

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Mangalagiri, Andhra Pradesh

Document Code: AIIMS/MG/SoP/Condemnation/ Furniture & Electrical items/01

Date of Current Edition: 16.07.2025 Date of Last Edition: 16.07.2025

Version:01

# **ANNEXURE-I**

## **CONDEMNATION FORM**

# PART A: To be filled by Head/ Nodal Officer of the Department/ Services

Name of the Department:							
Name of the Furniture/ Electrical Items:							
Site/Place of Installation:							
200000000000000000000000000000000000000	Current Location:						
	Function of the Furniture/ Electrical Items:						
Sl.		Details of The Furniture/ Electrical Items					
1	Make						
2	Model No.						
3	Supply Order No.						
4	Serial No.						
5	Manufacturer /Supplier						
6	Indian Agent						
7	Purchase Cost (in INR)						
8	Date of Purchase						
9	Date of Installation						
10	Warranty Expired on						
11	Non-functional/out of use since when?						
12	Source of Funding (encircle whichever is	Institute Fund					
	applicable)	Any Other (Specify)					
1000000							
13	Expected Functional Life as laid down by						
	the manufacturer						
14	AMC/CMC/Spare parts expenses till date						
15	Service Report recommendation	Condemnation/Buy back/Repairable/Any					
		other					
16	External Expert's Recommendation, if						
	applicable						
17	Residual or Depreciated value of the						
	equipment (enclose calculation sheet)						
18	Is the equipment proposed to be condemned						
	under Buy back, If yes give details						
19	Does the equipment have any Biohazards, if						
	so, necessary permission from appropriate						
	authorities to be enclosed.						
21	Reason(s) behind recommending for condemi	nation (please tick mark all that apply)					
	E. Beyond economic repair						
	F. Inability to get spares						
	G. Clinically obsolete						
	II. End of life (as declared by manufactur	·er)					

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	E. Any other (specify)
22	This is being certified that this Furniture/ Electrical Items has not been condemned earlier.

### Notes:

- 5. Fill separate forms for each Furniture/ Electrical Items.
- 6. Separate form is required if an Furniture/ Electrical Items has come as an accessory with the main Furniture/ Electrical Items
- 7. For additional information, please attach a separate sheet
- 8. Price conversion in Indian rupees in case of imported Furniture/ Electrical Items

(Head of the Department/Nodal Officer, Concerned Service)

## PART-B: (To be filled in by Store Keeper & Superintending Engineer/Executive Engineer)

1.	Justification given by indenting department for condemnation		YES	NO
2.	Service report received		YES	NO
3.	Stock Book Entry Done (encircle)		YES	NO
	If Yes: Central Store Ledger Entry No.			
4.	External Expert Opinion attached (if applicable)	YES	NO	NA
5.	Any other remarks		<u> </u>	
6.	FOB (Freight On Board) Value of Equipment (in INR at the time of purchase)			
7.	Cost of Spares available in store (If any)			
8.	Terms & conditions for its disposal after expiry of Warranty period (If any)			
9.	Any other remarks			

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## **ANNEXURE-V**

### Part- C (To be filled by Accounts Section)

1.	Matching of Stock entry number	YES	NO
2.	FOB (Freight On Board) amount matches with original purchase price	YES	NO
3.	Book value as on date after depreciation		

Signature of Accounts Officer/ Financial Advisor

## Part- D (Recommendation of the Institute Condemnation Committee)

Reasons for Condemnation:

- F. Beyond economic repair
- G. Inability to get spares
- H. Clinically obsolete
- I. End of life (as declared by manufacturer)
- J. Any other (specify)

Recommendation of External Expert:

Remarks:

Condemnation of the equipment: Recommended /Not Recommended

Mode of Disposal:

Store Keeper JE Cashier Concerned HoD External Expert

Member Member Chairman

Condemnation Committee