

3P

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)
① Simulator for Direct & Indirect Ophthalmoscopy	01 set	2,45,00,000	2,45,00,000
			2,45,00,000

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 or research: Research

If both, state % of time to be used for patient care: 100 % of time to be used for research

✓ Mr
BSingh

डॉ. ब्रिजेन्द्र सिंह / Dr. Brijendra Singh
 आचार्य एवं विभागाध्यक्ष / Professor & Head
 शरीर रचना विभाग / Department of Anatomy
 एम्स ऋषिकेश / AIIMS, Rishikesh

Is this/ similar equipment already available in the department? **NO** (30)

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: **NO**

If yes, what is the justification for this purchase? **RESEARCH**

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: N/A

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: N/A

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.....

Designation.....

Date.....

Phone/Pager

Bharat

(Dr Bharat Bhusha)

HEAD OF DEPARTMENT/SECTION

Signature..... *B Singh*

Name..... *Dr. Brijendra Singh*

Designation.....

Stamp..... **डॉ. ब्रिजेन्द्र सिंह/ Dr. Brijendra Singh**

आचार्य एवं विभागाध्यक्ष /Professor & Head

शरीर रचना विभाग /Department of Anatomy

एम्स ऋषिकेश /AIIMS, Rishikesh

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items (Simulator for Direct & Indirect ophthalmology) required in the P-2 form should be purchased from M/s. Maveric Solution Inc. To the best of my knowledge M/s. Maveric Solution Inc. are the sole manufacturer/agents of the sole manufacturers M/s. VR Magic GmbH Mannheim Germany

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

(Sign of Indenter)

Dated

Designation

Department

B Singh

Recommendation:

डॉ. ब्रिजेन्द्र सिंह / Dr. Brijendra Singh
आचार्य एवं विभागाध्यक्ष / Professor & Head
शरीर रचना विभाग / Department of Anatomy
एम्स ऋषिकेश / AIIMS, Rishikesh

Mr

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.