

AIIMS RISHIKESH

INDENT FOR PURCHASE OF STORES

(FORM P-2)

1. Please fill separate form for each item.
2. Please fill completely in duplicate. 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)
Coiling Mounted Air Filtration Systems	10 (Ten)	07 Lakh	70 Lakh

Specification - As

Attached Annexure - 01

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:

OPD - 03, PFT - 01, OPD Reception - 02

RICU - 02, TB Isolation - 02

When purchased? M
 Test/ procedures done in this period?
 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 it not being used?

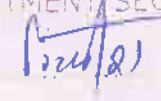
4. For Consumables, please provide following information: NA

Description of stocks available
 When was it last purchased? Is what quantity? (QTY)
 Source
 Test/ procedures done in this period:
 Revenue generated in this period:
 Average annual consumption
 Shelf life
 Period for which this purchase will add 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. Atiyah Mithra**
 Designation: **Additional Professor**
Department of Pulmonary Medicine
PGI, Chandigarh (AIIMS), Rajasthan
 Date: _____

HEAD OF DEPARTMENT/SECTION
 Signature: 
 Name: _____
 Designation: **Dr. Girdli Sindhiwani**
Head of Department, Pulmonary Medicine
PGI, Chandigarh (AIIMS), Rajasthan
 Stamp: _____

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

Ceiling mounted Air Filtration Systems

It is certified that the items (.....) 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. Airinspace Frame

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

22/9/23
(Sign of Incharge) Dr. Mayank Mishra
Dated 22/9/23
Additional Professor
Department of Pulmonary Medicine
AIIMS, Rishikesh
Department

Recommendation:

Signature of Head of Department

N.B. The incharge doctor above certificate should satisfy himself that the article is genuine and is manufactured under patent laws.