

AIIMS RISHIKESH

INDENT FOR PURCHASE OF STORES

(FORM P-2)

- Please fill a separate form for each item
- 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)
BSLINTRO (BSL Introductory System) includes: 1) M462-channel data acquisition system (USB powered) 2) BSL4 software (Less Electrode Leads Set) 3) BSL Lab. Main Disposable Electrodes (100/PK) 4) Searchable PDF Manual 5) 2x Electrode Lead Sets - SS2LR 6) Disposable Electrodes (Pack of 10) 7) Electrode abrading pads (Pack of 10) 8) Headphones (monaural, wide-response) - 40 HP	02	3,62,000/-	7,24,000.00
		Disc.	88,410.00
			<u>6,35,590.00</u>
		GST @ 18%	1,14,406.00
		Total	<u>7,49,996.00</u>

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment

HRV measurement test for health care workers

Is the equipment to be used for patient care or research:

Yes

Is this/ similar equipment already available in the department? **NO**
 When purchased? **NA** Cost at that time: **NA** Present functional status:
 Tests/ procedures done on this equipment in last year: **NA**
 Revenue generated by this equipment in last year: **NA**
 If yes, what is the justification for this purchase? **NA**
 Is this/similar equipment available in any other department in the Institute? **NA**
 If yes, what is the justification for this purchase? **NA**

4. For Consumables, please provide following information:

Description of stocks available **- NO**
 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 } **Not applicable**
 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

Designation

Date

Vartika

Dr. Vartika Saxena

PI

11.9.2023

HEAD OF DEPARTMENT/SECTION

Signature

Name

Designation

Vartika

Dr. Vartika Saxena

PI

प्रा. वतिका सखेन / Prof Vartika Saxena
 निभापक, सामुदायिक एवं परिवारिक चिकित्सा विभाग
 Head, Department Community & Family Medicine
 आर्य समाज / AllMS 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 (MP-46 CHRV Test Instrument) required in the P-2 form should be purchased from M/s. Gentech Marketing & Dist. Pvt. Ltd. To the best of my knowledge M/s. Gentech Marketing & Dist. Pvt. Ltd. are the sole manufacturer/agents of the sole manufacturers M/s. Biolpac Systems, Inc, USA

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

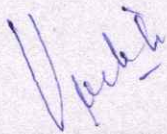

(Sign of Indenter)

Dated 11.9.2023

Designation PI

Department Community & Family Med.

Recommendation:



प्रो वर्तिका सक्सेना / Prof Vartika Saxena
विभागाध्यक्ष, सामुदायिक एवं पारिवारिक चिकित्सा विभाग
Head, Department Community & Family Medicine
एम्स ऋषिकेश / 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.