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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)
Sterybox- Ultra Violet High Reflecting Coil Irradiation system 50A	04 Nos (Four)	Euro 7574	Euro 7574
Sterybox- Ultra Violet High Reflecting Coil Irradiation system 100A	01 Nos (One)	Euro 11,769	Euro 11,769

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment *Stabilization of OPD Rooms (Film med.)*

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

If both, state % of time to be used for patient care: *90%* of time to be used for research *10%*

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

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? *NO*

Is this/similar equipment available in any other department in the Institute? *NO*

If yes, what is the justification for this purchase?

For use of side lab in medical ward for immediate result.

4. For Consumables, please provide following information- NA

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: NA

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

HEAD OF DEPARTMENT/SECTION

Signature.....

Name- **Dr. Mayank Mishra**
Designation- **Associate Professor**
Department of Pulmonary Medicine

Date.....22/04/2020.....

Phone/Pager

Signature.....

Name- **Dr. Girish Sindhvani**
Designation- **Professor & Head**
Department of Pulmonary Medicine

Stamp.....

डॉ० गिरिश सिंधवानी
अध्यक्ष एवं निदेशक
पल्मोनरी मेडिसिन विभाग

P-3 FORM

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

AIIMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

It is certified that the items Sterybox -Ultra Violet High Reflecting Coil Irradiation System (Artery Check Technology) required in the P-2 form should be purchased from M/s. Tiwamed. Pte. Ltd To the best of my knowledge Tissi. S.R.L. a. SOGICO is the sole manufacturer/agents of the sole manufacturers Similar items manufactured by other firm(s) shall not be suitable for our purpose for the following reasons: -

डॉ. मयंक मिश्रा
Dr. Mayank Mishra
सह-आचार्य, फल्मोनरी मेडिसिन
Associate Professor of Pulmonary Medicine
एम्स, रुषिकेश AIIMS, Rishikesh

(Sign of Indenter)

Dated:- 22/04/2020

Designation Associate Professor

Department- Pulmonary Medicine

Recommendation:

Signature of Head of Department/Section

डॉ. निरिण शिवाजी
सह-आचार्य, फल्मोनरी मेडिसिन
एम्स, रुषिकेश AIIMS, Rishikesh

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