**PROCUREMENT INDENT – ‘A’**

**Purchase of Goods & Services (Maintenance, Repair etc.) as per GeM 149(i)/ GFR Rule-154**

**(For items up to Rs.25,000/-)**

|  |  |
| --- | --- |
|  | Indent No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  (To be filled by Purchase Section) |

1. Only typed Indent without any cutting/ overwriting will be accepted.
2. Indent should be submitted for ‘same category’ of items.
3. No specific make/brand of a specific manufacturer/ firm should be mentioned.

TO BE FILLED BY THE INDENTING OFFICER: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name of the Indenting Officer : | Designation :  Landline/MobileNo. |
| Name of HOD : | Designation :  Landline/MobileNo. |
| Name of Dept. /Section : | Landline/MobileNo. |
| Total estimated cost of all indented items | Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/- (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**Category: Asset/ Consumable (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)

The following items are required for (purpose in brief with function and full justification for the present requirement)

Requirement : Fresh/additional/replacement (please specify)

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| --- | --- | --- | --- | --- | --- | --- |
| Sl  No | Name of the item(s) with detail specification (the description of the subject matter of procurement to the extent practicable should be objective, functional, generic and measurable and specify technical, qualitative and performance characteristics) | Qty. | Estimated cost of each item in Rs. | Available/ Not Available in  Stores | Signatures of Stores | |
| Storekeeper | ASO (Stores) |
| 1 |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Whether the item(s) as mentioned above are available in GeM or not | | **~~YES~~**/NO |
| If available, the relevant document to be attached | |  |
| If not available, Give reasons/  Justification (Separate sheet may be attached) |  | |

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| Signature of Indenting Officer Signature of HOD  Date : Date: |  |