**PROCUREMENT INDENT – ‘B’**

**Purchase of Goods & Services (Maintenance, Repair etc.) by Local Purchase Committee (LPC) as per GeM-149(ii)&(iii)/ GFR Rule-155 (For items costing above Rs.25,000/- and up to Rs.2,50,000/-)**

|  |  |
| --- | --- |
|  | 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 in the indent.

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

|  |  |
| --- | --- |
| Name of the Indenting Officer: **Mr. Sujan Kumar Mohanty** | Designation: **IT Consultant**Landline/ Mobile No. **0674-2476638** |
| Name of HOD : **Dr. Manoj Kumar Mohanty** | Designation: **Chairman**Landline/ Mobile No. **0674-2476638** |
| Name of Dept./Section: **IT CELL** | Landline/ Mobile No. **0674-2476638** |
| Total estimated cost of indented items  | **Rs.2,40,000/- (Rupees Two Lakhs Forty Thousand Only)** |

**Category: Asset/ Consumable (Please specify) Asset**

(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) **Wireless Access Points**

 The following items are required for (purpose in brief with function and full justification for the present requirement) **To implement Telemedicine facility at COVID Ward. The request letter is placed at Page no. 1**

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

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| --- | --- | --- | --- | --- | --- |
| SlNo | Name of the item(s) 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 and measurable and specify technical, qualitative and performance characteristics) |  Qty. | Estimated cost of each item in Rs. | Availability in Stores | Signatures of Stores |
| Storekeeper | ASO (stores) |
|  **1.** | **Wireless Access Points**  |  **24** | **Rs.10,000/-** |  **NO** |  |  |

Certified that the specifications are complete and correct to meet the requirement in all respect.

|  |  |
| --- | --- |
| 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)  | **This is an urgent requirement to implement** **Telemedicine facility in COVID Ward mentioned** **at Page no. 1. Said device is not available on GEM.** |

|  |  |
| --- | --- |
| Date of last purchase if any/ If yes the details may be attached in a separate sheet | **N/A** |
| Balance stock in Department and its duration of consumption : | **N/A** |
| The tentative duration of the quantity indented will last | **N/A** |

Signature of Indenting Officer Signature of HOD

Date: Date: