**AIIMS Mangalagiri, AP**

**FORM P-2-INDENT FOR PURCHASE OF STORES**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of items with full specification** | **Quantity (Figures & Words)** | |  | | --- | |  |  |  | | --- | | **Total Cost incl.**  **GST** | |
| 1 | CAT6 BUNDLE | 2 (Two) | 22,420.00 |
| 2 | ½ Inch Casing | 3 (Three) | 265.50 |
| 3 | 2 Modular Back Box | 1 (One) | 76.70 |
| 4 | PVC Conduit Case | 100 m (One Hundred meters) | 3,776.00 |
| 5 | RJ45 I/O Full Set | 3 (Three) | 4,425.00 |
| 6 | Installation Charges | 1 (One) | 4,130.00 |
| Grand Total | | | 35,093.20 |

**For equipment, please provide the following information**

* Detailed description of the actual use of the equipment: **3 LAN ports required in 2nd floor OPD, room no 200, Neurology Dept. for internet and telephone connectivity.**
* Is the equipment to be used for patient care or research: **YES**

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

* Is this/ similar equipment already available in the department?: **NA**
* When purchased? **N/A**

Cost of Equipment: **N/A**

Present functional status: **N/A**

Tests/ procedures done on this equipment in last year: **N/A**

Revenue generated by this equipment in last year: **N/A**

If yes, what is the justification for this purchase?: **N/A**

* Is this/ similar equipment available in any other department in the Institute?: **N/A**

If yes, what is the justification for this purchase?: **N/A**

**For Consumables, please provide following information:**

* Description of stocks available

When was it last purchased?: **N/A**

In what quantity?: **N/A**

Cost :**N/A**

Source :**N/A**

Tests/ procedures done in this :**N/A**

Revenue generated in this period : **N/A**

* Average annual consumption : **N/A**
* Shelf life : **N/A**

Period for which this purchase will last : **N/A**

Number of tests likely to be done with this quantity :**N/A**

**For furniture, please provide the following information:**

* Exact location and use : **N/A**
* Existing furniture at that place : **N/A**
* Justification for this purchase : **N/A**

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 :……………………. Signature :…………………….

Name :…………………… Name :……………………

Designation:…………………. Designation :………………….

Date :…………………… **Stamp** :……………………

**Phone/Mobile**

**………………………………………………………………………………………………………………………**

For use of PPC Office:

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

Signature

Chairman PPC

Date

**5. For use of Central Store**

Details of last purchase of this item:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date/Reference | Indentor/Dept. | Quantity | Rate(Rsper unit) | Source | Stock in hand |
|  |  |  |  |  |  |

Store Keeper Store Technical Assistant Store Purchase Officer

Date Date Date

**6. For use of Purchase Section**

Method of purchase recommended:

Single tender/ limited tender/ open tender/ DI/ UP-CMSD/GEM/ Rate Running Contract/ Local Cash Purchase

JD MM

Date

Tender/ Enquiry No. Date

Supply Order No. Date