

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)
Xenon Lamp MAJ - 1817	04 (Four)	73,000/-	2,92,000
Specification - Already Available existing System Compatible with Video Bronchoscope Processor (Olympus EVIS EXERA-III CLV 190)			

3. For equipment, please provide the following information

NA

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care or 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:

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: **Yes**

Description of stocks available **NIL**

When was it last purchased? In what quantity? **01** Cost; **55000/-**

Source **LPC**

Test/ procedures done in this period: **Approx 1000/year**

Revenue generated in this period:

Average annual consumption **02**

Shelf life **500 hrs**

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: **NA**

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

Signature.....

Name: **Dr. Mayank Mishra**

Designation: **Additional Professor**

Date: **09/10/23**

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

HEAD OF DEPARTMENT/SECTION

Signature.....

Name: **Dr. Girish Sindhwan**

Designation: **Professor & Head**

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





अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- 249203  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH- 249203

### Form P-3

(To be attached with form P-2 for purchase of Proprietary Articles)

### PROPRIETARY ARTICLE CERTIFICATE

It is to certify that the item(s) MAJ-1817 XENON LAMP (item name) as mentioned in Form P-2 may be purchased from M/s OLYMPUS (manufacturer/supplier name), as to the best of my knowledge, M/s OLYMPUS are the sole manufacturer/ supplier of the sole manufacturer M/s OLYMPUS (manufacturer name) of above said equipment/ item.

Further, it is to certify that similar items manufactured by other firm(s) shall not be suitable for our purpose because of below mentioned reasons:

1. Compatibility issues from other manufacturer.
2. Genuine parts and accessories supplied by M/s Olympus.
3. Services and technical support given by M/s Olympus only.

Indenter Signature: *[Signature]*  
Indenter Name: Dr. Mayank Mishra  
Designation: Add. Professor  
Department: Pulmonary medicine  
Date: 26/06/2023

Recommendation:

*[Signature]*  
Signature of Head of Department/Section

**Note:** The indenter, before recording the above certificate should satisfy himself that the article is genuinely of proprietary nature and is manufactured under patent laws.