**PROCUREMENT INDENT – ‘D’**

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

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

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 : **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. /-Rupees** ( |

Category: Asset/ Consumable/Spares/Accessories etc. (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) **Line Interactive UPS**

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

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| --- | --- | --- | --- | --- | --- |
| 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 | **Comprehensive Annual Maintenance****Contract (On-Site) of 100 Desktop**(inventory List attached on Page No. ) | **100** | 2,25,000 |  **No** |  |  |
| 2 | **Comprehensive Annual Maintenance****Contract (On-Site) of 50 Printer**(inventory List attached on Page No. ) | **50** | 4,50,000 |  **No** |  |  |

|  |  |
| --- | --- |
| 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 : | **Required Annual Maintenance Cost for OLD desktop & Printer which are not in-service warranty. Also same kind of service is not available on GEM portal.** |

|  |  |
| --- | --- |
| 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** |

Certified that the specification is 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 (Pl specify)
2. The brief purpose, end use, summary of the functions and full justification of the indented equipment/item

**Required Annual Maintenance Cost for OLD desktop & Printer which are not**

**in-service warranty.**

1. Justification for purchase of additional unit of equipment, in case the item is already available at AIIMS, BBSR /Division (to justify duplication of items) / **NA** (Pl. tick which is applicable)
2. Please tick the appropriate one: (i) the equipment will enhance research capabilities of AIIMS, Bhubaneswar (ii) Treatment of patients **(✓)** (iii) will attract other projects (iii) Academic purpose **(✓)** (iv) Any other purpose (v) Not applicable
3. Warranty Period required: NA
4. CMC period required: NA
5. The tentative delivery of the item(s) at AIIMS, Bhubaneswar is required on or before\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please mention date or period).
6. 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\_\_\_\_\_\_\_\_\_\_\_\_\_.
7. The inspection report of the material shall be sent to Central Stores within \_\_\_\_\_\_\_\_\_\_ days after receipt of the goods.
8. The details about the life of the instrument/equipment etc., availability of spares, maintenance etc.: **NA**
9. 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. **NA**

1. The log book for the operation of equipment shall be maintained by the user (**Yes/~~NA~~)**
2. 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)