

AIIMS, GUWAHATI

PROCUREMENT INDENT – ‘E’

Purchase of Goods from a (single source) as per GFR Rule-166

Indent No. _____ Date: _____

(To be filled by Purchase Section)

Procurement from a single source may be resorted to in the following circumstances:

- (i) It is in the sure knowledge of the user department that only a particular firm is the manufacturer of the required goods (a separate type written sheet to be enclosed along with the indent)
- (ii) In case of emergency, the required goods are necessarily to be purchased from a particular source and the reason for such decision is to be recorded and approved by the competent authority obtained. (a separate type written sheet to be enclosed along with the indent)
- (iii) For standardization of machinery or spare parts to be compatible to the existing sets of equipment (on the advice of a competent technical expert and approved by the competent authority), the required item is to be purchased only from a selected firm.

1. Only typed Indent without any cutting/ overwriting will be accepted.
2. Specific make/brand of the 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/Brand/Make etc. of the item with complete specification and qualification criteria etc.	Qty.	Estimated cost Rs. (Including taxes, duties etc., CMC charges, Incidental charges etc.)	Availability in Stores	Signatures of Stores	
					Store Keeper	ASO
1						

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 specifications are complete and correct to meet the requirement in all respects.

1. **Unique Technical features and essentiality thereof** for the research/ treatment/ assignment at hand : _____
2. 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. (E) Any other (Pl. specify) _____.

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3. The brief purpose, end use , summary of the functions and full justification of the indented equipment/item _____
_____.
4. Justification for purchase of additional unit of equipment, in case the item is already available at AIIMS, Guwahati/ Department (to justify duplication of items) / **NA** (Pl. tick which is applicable)
5. 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.
6. Warranty Period required :
7. CMC period required :
8. The tentative delivery of the item(s) at AIIMS, Guwahati is required on or before _____ (Please mention date or period).
9. Whether the installation requirements like area, power, civil works etc. are ready - **Yes/No/NA**_____.
10. The inspection report of the material shall be sent to Central Stores within _____ days after receipt of the goods.
11. The details about the life of the instrument/equipment etc., availability of spares, maintenance etc: _____ **NA**
12. 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**
13. The log book for the operation of equipment shall be maintained by the user (**Yes/NA**).

Proprietary Article Certificate as follows is to be filled in before procuring the goods from a single source.

- (i) The indented goods are manufactured by M/s. : _____
_____.
- (ii) No other make or model is acceptable for the following reasons :

- (iii) Concurrence of Finance and Accounts Department proposal vide: _____
- (iv) Approval of the Competent Authority vide: _____.

(Signature of the Indenting Officer with date)

(Signature of HOD with date)

N.B.: PAC (attached) to be submitted with the Procurement Indent.

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Proprietary Article Certificate Valid for the Current Financial Year

File No. and Date Reference :			
1	Description of article		
2	Forecast of quantity /annual requirement		
3	Approximate estimated value for above quantity		
4	Maker's name and address		
5	Name(s) of authorized dealers/ stockists		
6	I approve the above purchase on PAC basis and certify that : - Note- Tick to retain only one out of (b), C-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it - without which PAC certificate will be invalid.		
6 (a)	This is the only firm who is manufacturing / stocking this item. AND		
6 (b)	A Similar article is not manufactured / sold by any other firm, which could be used in lieu OR		
6 (c-1)	No other make/brand will be suitable for following tangible reasons (like OEM/ Warranty, spares.) : OR _____		
6 (c)	No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources) : OR _____		
7	Reference of concurrence of finance wing to the proposal :		
History of PAC Purchase of this item for past three years may be given below :			
Name of the Supplier			
Order/ Tender Reference & Date	Quantity Ordered	Basic Rate on Order (Rs.)	Adverse Performance Reported if Any

Signature of the Indenting Officer

Signature of Approving Authority.....

Date..... Designation of Officer.....