

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)
DERMALAB COMBO® MAIN UNIT (Technical Specification in Appendix 1)	01	01	Rs. 17,00,000

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment

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

If both, state % of time to be used for patient care: % of time to be used for 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?

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4. For Consumables, please provide following information:

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:

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..... *Debarati Chattopadhyay*Name..... *डॉ. देवराति चट्टोपाध्याय*
*Dr. Debarati Chattopadhyay*Designation..... *अपर - आचार्य/Additional Professor*
प्लास्टिक चिकित्सा विभाग
*Dept. of Burns and Plastic Surgery*Date..... *एम्स ऋषिकेश / AIIMS Rishikesh*

HEAD OF DEPARTMENT/SECTION

Signature..... *[Signature]*
*12-9-2023*Name..... *डॉ. विशाल मागो/Dr. Vishal Mago*Designation..... *आचार्य एवं विभागाध्यक्ष/Professor & Head*
प्लास्टिक चिकित्सा विभाग
*Dept. of Burns and Plastic Surgery*Stamp..... *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 **DERMALAB COMBO® MAIN UNIT** required in the P-2 form should be purchased from M/s **TIMPAC HEALTHCARE PRIVATE Ltd** To the best of my knowledge M/s **TIMPAC HEALTHCARE PRIVATE Ltd** are the sole manufacturer/agents of the sole manufacturers M/s **CORTEX TECHNOLOGY ApS.**

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

1. No other company manufactures the above mentioned item.

Debarati Chattopadhyay

(Sign of Indenter)

डॉ. देवराति चट्टोपाध्याय

Dr. Debarati Chattopadhyay

Dated - आचार्य/Additional Professor

प्लास्टिक चिकित्सा विभाग

Designation Dept. of Burns and Plastic Surgery

एम्स ऋषिकेश /AIIMS Rishikesh

Department

Recommendation:

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.

Dr. Vishal Mago
 डॉ. विशाल मागो /Dr. Vishal Mago
 आचार्य/Additional Professor
 प्लास्टिक चिकित्सा विभाग
 Dept. of Burns and Plastic Surgery
 एम्स ऋषिकेश /AIIMS Rishikesh