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.

Na	me of items with full specifications &	Quantity	Cost per unit	Total cost
rec	quired accessories	(in figures	(approx) in	(approx)
		and words)	foreign currency and Rupees	(Rs)
1.	Harmonic Hand Piece Blue	2	119999	239998
2.	Harmonic Focus Plus Probe 9 cm	4	30588.10	122352.4
3.	Harmonic Focus probe 17 cm	10	28911	289110
4.	Enseal Open probe 14 cm with curved tip	3	29409	88227
5.	Enseal Open probe 14 cm with straight tip	3	29409	88227
6.	Enseal Open probe 25 cm with curved tip	3	30257	90771
7.	Enseal open probe with 25 cm with straight tip	. 3	30257	90771
8.	Harmonic ACE + 7mm with 23 cm shaft length	2	38430.35	76860.7
9.	Enseal lap probe 35cm	50	39020	1951000
10.	Harmonic lap probe 36cm	50	39020	1951000
11.	Harmonic Hand Piece Gray	2	101500	203000

3. For equipment, please provide the following information

Is the equipment to be used for patient care /research:YES

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

% of time to be used for research: 0%

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

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

Tests/ procedures done on this equipment in last year: NA

Revenue' generated by this equipment in last year: NA

If yes, what is the justification for this purchase? NA

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Is this/similar equipment available in any other department in the Institute? YES

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 NA

Justification for these purchase possible sources

Date. 26.6.18

Stamp.....

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6. For use of Central Store

Details of last purchase of this item

Date/Reference	Indentor/Deptt	Quantity	Rate(per unit)	Source	Stock in hand
it is certified that t	te stans (FILE No 4	2/14/2015(Rish)/H.Stone(Par	-I) Harn	onic :
Scalpe) required to	the P-2 form shou	i se purcha	and from Mis Pro	medic D	evices)
A-13.Cast Krishn	a Nagar ,Delhi, Na	w Defit-1	0051. To the bey	of my k	owledge
M/s Promedic De	vices/A-13/East Ki	Ches Hag	er "Delhi, New D	ethi-110	OSI and th
sole cranufacturery	agents of the sale i	anufacture	M/s Johnson &	Johnson	Privata
limited.					

Store Keeper Date Store Technical Assistant Date

Store Purchase Officer Date

7. 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. Supply Order No.

Date Date

8.53