



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
 Tatibandh, GE Road, Raipur-492 099 (CG)
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Purchase Proposal Request form [PPRF]

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To,
 The Director,
 AIIMS, Raipur.

Dept. Indent No. _____

Indent Date : _____

Department : _____

Quotation Attached Yes / No

purchase order if any Yes / 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

Justifications: _____

➤ **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)

➤ **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 & Seal

Name: _____

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.