

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 form 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.)
Ultra slim Gastrovideoscope(GIF-XP190N)	01(ONE)	Approx. 20 Lakhs rs.	20 Lakhs

डॉ. रोहित गुप्ता /Dr. Rohit Gupta
 अपर/अध्यापक / Additional Professor
 पदरतंत्र विभाग / Department of Gastroenterology
 एम्स रिशिकेश/AIIMS, Rishikesh

96759/2024/17

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. **Yes**Is this /similar equipment already available in the department? **No**

When purchased?

Cost at that time:

Present functional status:

Test / 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 Consumable, please provide following information: N/A

Description of stocks available

When was it last purchased?

In what quantity?

Cost:

Source

Test/ procedures done 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: N/A

Exact location and use

Existing furniture at that place

Justification for this purchase

Possible source (name all source you know) form where item may be obtained (name, address, phone no, fax no, email, etc. of contact person)

INDENTORSignature.....*Itish Patnaik*.....

Name- Dr Itish Patnaik

Designation - Associate Professor

डॉ० इतिश पटनायक / Dr. Itish Patnaik
सह-आचार्य/ Associate Professor
जठरांत्र विभाग/ Department of Gastroenterology
एम्स, ऋषिकेश /AIIMS RISHIKESH

HEAD OF DEPARTMENT/ SECTIONSignature.....*Rohit Gupta*.....

Name- Dr Rohit Gupta


Designation - Additional Professor & Head

डॉ. रोहित गुप्ता /Dr. Rohit Gupta
अपर आचार्य / Additional Professor
जठरांत्र विभाग/Department of Gastroenterology
एम्स ऋषिकेश/AIIMS, Rishikesh

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 form and those with eligible 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.)
Colonovideoscope (CF-H190L)	01(ONE)	Approx. 19 Lakhs rs.	19 Lakhs


 डॉ. रोहित गुप्ता / Dr. Rohit Gupta
 अपर आचार्य / Additional Professor
 जठरांत्र विभाग / Department of Gastroenterology
 एम्स रीशिकेश/AIIMS, Rishikesh

96759/2024/17

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. **Yes**Is this /similar equipment already available in the department? **N/A**

When purchased? Cost at that time: Present functional status: Functional

Test/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 Consumable, please provide following information: N/A

Description of stocks available

When was it last purchased? In what quantity? Cost:

Source

Test/ procedures done 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: N/A

Exact location and use

Existing furniture at that place

Justification for this purchase

Possible source (name all source you know) form where item may be obtained (name, address, phone no, fax no, email, etc. of contact person)

INDENTORSignature Itish Patnaik

Name- Dr Itish Patnaik

Designation – Associate Professor
डा० इतिश पटनायक / Associate Professor
सह-आचार्य/ Department of Gastroenterology
जठरांत्र विभाग/ Department of Gastroenterology
एम्स, ऋषिकेश /AIIMS RISHIKESH**HEAD OF DEPARTMENT/ SECTION**Signature Rohit Gupta

Name- Dr Rohit Gupta

Designation - Additional Professor & Head

डॉ. रोहित गुप्ता /Dr. Rohit Gupta
अपर आचार्य / Additional Professor
जठरांत्र विभाग /Department of Gastroenterology
एम्स ऋषिकेश/AIIMS, Rishikesh

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 form and those with eligible 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.)
Adult video Gastroscope (GIF-H190)	03(ONE)	Approx. 19 Lakhs rs.	57 Lakhs

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. **Yes**

Is this /similar equipment already available in the department? **N/A**

When purchased? Cost at that time:

Present functional status:

Test/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? **No**

If yes, what is the justification for this purchase?

4. For Consumable, please provide following information: N/A

Description of stocks available

When was it last purchased?

In what quantity?

Cost:

Source

Test/ procedures done 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: N/A

Exact location and use

Existing furniture at that place

Justification for this purchase

Possible source (name all source you know) form where item may be obtained (name, address, phone no, fax no, email, etc. of contact person)

INDENTOR

Signature.....*Itish Patnaik*.....

Name- Dr Itish Patnaik

Designation - Associate Professor

डॉ० इतिश पटनायक / Dr. Itish Patnaik
सह-आचार्य / Associate Professor
जठरांत्र विभाग / Department of Gastroenterology
एम्स, ऋषिकेश / AIIMS RISHIKESH

HEAD OF DEPARTMENT/ SECTION

Signature.....*Rohit Gupta*.....

Name- Dr Rohit Gupta

Designation - Additional Professor & Head

डॉ. रोहित गुप्ता /Dr. Rohit Gupta
अपर आचार्य / Additional Professor
जठरांत्र विभाग /Department of Gastroenterology
एम्स ऋषिकेश/AIIMS, Rishikesh

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 form 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.)
side viewing duodenoscope(TJF-Q190V)	01(ONE)	Approx. 20 Lakhs rs.	20 Lakhs

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. **Yes**Is this /similar equipment already available in the department? **No**

When purchased?

Cost at that time:

Present functional status:

Test / 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 Consumable, please provide following information: N/A

Description of stocks available

When was it last purchased?

In what quantity?

Cost:

Source

Test/ procedures done 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: N/A

Exact location and use

Existing furniture at that place

Justification for this purchase

Possible source (name all source you know) form where item may be obtained (name, address, phone no, fax no, email, etc. of contact person)

INDENTOR

Signature.....

Name- Dr Itish Patnaik

Designation – Associate Professor

डॉ० इतिश पटनायक / Dr. Itish Patnaik
सह-आचार्य/ Associate Professor
जठरांत्र विभाग/ Department of Gastroenterology
एम्स, ऋषिकेश /AIIMS RISHIKESH

HEAD OF DEPARTMENT/ SECTION

Signature.....

Name- Dr Rohit Gupta

Designation - Additional Professor & Head

डॉ. रोहित गुप्ता /Dr. Rohit Gupta
अपर आचार्य / Additional Professor
जठरांत्र विभाग /Department of Gastroenterology
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 (Ultra slim Gastrovideoscope) required in the P-2 form should be purchase from M/s **Olympus Medical System India Pvt. Limited** which is a subsidiary of Olympus corporation of Asia pacific limited of M/s **Olympus corporation Japan**, to the best of my knowledge M/s **BNS Health AIDS**, is an authorised dealer of **Olympus Medical System India Pvt. Limited**.

Similar items manufactured by other firm (s) shall not to suitable for our purpose for the following reason: - This is a proprietary item and it is compatible with our existing Endoscopy Processor.

डॉ० इतिश पटनायक / Dr. Itish Patnaik

सह-आचार्य/ Associate Professor

Itish Patnaik
 (Sign of indenter) *Itish Patnaik*
 एम्स, ऋषिकेश /AIIMS RISHIKESH

Dated 19.01.24

Designation Associate Professor

Department Gastroenterology

Recommend at On:

Rohit Gupta
 डॉ. रोहित गुप्ता /Dr. Rohit Gupta
 अपर आचार्य / Additional Professor
 एम्स, ऋषिकेश /Department of Gastroenterology
 AIIMS, Rishikesh
 Signature of head of Department /Section

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the item **Colonovideoscope** required in the P-2 form should be purchase from M/s **Olympus Medical System India Pvt. Limited** which is a subsidiary of Olympus corporation of Asia pacific limited of M/s **Olympus corporation Japan**, to the best of my knowledge M/s **BNS Health AIDS**, is an authorised dealer of **Olympus Medical System India Pvt. Limited**.

Similar items manufactured by other firm (s) shall not to suitable for our purpose for the following reason: - This is a proprietary item and it is compatible with our existing Endoscopy Processor.

डॉ० इतिश पटनायक / Dr. Itish Patnaik
सह-आचार्य / Associate Professor
जठरांत्र विभाग / Department of Gastroenterology
एम्स, ऋषिकेश / AIIMS RISHIKESH

Itish Patnaik
(Sign of indenter)

Dated 19.01.24

Designation Associate Professor

Department Gastroenterology

Recommend at On:

डॉ. रोहित गुप्ता / Dr. Rohit Gupta
अपर आचार्य / Additional Professor
जठरांत्र विभाग / Department of Gastroenterology
एम्स, ऋषिकेश / AIIMS, Rishikesh

Rohit Gupta
19/01/24
Signature of head of Department /Section

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the item **Adult video Gastroscope**. required in the P-2 form should be purchase from M/s **Olympus Medical System India Pvt. Limited** which is a subsidiary of Olympus corporation of Asia pacific limited of M/s **Olympus corporation Japan**, to the best of my knowledge M/s **BNS Health AIDS**, is an authorised dealer of **Olympus Medical System India Pvt. Limited**.

Similar items manufactured by other firm (s) shall not to suitable for our purpose for the following reason: - This is a proprietary item and it is compatible with our existing Endoscopy Processor.

डॉ० इतिश पटनायक / Dr. Itish Patnaik

सह-आचार्य/ Associate Professor

जठरांत्र विभाग/ Department of Gastroenterology

रिश्किश / AIIMS RISHIKESH

Itish Patnaik

(Sign of indenter)

Dated 19.01.24

Designation Associate Professor

Department Gastroenterology

Recommend at On:

डॉ. रोहित गुप्ता /Dr. Rohit Gupta

अपर आचार्य / Additional Professor

जठरांत्र विभाग /Department of Gastroenterology

रिश्किश / AIIMS, Rishikesh

Rohit Gupta

19.01.24

Signature of head of Department /Section

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the item (side viewing duodenoscope) required in the P-2 form should be purchase from M/s **Olympus Medical System India Pvt. Limited** which is a subsidiary of Olympus corporation of Asia pacific limited of M/s **Olympus corporation Japan**, to the best of my knowledge M/s **BNS Health AIDS**, is an authorised dealer of **Olympus Medical System India Pvt. Limited**.

Similar items manufactured by other firm (s) shall not to suitable for our purpose for the following reason: - This is a proprietary item and it is compatible with our existing Endoscopy Processor.

डॉ० इतिश पटनायक / Dr. Itish Patnaik
सह-आचार्य / Associate Professor
जठरांत्र विभाग / Department of Gastroenterology
एम्स, रीशिकेश / AIIMS RISHIKESH

(Sign of indenter)

Dated 19.01.2024

Designation Associate Professor

Department Gastroenterology

Recommend at On:

डॉ. रोहित गुप्ता / Dr. Rohit Gupta
अपर आचार्य / Additional Professor
जठरांत्र विभाग / Department of Gastroenterology
एम्स रीशिकेश / AIIMS, Rishikesh

Signature of head of Department /Section