

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.

S. No	Name of items with full specifications & required accessories (C3 Hamilton Ventilators)	Quantity(in figures and words)	Total cost (approx)
1	Reusable Expiratory Valve set (Adult/Pediatrics)	01	18000/-
2	H900 Humidifier and Disposable Humidifier Circuit in pack of 10 Adult/Pediatric)	01	165000/-
3	Flow Sensor pack of 10 (Adult)	01 box	37240/-
4	Flow Sensor pack of 10 (Neonatal)	01 box	39312/-
5	Flow Sensor pack of 10 (Pediatric)	01 box	37240/-
6	Low Pressure Oxygen (LPO) Connector	01	850/-
7	3 Pin Adapter	01	300/-
8	HPO Inlet service kit	01	7200/-
9	Hepa Inlet filter pack of 1 Pcs and Dust/Fan Pack of 20	01	8500/-
10	Breathing Circuit Set Co-axial+ Flow Sensor pack of 20	01 box	78400/-
11	Oxygen Sensor	01	21725/-
T1 Hamilton Ventilators			
1	Trolley for T1 Ventilator	01	65125/-
2	Circuit Support Arm with Quick Positioning Basic	01	26073/-
3	Reusable Expiratory Valve set with membrane (Adult)	01	18000/-
4	Reusable Expiratory Valve set with membrane (Paediatrics)	01	18000/-
5	H900 Humidifier and Disposable Humidifier Circuit in pack of 10 Adult/ Pediatric)	01	165000/-
6	Dual Limb Breathing set Pack of 15	01 box	87260/-
7	Breathing Circuit Set Coaxial + Flow Sensor Pack of 20	01 box	78400/-
8	HPO Inlet Service Kit	01	7200/-
9	Flow Sensor Pack of 10 Pcs (Adult/Paediatric)	01 box	37240/-
10	Flow Sensor Pack of 10 Pcs (Neonatal)	01 box	39312/-
11	Low Pressure Oxygen (LPO) Connector	01	850/-
12	3 Pin Adapter	01	300/-
13	Hepa Inlet filter pack of 1 Pcs and Dust/Fan Pack of 5 pcs	01	8500/-
14	Oxygen Sensor	01	21725/-

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 or 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:

90364/2023/H-STORE

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)

INDENTORS

Signature.....

Name:

Designation: Stores Officer

Department: Institute of Medical Sciences

Date-: Rishikesh (U.K.) -249203

HEAD OF DEPARTMENT/SECTION

Signature.....

Name:

Designation:

Department: दायक जायसवाल
Deepak Jaiswal

Stamp..... अधीकार अधिकारी
Sr. Procurement cum Stores Officer

एम्स त्रिभुवन/IIIMS 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 (Hepa filter, Dust filter, Air filter) required in the P-2 form should be purchased from M/s. Hamilton medical. To the best of my knowledge M/s. Shubham Agencies are the sole manufacturer/agents of the sole manufacturers M/s. Shubham Agencies.

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

(Sign of Indenter) [Signature]
Dated 30-7-2022
Dr. Mukesh Chand Bairwa
आचार्य /Associate professor
सामान्य चिकित्सा विभाग
Department of Internal Medicine
M.C. Reg. 64634
Rishikesh

Designation
Department [Signature]
Recommendation: डॉ. मिनक्षी धर /Dr. Minakshi Dhar
अपर-आचार्य/Additional Professor
सामान्य चिकित्सा विभाग/Deptt. of General Medicine
एम्स चिकित्सा/AIIMS, Rishikesh

Signature of Head of Department/Section

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