**NEW FORMAT**

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| logo_rai.jpg | **अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)****All India Institute of Medical Sciences, Raipur (Chhattisgarh)**Tatibandh, GE Road, Raipur-492 099 (CG)[www.aiimsraipur.edu.in](http://www.aiimsraipur.edu.in) |

**Purchase Proposal Request form [PPRF]**

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To,

The Director,

AIIMS, Raipur.

|  |  |
| --- | --- |
| Dept. Indent No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Indent Date :\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Quotation Attached purchase order if any | Yes / NoYes / No |
| Nature of Items: PAC / Non PAC (if yes, kindly filled PAC form which is enclosed) |
|  [PAC = Proprietary Article Certificate] |

|  |  |
| --- | --- |
| **Types of Material:** | **Purchase order type:** |
| Consumable |  | Normal |  |
| Non-Consumable |  | Additional Requirement |  |
| Capital Asset |  | Rate Contract |  |
| Imported |  |  |  |
| Indigenous |  |  |  |

Please Tick where ever-applicable Item Category \_\_\_\_\_\_\_\_\_\_\_\_

(Please see the next page for details info of Category )

* **Item Details of Required Items**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.no.** | **Complete Description of items (Specification Model, Catalog No)** **Use separate Sheet if required & signed by indenter and HOD** | **Stock Held on date (Where ever applicable)** | **Quantity Required** | **Purpose** | **Approx Unit Price** | **Approx Total Cost** |
|  |  |  |  |  |  |  |
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**Justifications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Warranty / AMC / CMC (if required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no.** | **Name of Item** | **Warranty Period (in year)** | **AMC Period****(in year)** | **CMC Period****(in year)** | **Product Quality Certificate****(if required)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

* **Consumption detail (If any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no.** | **Name of Item** | **Item Code** | **Approximate Consumption detail (year wise)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **Last PO particular (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no.** | **PO no. & Date** | **Name of Firm** | **All inclusive rate (in ₹)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **Budget Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no.** | **Department Name/ Project No.** | **Allocation Head** | **Allocated Amount** |
|  |  |  |  |
|  |  |  |  |

* **Suggested Supplier**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no.** | **Name** | **Address** | **Contact No. (if any)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Whether items are available in Hospital Stores Y / N
2. Certified that Allocation exist for the above amount.
3. Unit price / Approx. Cost is reasonable as per prevailing market rates.

|  |  |
| --- | --- |
| Indenter's Signature & SealName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:Mobile: |  Seal & Signature of HOD |

Recommended by

M.S. / D.D.A

**Purchase Categories for which separate indent forms are to be used**

|  |  |
| --- | --- |
| **S. No.** | **Item Category** |
| 1 | Chemicals |
| 2 | Cooling Equipment & Goods |
| 3 | Electrical / Electronic Equipment & Goods |
| 4 | Gas & Gas Cylinder etc. |
| 5 | Glassware & Glass Apparatus |
| 6 | Hardware |
| 7 | Medical Consumable Goods |
| 8 | Medical Equipment & Goods |
| 9 | Medical Instrument |
| 10 | Medicines |
| 11 | Office Equipment |
| 12 | Petroleum Products |
| 13 | Scientific Equipment & Goods |
| 14 | Stationery |
| 15 | Textile & Liveries |
| 16 | Tools |
| 17 | Wooden item |
| 18 | Anything not covered Under the above |

**Certificate for Purchase of Proprietary Article**

(1) Description of Article ------------------------------------------------------------------

 ------------------------------------------------------------------

(2) Quantity -------------------------------------------------------------------

(3) Approximate cost, if known ----------------------------------------------------------------

(4) Maker's name and address -------------------------------------------------------------------

 (5) Name of Local Agents -------------------------------------------------------------------

. -----------------------------------------------------------------

 (6) I approve the above purchase and I certify that:

 (a) No other make/brand will be suitable.

 (b) This is the only firm who is manufacturing/stocking this item.

 (c) A similar article is not manufactured/sold by any other firm, which could be

 used in lieu.

 *Note- Delete* (a) or (c) whichever is not necessary.

 Signature ---------------------------------

 Date ------------------- Designation of Officer -------------------

Counter Signed

M.S. / D.D.A/DEAN

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Check List** |  |  |
| Requisition No. : | Date : |  |
|  |  |  |  |
| **Sr. No.** | **Description** | **Remarks** |
| 1 | Whether requisition/Indent No. is mentioned in PPRF. | Yes | No |
| 2 | Whether the demand is routed through nominated HOD/MS | Yes | No |
| 3 | Whether demands are routed through HOD/DEAN. | Yes | No |
| 4 | Whether head of allocation & consignee code is indicated correctly | Yes | No |
| 5 | Technical Particulars | Yes | No |
| 5.1 | Whether Technical particulars (description specifications etc) are mentioned in PPRF. | Yes | No |
| 5.2 | Whether drawing or specification is enclosed with demand (if any) | Yes | No |
| 6 | Detail of last demand submitted for the same item | Yes | No |
| 6.1 | Demand No. : Date : | Yes | No |
| 6.2 | Quantity | Yes | No |
| 7 | Last Purchase Details should have been given with following particulars | Yes | No |
| 7.1 | PO no. and date: | Yes | No |
| 7.2 | Name of supplier: | Yes | No |
| 7.3 | Rate & unit | Yes | No |
| 7.4 | Whether the supplies materialized were accepted?  | Yes | No |
| 8 | Whether the basis for estimation of the rate has been attached. (Please attach Budgetary quotation / Last PO copy) | Yes | No |
| 9 | Whether quantity / rate / total value is mentioned in Indent. (Purchase Proposal Request form) | Yes | No |
| 10 | Have the name of the likely supplier/Suggested supplier been furnished? | Yes | No |
| **Note:** | **All columns should be meticulously filled in to avoid any back reference.** |