / 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.