

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)
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Disposable Bronchoscope  
with Monitor

1-Monitor

03  
(Three)

500000/-

15 Lakh

2- Disposable Bronchoscope

20  
(Twenty)

50,000/-

10 Lakh

3. For equipment, please provide the following information Yes

Detailed description of the actual use of the equipment:

Beside bronchoscopies  
including ICU's

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

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

When purchased? Cost of purchase? Present functional status?

Test/ procedures done with this equipment in last year?

Revenue generated by the equipment in last year? **NA**

If yes, what is the justification for this purchase?

Is this/similar equipment available in any other department in the hospital?

If yes, what is the justification for this purchase?

**4. For Consumables, please provide following information: YES**

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: 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

Designation **Dr. Gobindk Mishra**  
**Additional Professor**  
**Department of Pulmonary Medicine**

Date

HEAD OF DEPARTMENT/SECTION

Signature 

Name

Designation **Dr. Girish Bindhewal**  
**Head, Pulmonary Medicine**

Stamp **Dr. Girish Bindhewal**  
**Head, Pulmonary Medicine**  
**Department of Pulmonary Medicine**

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Disposable Bronchoscope with Monitor) required in the P-2 form should be purchased from M/s. APAR Solution. To the best of my knowledge M/s. APAR Solution are the sole manufacturer/agents of the sole manufacturers M/s. Pentax Medical

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

[Signature]  
27/9/23

(Sign of Indenter)

Dated

Designation

Department

[Stamp]  
Dr. Shivani  
Assistant Professor  
Department of Pulmonary Medicine  
AIIMS, Rishikesh

Recommendation:

[Signature]

डॉ. गिरीश सिंघवानी /Dr. Girish Sindhwani  
प्रोफेसर ऑफ़ रिस्पिरेटरी मेडिसिन  
Professor & Head, Pulmonary Medicine  
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