

# 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)
<p>Fiber optic Light Cable                      Specification: - [Art No- 495NAS]                      Straight Plug [Dia: 3.5mm <math>\frac{1}{2}</math> L: 230cm]                      Make - Karl Storz.</p>	<p>01 unit.</p>	<p>75000=00</p>	<p>75000=00</p>
			<p>75000=00</p>

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 or 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 an / other department in the Institute?

If yes, what is the justification for this purchase?

NA

**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:

NA

**5. For furniture, please provide the following information:**

Exact location and use

Existing furniture at that place

Justification for this purchase

NA

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.....

डॉ. अभिषेक भारद्वाज  
Dr. Abhishek Bhardwaj  
सहायक आचार्य / Assistant Professor  
कण, नासा एवं कंठ शल्योपचार विभाग  
Department of Ear, Nose & Throat  
एम. आर. कृषिकेश / AIIMS, Rishikesh

Dr. Abhishek Bhardwaj

Associate Professor

प्रो मनु मल्होत्रा / Prof. Manu Malhotra  
विभागाध्यक्ष / Professor & Head  
कण, नासा एवं कंठ शल्योपचार विभाग  
Department of Ear, Nose & Throat  
एम. आर. कृषिकेश / AIIMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature.....

Name.....

Designation.....

Stamp.....

Dr. Manu Malhotra

Professor & Head



## Annexure - A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH-249201

अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- २४९२०१

## ATTACH WITH FORM- P2

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

Sl. 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)	N/A
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)	N/A
5	Approved in Assessment Committee or Not.	(Yes/ No)	N/A
6	If Item cost is above or equal to 30 lacs, specifications should be duly vetted by DGHS nominee/External expert.	(Yes/ No)	N/A
7	Letter to External Expert & DGHS Should be routed through Director Office only (BME will help in this process).	(Yes/ No)	N/A
8	Mode of Purchase- GeM availability/non availability should be ensured & verified before procurement by LPC/Tender (Specification should be same).	(Available/ Not available)	N/A

INDENTOR

Signature

Name: - Dr. Abhishek Bhardwaj

Designation: - Associate Professor

Department: ENT &amp; HNS

Date: - 20/12/2022

Mobile No./ Pager: .....

HEAD OD DEPARTMENT/ SECTION

Signature

Name: - Prof. Manu Malhotra

Designation: - Professor &amp; Head

Department: - ENT &amp; HNS

Date: - 26/12/2022

Mobile/Pager: .....

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Fiber optic light Gbl [Art No: 495NAS].....) required in the P-2 form should be purchased from M/s. Life Care Medisurg. To the best of my knowledge M/s. Life Care Medisurg Medical Eqpt & Consumables are the sole manufacturer/agents of the sole manufacturers M/s. Karl Storz.....

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

- \* for standardization & compatibility to existing set of equipment.

(Sign of Indenter)

Dated

Designation

Department

Recommendation on:

Signature of Head of Department/Section

डॉ. अभिषेक भारद्वाज  
Dr. Abhishek Bhardwaj  
सहायक आचार्य / Assistant Professor  
कर्ण, नासा एवं कंठ शल्योपचार विभाग  
Department of Ear, Nose & Throat  
एम्स, ऋषिकेश / AIIMS, Rishikesh

Necessary component of endoscopy procedures.

प्रो मनु मल्होत्रा / Prof. Manu Malhotra  
विभागाध्यक्ष / Professor & Head  
कर्ण, नासा, एवं कंठ शल्योपचार विभाग  
Department of Ear, Nose & Throat  
एम्स, ऋषिकेश / AIIMS, Rishikesh

26/12/20

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