



**Purchase Proposal Request form**

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To

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	

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)

- Whether items are available in Hospital Stores
- Certified that Allocation exist for the above amount

Y / N

Indenter's Signature & Seal

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Seal & Signature of HOD

## **Purchase Categories for which separate indent form are to be used**

<b>S.no.</b>	<b>Item Name</b>
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 -----  
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(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.*

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