

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 and related accessories with full specifications	Quantity (in figures and words)	Cost per unit (approx) in foreign currency and Rupees	Total Cost (approx)
1. High quality Air Mattress/Ripple Bed	04 (four)	₹ 2,50,000	₹ 10,00,000

For equipment, please provide the following information

- Detailed description of the actual use of the equipment

[Handwritten signatures and scribbles in blue ink]

- Is the equipment to be used for patient care or research:
If both, state % of time to be used for patient care: 100 % of time to be used for research —
- Is this/ similar equipment already available in the department?
- When purchased? NA 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? NA
If yes, what is the justification for this purchase?

For Consumables, please provide following information:


- Description of stocks available
When was it last purchased? In what quantity? Cost;
Source:
Tests/ 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:

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)

INDENTOR

Signature : 

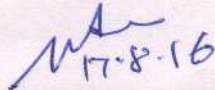
Name : Dr. Pankaj Kandwal

Designation : Assoc. Prof.

Date : 17.8.16

Phone/Pager : Dr. Pankaj Kandwal
असि. प्रा. अस्थि रोग विभाग, अस्थि रोग
एम्स, रायबरेली/AIIMS, Rishikesh

HEAD OF DEPARTMENT/SECTION

Signature : 
17.8.16

Name : डॉ० शोभा एस. अरोड़ा/Dr. Shobha S. Arora
आचार्य एवं विभागाध्यक्ष/ Professor and Head
अस्थि रोग विभाग/Deptt. of Orthopaedics

Designation : एम्स, रायबरेली/AIIMS, RISHIKESH

Stamp :

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For use of PPC Office:

1. PPC No.
2. Received in PPC office on
3. Discussed in PPC on
4. Comments of PPC

ANMS Rishikesh

PROPRIETARY ARTICLE CERTIFICATE

Signature
 Chairman PPC
 Date

5. For use of Central Store
 Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate(per unit)	Source	Stock in hand

Store Keeper
 Date

Store Technical Assistant
 Date

Store Purchase Officer
 Date

6. For use of Purchase Section

Method of purchase recommended:

Single tender/ limited tender/ open tender/ DI/ UP-CMSD/ DGS&D/ Rate Running Contract/ Local Cash

Purchase

JD MM

Date

Tender/ Enquiry No.

Date

Supply Order No.

Date

Recommendation

Signature of Head of Department/Section

N.B. The indentor before recording the above should certify that the article is genuinely of proprietary nature