### AIIMS RISHIKESH INDENT FOR PURCHASE OF STORES (FORM P-2)

- 1. 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.)
s Radiogro Phical films corfidges for CT 128 Slice CAGFA) 14x17"	150 PKT C1 PK+= 100 Pcs)	Each film cost = 147.74 =19kt cost = 147.74/- Rs only	14774 × 150 = 22.16,100/ Rs only/- CAs per Gem)
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3. For equipment, please provide the following information: CNA)

Detailed description of the actual use of the equipment:

Is the equipment to be used for patient care of 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:

Description of stocks available: 2 Jackady

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: - 110

Period for which this purchase will last Number of tests likely to be done with this quantity:

### 90745/2023/37

# 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)

Subodh Tiwer . Of Techician Incharge hod i 16/11

INDENTOR Signature... Assistant P RadioDiagnosis and Alims, Rishil Name: D.Ral Designation: Austant Regessor Department: Disquastic & Interestion Radialagy.

HEAD OF DEPARTMENT Signature ... Name: Designation: Department: Ima एस, ऋषिकेश/AIIMS, Rishikesh Stamp.....



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश 249201 All India Institute of Medical Sciences, Rishikesh -249201

## ATTACH WITH FORM – P2

Please ensure following points with form-P2 along with your request letter for procurement:

SI. No.	Required fields	Whether fulfilled the criteria	Remark
1	Manpower availability	(Yes / No)	Yes
2	Space availability	(Yes / No)	yes
3	Whether specifications are generic, not of some company or brand specific (should have priority for make in India products)	(Yes / No)	NA
4	USFDA and European CE should be replaced with equivalent Indian Standards that is ISO or BIS or same may be written as ISO/BIS/USFDA/European CE or equivalent.	(Yes / No)	
5	Approval in Assessment Committee or Not.	(Yes / No)	MA
6	It Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes / No)	NA
7	Letter to External Expert & DGHS Should be routed through Director Officer only (BME will help in the process)	(Yes / No)	MA
8	Mode of Purchase – GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available / Not Available)	Available on Gem

INDENTOR

Signature.....

Name: Di lalul Da Designation: Accistant Papelso( Department: Dibgrate C L Julumbran Date-: 16/11/2010 Refuelon Dr. Rahul Develon Assistant Professor Assistant Professor Assistant Professor AllMS, Rishtikesh

# HEAD OF DEPARTMENT

Signature.....

Name: Designation: Department: Date-:

HOD एम्स, ऋषि

Stamp.....

### P-3 FORM

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

#### **AIIMS Rishikesh**

### **PROPRIETORY ARTICLE CERTIFICATE**

It is certified that the items (Radiographical films cartidges for CT 128 succerequired in the P-2 form should be purchased from M/s. AGFA  $14' \times 17''$  To the best of my knowledge M/s ..... A 4.F.A. ..... are the sole manufacturer/agents of the sole manufacturers M/s.....A.

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

16/11/23

(Sign of Indenter) Assistant idioDiagnos

Dated

Designation Assistant ligesson Department Dragucastic & Intervation Radialagy

Recommendat on:

sharma nenti professor an fannt

Signature of Head of Department/Section

N.B.: The indenter before recording the abve certificate should satisfy himself that the article is genuinely of proprietary nature manufactured under patent laws.