

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)
Liner EBUS System with Processor Specification- As Attached Annexure- 01	01 (One)	90 Lakh	90 Lakh

3. For equipment, please provide the following information- Yes

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: 70% of time to be used for research 30%.

Is this/ similar equipment already available in the department? Yes

When purchased?

Cost at that time:

Present functional status: functional

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? We are doing quite a number of EBUS cases. Due to a single scope the waiting time for patients is exceeding high. Also, since this single scope has been in use for the last >5 years, it has undergone significant wear & tear and therefore a back-up scope is needed.

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

If yes, what is the justification for this purchase?

For use of side lab in medical ward for immediate result.

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4. For Consumables, please provide following information- No

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: No

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)

INDENTOR

HEAD OF DEPARTMENT/SECTION

Signature.....

Signature.....

Name- Dr. Mayank Mishra

Name- Dr. Girish Sindhvani

Designation- Additional Professor

Designation- Professor & Head

Department of Pulmonary Medicine

Department of Pulmonary Medicine

Date.....

Stamp.....

Phone/Pager-9058788799

डॉ. गिरिश सिंधवानी /Dr. Girish Sindhvani
 आचार्य एवं विभागाध्यक्ष, पल्मोनरी मेडिसिन
 Professor & Head, Pulmonary Medicine
 एम्स, ऋषिकेश /AIIMS, Rishikesh

डॉ. लोकेश कुमार सेनी
 Dr. Lokesh Kumar Saini
 सहायक आचार्य /Assistant Professor
 पल्मोनरी मेडिसिन /Pulmonary Medicine
 एम्स, ऋषिकेश /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 (Linex Ebus System with Processore) required in the P-2 form should be purchased from M/s. BNS Health Aids. To the best of my knowledge M/s. BNS Health Aids are the sole manufacturer/agents of the sole manufacturers M/s. OLYMPUS

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

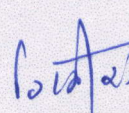


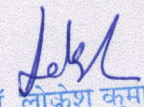
(Sign of Indenter)

Dated

Designation डॉ. मयंक मिश्रा /Dr. Mayank Mishra
अपर आचार्य /Additional Professor
पल्मोनरी मेडिसिन /Pulmonary Medicine
Department एम्स, ऋषिकेश /AIIMS, Rishikesh

Recommendat on:


Signature of Head of Department/Section
डॉ. गिरीश सिंधवानी /Dr. Girish Sindhwani
आचार्य एवं विभागाध्यक्ष, पल्मोनरी मेडिसिन
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डॉ. लोकेश कुमार सैनी
Dr. Lokesh Kumar Saini
सहायक आचार्य /Assistant Professor
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N.B.: The indenter before recording the above certificate should satisfy himself that the article is genuinely of proprietary nature manufactured under patent laws.