

AIIMS, GUWAHATI

PROCUREMENT INDENT – ‘D’

**Purchase of Goods of estimated value of Rs.25.00 lakhs and above as per GeM-
149(ii)&(iii)/ GFR-161**

Indent No. _____ Date: _____ (To be filled by Purchase Section)
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1. Only typed Indent without any cutting/ overwriting will be accepted.
2. Separate Indent should be submitted for ‘different category’ of items.
3. No specific make/brand of a specific manufacturer/ firm should be mentioned in the indent.

TO BE FILLED BY THE INDENTING OFFICER:

DATED: _____

Name of the Indenting Officer:	Designation _____ Landline/ Mobile No. _____
Name of HOD:	Designation _____ Landline/ Mobile No. _____
Name of Dept./Section _____	Landline/ Mobile No. _____
Total estimated cost of indented items	Rs. _____/-Rupees _____)

Category: Asset/ Consumable/Spares/Accessories etc. (Please specify) _____
(Equipment/ Spares/ Accessories/ Drugs/ Medicine/ Instrument/ Chemicals and Reagents/ X-ray Diagnostics Agents/ Dental Material, X-ray films/ X-ray Intensifying Screens/ Life Saving Equipment/ Office Stationery/ office Equipment/ Any other: _____ (Please specify)

Requirement: Fresh/ additional/ replacement (please specify) _____

Sl No	Name of the item with detailed specification and pre-qualification criteria etc. (The description of the subject matter of procurement to the extent practicable should be objective, functional, generic, simple, broad based and measurable and specify technical, qualitative and performance characteristics) Separate sheet with signature of Technical Committee can be used and to be attached with indent.	Qty.	Estimated cost Rs. (Including GST, CMC charges, Incidental charges etc.)	Availability in Stores	Signatures of Stores	
					Store Keeper	ASO (stores)
1						
2						

The items are available/ not available in GeM. If available, the relevant documents are attached herewith. If not available as per specification, justification is given:	
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Date of last purchase if any/ If yes, the details may be attached in a separate sheet	
Balance stock in Department and its duration of consumption	
The tentative duration of the quantity indented will last	

Certified that the specification are complete and correct to meet the requirement in all respects.

1 The estimated cost of indented items is based on: (A) Budgetary quotation (B) On previous purchase basis (C) On the purchase of other organizations (D) Prices available on website/Price list. (D) Any other (PI specify) _____.

2 The brief purpose, end use , summary of the functions and full justification of the indented equipment/item _____

AIIMS, GUWAHATI

3. Justification for purchase of additional unit of equipment, in case the item is already available at AIIMS, GHY /Division (to justify duplication of items) / **NA** (Pl. tick which is applicable)
4. Please tick the appropriate one: (i) the equipment will enhance research capabilities of AIIMS, Guwahati (ii) Treatment of patients (iii) will attract other projects (iii) Academic purpose (iv) Any other purpose (v) Not applicable
5. Warranty Period required: 5 (five) years from the date of successful installation and commissioning of the equipment.
6. CMC period required: 5 (five) years after the end of warranty period.
7. The tentative delivery of the item(s) at AIIMS, Guwahati is required on or before _____ (Please mention date or period).
8. Whether the installation requirements like area, power, civil works etc. are ready **Yes/No/NA** _____. If no, expected time by which requirements will be completed _____.
9. The inspection report of the material shall be sent to Central Stores within _____ days after receipt of the goods.
10. The details about the life of the instrument/equipment etc., availability of spares, maintenance etc.: _____ **NA**
11. The installation/commissioning of the equipment shall be done by: **Supplier /Not required**
Whether training is required, if so, please mention type of training (operational or maintenance) required along with proper justification & place of training. _____
_____ **No/NA**
12. The log book for the operation of equipment shall be maintained by the user (**Yes/NA**)
13. The list of available vendors, their complete addresses and websites wherever available. (Please give the vendors of **comparable reputation** only):
 1. _____
 2. _____
 3. _____
 4. _____

(Signature of the Indenting Officer with date)

(Signature of HOD with date)