

PROPRIETARY EQUIPMENT REQUISITION PROFORMA
(COSTING Rs. 2.50 Lac & ABOVE)

Name of the Department _____

***PLEASE GIVE COMPLETE INFORMATION AGAINST ALL THE FOLLOWING COLUMNS PREFERABLY TYPED.
 Incomplete Proforma shall not be accepted***

1.	Name of the Equipment (In block letters)	
a.	Quantity required	
b.	Nos. of similar equipments available in the Deptt.	
C.	Whether demand is for additional New or Replacement	
d.	Whether same / similar equipment is available in any other department	
e.	Has the equipment been tendered earlier? If yes, please mention the file number and reasons of closing the file	
f.	Whether equipment in question is Proprietary in nature or not	
2. i	Approx. cost of each equipment	
ii	Total cost (in words)	
3.	Brief resume of the use of the equipment	
4.	What was the current alternative methodology and what are the handicap faced without the equipment being made available	
5.	What is the expected work load on the equipment	
6.	What additional spares and reagents will be required on recurring / non-recurring basis	
7.	What physical facilities will be required to make the equipment functional e.g. Air-conditioning, Electrical connection, voltage stabilizer, space, building sternation& other civil /electrical work etc.	
8.	Whether approval of plans / drawings / clearances if required have been obtained	
9.	Whether Turnkey job required	Yes / No
10.	Whether incidental services lime installation, commissioning, trial run and training at the site etc. if any required	
11.	What is the mode of repairs or maintenance of the equipment, if service contract is available or not by the manufacturer	
12 i.	Warranty for five years as per standard Terms & Condition required?	Yes / No

(Please use both side printing proforma)

ii.	If no, mention the period of Guaranty / warranty with reasons	
13. i.	Whether comprehensive AMC (with spares) for 5 years after completion of Guaranty / Warranty for five years as per standard Terms & Conditions required?	Yes / No
ii.	If no, please mention the period with reasons	
14.	Separate typed copy of GENERAL BROAD BASED SPECIFICATION, not pertaining to particular make, model & manufacturer duly signed by the HOD with his seal should be attached alongwith this Proforma	Attached / Not attached
15.	Annexure – A duly signed & Seal is enclosed	

Signature of any other Medical Officer
Supporting the purchase

Signature of the Indenting Officer

Remarks by the HOD

Remarks by the Screening Committee

Approval of the M.S.

Annexure – A

I Head of department of of this hospital is hereby confirm that:

1. The(name of the equipment) equipment(s) /spares is / are very essential to run and maintain the hospital/department.
2. Justification for the procurement of aforesaid equipment's is attached herewith duly typed and signed.
3. The equipment (s)/spares is/are for patient care only. They will not be used for research and / or teaching.
4. The equipment spare is/are Non consumable/consumable.
5. Sufficient technical staffs/doctors are available, for operation of the equipment immediately after the equipment is installed commissioned and handed over the firm.
6. Specifications of the equipment are broad based, fair general in nature and not pertaining to any particular make and model. Adequate precautions have been taken that Indian manufacturers are not eliminated. The Technical specifications are complete in all respect. The Technical specifications should clearly spell out the following requirements in details:
 - i. The technical parameter of each component/assembly/part:
 - ii. The list of essential spares/accessories which are required to be purchased along with the equipment/stores;
 - iii. The list of optional items/parts to enable the user to buy is required:
 - iv. The requirement of incidental services like installation, commissioning, trial run and training at site etc., if any required.
 - v. The requirement Turn-key job and the extent to which it would be complete well ensuring that the Turn-key portion of the contract should be completed well before the supply of the equipment.
 - vi. The requirement of warranty (Comprehensive) period of five years from the date of installation (for installation contracts) or from the date of receipt (Supply Contracts).
 - vii. The requirement of After Sales Service (Comprehensive or labour only) for a period of minimum five year after the warranty period to enable the user to enter into annual Maintenance contracts at appropriate time.
7. Approval of plans/drawings/clearances as required have been obtained.
8. Sufficient space/site is available.
9. The required pre-requisites (Civil/electrical Works) are identified, ready and to be immediately made available to the firm.

SIGNATURE OF HOD WITH SEAL

NON- PROPRIETARY EQUIPMENT REQUISITION PROFORMA
(COSTING Rs. 2.50 Lac & ABOVE)

Name of the Department _____

PLEASE GIVE COMPLETE INFORMATION AGAINST ALL THE FOLLOWING COLUMNS PREFERABLY TYPED. Incomplete Proforma shall not be accepted

1.	Name of the Equipment (In block letters)	
a.	Quantity required	
b.	Nos. of similar equipments available in the Deptt.	
C.	Whether demand is for additional New or Replacement	
d.	Whether same / similar equipment is available in any other department	
e.	Has the equipment been tendered earlier? If yes, please mention the file number and reasons of closing the file	
2. i	Approx. cost of each equipment	
ii	Total cost (in words)	
3.	Brief resume of the use of the equipment	
4.	What was the current alternative methodology and what are the handicap faced without the equipment being made available	
5.	What is the expected work load on the equipment	
6.	What additional spares and reagents will be required on recurring / non-recurring basis	
7.	What physical facilities will be required to make the equipment functional e.g. Air-conditioning, Electrical connection, voltage stabilizer, space, building sternation& other civil /electrical work etc.	
8.	Whether approval of plans / drawings / clearances if required have been obtained	
9.	Whether Turnkey job required	Yes / No
10.	Whether incidental services lime installation, commissioning, trial run and training at the site etc. if any required	
11.	What is the mode of repairs or maintenance of the equipment, if service contract is available or not by the manufacturer	
12 i.	Warranty for five years as per standard Terms & Condition required?	Yes / No

(Please use both side printing proforma)

ii.	If no, mention the period of Guaranty / warranty with reasons	
13. i.	Whether comprehensive AMC (with spares) for 5 years after completion of Guaranty / Warranty for five years as per standard Terms & Condition required?	Yes / No
ii.	If no, please mention the period with reasons	
14.	Separate typed copy of GENERAL BROAD BASED SPECIFICATION, not pertaining to particular make, model & manufacturer duly signed by the HOD with his seal should be attached alongwith this Proforma	Attached / Not attached
15.	Annexure – A duly signed & Seal is enclosed	

Signature of any other Medical Officer Supporting the purchase

Signature of the Indenting Officer

Remarks by the HOD

Remarks by the Screening Committee

Approval of the M.S.

Annexure – A

I Head of department of of this hospital is hereby confirm that:

10. The(name of the equipment) equipment(s) /spares is / are very essential to run and maintain the hospital/department.
11. Justification for the procurement of aforesaid equipment's is attached herewith duly typed and signed.
12. The equipment (s)/spares is/are for patient care only. They will not be used for research and / or teaching.
13. The equipment spare is/are Non consumable/consumable.
14. Sufficient technical staffs/doctors are available, for operation of the equipment immediately after the equipment is installed commissioned and handed over the firm.
15. Specifications of the equipment are broad based, fair general in nature and not pertaining to any particular make and model. Adequate precautions have been taken that Indian manufacturers are not eliminated. The Technical specifications are complete in all respect. The Technical specifications should clearly spell out the following requirements in details:
 - viii. The technical parameter of each component/assembly/part:
 - ix. The list of essential spares/accessories which are required to be purchased along with the equipment/stores;
 - x. The list of optional items/parts to enable the user to buy is required:
 - xi. The requirement of incidental services like installation, commissioning, trial run and training at site etc., if any required.
 - xii. The requirement Turn-key job and the extent to which it would be complete well ensuring that the Turn-key portion of the contract should be completed well before the supply of the equipment.
 - xiii. The requirement of warranty (Comprehensive) period of five years from the date of installation (for installation contracts) or from the date of receipt (Supply Contracts).
 - xiv. The requirement of After Sales Service (Comprehensive or labour only) for a period of minimum five year after the warranty period to enable the user to enter into annual Maintenance contracts at appropriate time.
16. Approval of plans/drawings/clearances as required have been obtained.
17. Sufficient space/site is available.
18. The required pre-requisites (Civil/electrical Works) are identified, ready and to be immediately made available to the firm.

SSIGNATURE OF HOD WITH SEAL

EQUIPMENT/OTHER NON-CONSUMABLE SURGICAL ITEMS REQUISITION PROFORMA
(HAVING COST EQUAL TO OR BELOW Rs. 2,50,000/-)

Name of the Department _____

PLEASE GIVE COMPLETE INFORMATION AGAINST ALL THE FOLLOWING COLUMNS PREFERABLY TYPED. (Incomplete Proforma shall not be accepted)

1.	Name of the Equipment (In block letters)	
2.	Quantity required	
3.(i)	Approx. cost of each equipment	
3.(ii)	Total cost (in figure)	
3.(iii)	Total cost (in words)	
4.	GENERAL BROAD BASED SPECIFICATION , not pertaining to particular make, model & manufacturer duly signed by the HOD with seal has been attached alongwith this Proforma.	
5.	Brief resume of the use of the equipment	
6.	It is certified that the Equipment is non consumable item.	
7.	It is certified that the Equipment has been checked on GeM website (https://gem.gov.in) and the same is NOT AVAILABLE on GeM (Government e- market Place) Portal.	
8.	It is certified that the Equipment has been checked on GeM website (https://gem.gov.in) and the same is AVAILABLE on GeM (Government e- market Place) Portal. (Copy of the same indication name of the equipment, category of GeM under which equipment is available is attached.	

It is also certified that this requirement is for one time purchase and no further demand for these item (s) will be placed on later stage in the current financial year, and AMC/CAMC is also not required for these item(s).

SIGNATURE OF HOD WITH SEAL

REQUISITION FORM

For Purchase of Spares-Parts /Accessories/Consumables-items /Reagents & Repair-work of (Please tick the appropriate header) an Equipment named: _____.

M/s. _____ has submitted an estimate No. _____

_____ Dated : _____ amounting Rs. _____ (in words)Rupees _____ for Purchase of Spares-Parts

/Accessories/Consumables-items /Reagents & Repair-Work

of _____ the above estimate was received in response of our/HOD letter No. _____ dt. _____ (The details of the estimate may be seen in the attached quotation).

1	Name of the Department	
2	Name of the basic equipment with its Model/S.No. for which spares/accessories is required.	
3	Cost of the equipment	
4	Present cost of the equipment	
5	No. of Similar equipments in the Deptt. with Model &S.No. with functional status	
6	Date of installation of the equipment	
7	Date since equipment is non-functional	
8	Total Amount spent on its repair till date	
9	Whether same items were procured Previously if so that date of Purchase	
10	Amount of Present estimate & whether the same is reasonable and recommended for Procurement (also verify the same in Estimate provided by the firm)	
11	Whether the repair job and purchase of stores is proprietary in nature (if yes Attached PAC form)	
12	Whether the equipment is under Warranty or AMC or CAMC (tick any) <ul style="list-style-type: none">• Warranty• AMC• CAMC	<ul style="list-style-type: none">• Whether Yes or No :• Period from :to.....• (Whether AMC or CAMC).....(Please mention as applicable)
13	To confirm that replacement part(s) is/are not repairable/serviceable.	
14	To confirm that the defective parts/ spares will be kept in the deptt. for further condemnation.	

SIGNATURE OF HOD WITH SEAL

PROPRIETARY ARTICLE CERTIFICATE

1. The equipment/stores wanted is/are manufactured by
M/s. _____

2. No other make is acceptable for the following reasons:-
 - i) _____
 - ii) _____

SIGNATURE OF THE INDENTOR
With Seal

Dated:-----

UTILIZATION CERTIFICATE

(CONSUMABLES/REAGENTS/ACCESSORIES)

NAME OF THE DEPARTMENT: _____

NAME OF THE EQUIPMENT: _____

DATE/QUANTITY OF LAST PURCHASE: _____

COST OF THE LAST DEMAND PURCHASED: Rs. _____

TOTAL CONSUMPTION TILL DATE OUT OF LAST DEMAND PURCHASED: **(Consumables/reagents/accessories)**

TOTAL NO. OF TESTS/WORKLOAD PERFORMED (PER MONTH): _____

DATE:

SIGNATURE OF HEAD OF DEPARTMENT

**GOVERNMENT OF INDIA
OFFICE OF THE MEDICAL SUPERINTENDENT
SAFDARJUNG HOSPITAL, NEW DELHI-110 029**

FORM FOR AMC/CAMC

Last year an A.M.C./C.A.M.C. No. _____ dt. _____ for the maintenance and servicing of _____ installed in the Deptt. of _____ was awarded to M/s. _____ Rs. _____ P.A. which was expired on _____ /will expire on _____ .

Now, M/s. _____ has submitted A.M.C./ C.A.M.C. proposal No. _____ dt. _____ for renewal of the contract for the period from _____ to _____.

The details of the contract are as under-

Charges :
Spares :
Visits :

In comparison to the last year contract, there is an enhancement of Rs. _____.

Before the proposal is put-up to **Medical Superintendent/Repair Committee** for approved, we may obtain the comments of Head of the Deptt. Of _____ and also request him/her to furnish the following information:-

1	Date of Receipt/Installation of the equipment (s) in the Department	
2	Cost of the equipment (s)	
3	Whether the equipment (s) is/are in working order.	
4	Whether the AMC/CAMC of the equipment(s) is inevitable.	
5	Whether the AMC/CAMC charges seem to be reasonable.	
6	Whether the firm is the authorized agent/manufacturer/supplier	
7	Whether authority letter enclosed?	
8	Whether the term & condition for AMC/CAMC are acceptable to HOD of the deptt.	
9	Whether the last year AMC/CAMC was given to same firm?	
10	Whether the firm has been providing continuous services since the expiry of last AMC/CAMC	

SIGNATURE OF HOD WITH SEAL