



**Purchase Proposal Request Form [PPRF]**

Department Indent No: \_\_\_\_\_  
Approved in Assessment Committee Vide: \_\_\_\_\_

Indent Date:- / /20....

To,

**The Director,**  
AIIMS, Raipur (C.G.)

1. Name of Department: \_\_\_\_\_
2. Name of item being procured: \_\_\_\_\_
3. Category of procurement. Tick from following options -

- (i) Normal  (ii) Repeat Order  (iii) Rate Contract   
(iv) General  (v) Capital  (vi) \*PAC/Non-PAC

(\*Proprietary Article Certificate, kindly fill the PAC form which is enclosed)

4. Category of item being procured. Tick from following options -

| Sl. No. | Items Categories for General                         | Please Tick | Sl. No. | Items Categories for Capital                         | Please Tick |
|---------|--|-------------|---------|--|-------------|
| (i)     | Chemicals, Medical Consumable & Regents              |             | (x)     | Medical Equipment & Tools                            |             |
| (ii)    | Inks & Cartridge of Office Equipment                 |             | (xi)    | Office Equipment (Computers, Printer, Laptops etc.)  |             |
| (iii)   | Drugs & Medicines                                    |             | (xii)   | Electrical Fittings & Appliances                     |             |
| (iv)    | Petroleum Products                                   |             | (xiii)  | Plant & Machinery                                    |             |
| (v)     | Printing & Stationery                                |             | (xiv)   | Furniture & Fixtures                                 |             |
| (vi)    | Wooden, Glassware Apparatus & Glass                  |             | (xv)    | Motor Vehicle  |             |
| (vii)   | Gas & Gas Cylinder etc.                              |             | (xvi)   | Office Machinery                                     |             |
| (viii)  | Textile & Handloom Items                             |             | (xvii)  | Software   |             |
| (ix)    | Anything not covered Under the above, please mention |             | (xviii) | Anything not covered Under the above, please mention |             |

5. **Procurement through:** Central Store/Hospital Store/others (specify)

6. **Last purchase price (LPP) (attached):** Previous PO/PO from other Institute /GeM (Vender Quotation will not be accepted.)

**Detailed justification for procurement:**

**7. Detailed Justifications( It is mandatory to fill all the Columns/Tables below/unfilled /blank PPRF will not be accepted):**

(i) Purpose of item. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) Is same item available in any other department \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iii) If yes, why can't it be used to meet the purpose \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iv) How was purpose met till date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(v) Is there any alternate arrangement available for same purpose in AIIMS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(vi) Justification of quantity and cost:**

| S.No. | Description of items | Consumption of cost one year | Stock Held on date (Mandatory) | Quantity Required | Approx. Unit Price (Incl Tax) [INR] | Approx. Total Cost (Incl Tax) [INR] |
|-------|----------------------|------------------------------|--------------------------------|-------------------|-------------------------------------|-------------------------------------|
|       |                      |                              |                                |                   |                                     |                                     |

**\*Specification Model, Catalog No (Use separate sheet if required & signed by indenter and HoD)**

**(vii) 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) |
|-------|--------------|---------------------------|----------------------|----------------------|---|
|       |              |                           |                      |                      |   |

**(viii) Last PO/ Other Institution PO particular (Mandatory):**

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

**(ix) Whether item is available on GeM :**

| Sl.no. | Item Code on Gem | Price (in ₹) incl taxes. |
|--------|------------------|--------------------------|
|        |                  |                          |

**(x) Justification (only if emergent/urgent required)**

| Sl.no. | Make | Name & Address of Supplier | Contact No. (if any) |
|--------|------|----------------------------|----------------------|
|        |      |                            |                      |

**(xi) Details of Procurement of same item within Current FY.**

| Sl.no. | PO Date | Item | Qty | Remarks |
|--------|---------|------|-----|---------|
|        |         |      |     |         |

8. **Terms & conditions if any:**

\_\_\_\_\_

9. **Additional Information:**

(i) Site and storage availability in the department. \_\_\_\_\_

(ii) Cost is reasonable as per prevailing market rates. \_\_\_\_\_

(iii) It is certified that the technical specifications are broad based and generalized, and are based on minimum functional requirements and performance standards.

(iv) The PPRF fully conforms to the guidelines issued vide Central stores office order No: AIIMS/R/CS/OO/2226 Dated: 24-12-2019 and no information has been hidden or is misleading.

(v) It is certified that item is not being procured for more than three years under PAC category.

Indenter's Signature & Seal

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

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

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

It is certified that information given above is verified and certified as corrected. Further, I have read the guidelines for procurement (attached as Annexure I) and the proposal of above procurement confirm to those guidelines.

**Seal & Signature of HOD**

I have read the justification given along with extant rules on procurement of the said item proposed for procurement and accordingly recommend the procurement.

**M.S./DDA**

Note:

1. Budgetary quotation will not be accepted for estimated price. Last P.O./P.O. of other AIIMS/Govt. Hospitals etc. to be attached with PPRF
2. Incomplete PPRF will not be accepted and no action will be taken.
3. The information furnished in the PPRF should be clear and legible(to be typed)

**Guidelines for Procurement**

1. The indenting person should be in-charge/officer/faculty of the department and the Purchase Proposal Request form (PPRF) must be routed through and certified Head of the Department ( HoD).
2. PPRF must be recommended by MS/DDA/Dean as applicable.
3. **Medical Equipment** should be approved by **Assessment Committee**.
4. For all procurement, specification to be attached with PPRF. Specification must be vetted and verified by name seal & signature by the indenting person. **Specification must be in generalized manner/nature which will be widely applicable to the manufactures.**
5. For consumable items/medicine items, pack size must be mentioned by the indenting person.
6. Estimation of the rate (Purchase order preferably of other AIIMS/INSTITUTE) must be attached by name seal & signature by the indenting person.
7. If , item is required in Urgency details Justification should mention with emergency requirement duly signed by indenting person & must be routed through Head of Department Minimum emergent quantity must be proposed in urgency.
8. Period of Rate contract (RC) should be clearly mentioned for RC procurement at per General Financial Rules (GFR).
9. On PAC procurement, Manufacture Proprietary certificate (Notarized) must be attached with PAC also seal & signature by the indenting person & HoD PAC certificated should clearly mention name of item being procured as PAC and not the model/make/features of the item.
10. As per the Manual of Procurement of Goods, **No item should be procured on PAC basis for more than three years, after which a mandatory Open Tender mode may be used, to test the market.** Therefore no item will be purchased though PAC basis Indenter to certify that PAC item is not being procurement for more than 3 years.
11. As per the order/Guidelines of the Govt. of India, the purchase of all equipment/items through **GeM is mandatory** & also **Make in India** is preferred.
12. It is mandatory to give details of consumption/utilization of consumable /medical consumables/medicines per year.
13. Same Equipment's/instruments (PPRF is being filled) kept on the department must be mentioned on **Stock Held on date.**
14. Equipment/items should be within the budget allocated by the finance Department.
15. **Repeatedly purchased consumable items/medicines should be purchased on Rate Contract.**
16. Before filling the PPRF, review the work allocation Office order no. 22/18/2019/Admin/1319 Dt. 30/09/2019, Manual of Procurement of Goods & General Financial Rules (GFR).

Signature\_\_\_\_\_

Signature\_\_\_\_\_

Name\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

Designation\_\_\_\_\_

Signature of Indenter with Stamp

Signature of HOD with Stamp