



असतो मा सद्गमय

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)

No: AIIMS/R/CS/Patho/19/233/PAC

Dated:- 20.06.2020

NOC

**Sub:-** Purchase of **Consumable items to Reagents for 5 part cell counter in Hematology Lab in the Pathology & Lab Medicine Department** at, AIIMS, Raipur on Proprietary basis- **Inviting Comments Thereon.**

The institute is in the process to purchase of **Consumable items to Reagents for 5 part cell counter in Hematology Lab in the Pathology & Lab Medicine Department** at, AIIMS, Raipur, Raipur from M/s Transsasia Bio – Medicals Ltd. Transasia House, 8, Chandivali Studio Road, Mumbai 400072 on proprietary basis. The local agent for above item is M/s Scientific Traders, C-149/1, Matrix Heights, Tagore Nagar, Nr. Under Bridge, Pachpedi Naka Square, Raipur- 492001. The proposal submitted by department of Pathology & Lab Medicine at AIIMS, Raipur and PAC Certifications are attached which is to be upload on website.

The above documents are being uploaded for open information to submit objection/comments, if any from any manufacturer/distributor/dealer regarding proprietary nature of the items within 07 days from the date of issued/uploading of the notification by reference No. AIIMS/R/CS/Patho/19/233/PAC. The objection/comments should be sent to Stores Officer, Gate No. 05 Medical College Building, 2<sup>nd</sup> floor AIIMS, Raipur or may be send to email id: [store@aiimsraipur.edu.in](mailto:store@aiimsraipur.edu.in) on or before 26.06.2020 up to 3.00 pm. failing which it will be presumed that any manufacturer/distributor/dealer having no objection/comments to the uploaded offer.

- Encl:-**
01. Proprietary letter of Vender.
  02. Authorization letter of Vendor.
  03. Certificate for Purchase of Proprietary Article.

**Stores Officer**  
**AIIMS Raipur (CG)**  
**भंडार अधिकारी (के क्रय)**  
**Stores Officer (CP)**  
**एम्स, रायपुर (छ.ग.)**  
**AIIMS Raipur (C.G.)**



Dated : 04.10.2019

To  
HLL Life care Limited  
Noida.



Ref:- Tender No – HLL/PCD/PMSSY/AIIMS-II/18/14-15 DATED 20.06.2014 For procurement of Electronic Blood Cell Counter with Five part Differential for various All India Institute of Medical Sciences located at Bhopal, Bhubaneshwar, Jodhpur, Raipur, Rishikesh and Patna. Notification of Award - No. HLL/PCD/PMSSY/AIIMS-II/18/15-166/4701

**PROPRIETARY CERTIFICATE**

We M/s. Sysmex India Pvt Ltd, having registered office at Damji Shamji Business Galleria, Office No. 1002, 10th Floor, LBS Marg, Kanjur Marg (West), Mumbai 400 078 who is a subsidiary of M/s. Sysmex Asia Pacific Pte Ltd, Singapore, who in turn is a subsidiary of M/s. Sysmex Corporation, having factories at 314-2 Kitano, Noguchicho, Kakogawa, Hyogo 675-0011 and 1-5-1 Wakinohama Kaigandori, Chuo-ku, Kobe, Hyogo 675-0011, Japan do hereby authorize M/S Transasia Bio-Medicals Ltd, Transasia House, 8 Chandivali Studio Road, Andheri (East), Mumbai 400 072 to supply the Hematology Reagents and consumables for Hematology Analyzers manufactured by M/s. Sysmex. The attached series (Annexure A) is our proprietary series of reagents and consumables manufactured by M/s. Sysmex Corporation, Japan.

Thanking you,

14 OCT 2019

Yours Faithfully,

For **SYSMEX INDIA PVT. LTD.**

*(Handwritten Signature)*

**AUTHORISED SIGNATORY**



Attesting Witness

*(Handwritten Signature)*

**ATTESTED.**  
Dr. Nighat Hussain  
Sme Suresh Bardhan  
RAIPUR, CHHATTISGARH  
C.A. 1988-89  
08-03-2015  
GOVT. OF CHHATTISGARH  
NOTARY PUBLIC  
RAIPUR, CHHATTISGARH



**Annexure A**

**Analyzers**

| Item Description | Pack Size |
|------------------|-----------|
| XN-1000 Series   | 1 system  |

**Controls / Calibrators**

| Item Description | Pack Size         |
|------------------|-------------------|
| XN CHECK L1 ✓    | 8 x 3.0mL         |
| XN CHECK L2 ✓    | 8 x 3.0mL         |
| XN CHECK L3 ✓    | 8 x 3.0mL         |
| XN CHECK BF      | 2 Level x 3 vials |
| XN CAL           | 3 x 3.0mL         |
| XN CAL PF        | 3 x 3.0mL         |

**Reagents**

| Item Description | Pack Size |
|------------------|-----------|
| CELLCLEAN ✓      | 50mL x 1  |
| CELLPACK DCL ✓   | 20L x 1   |
| CELLPACK DFL ✓   | 1.5L x 2  |
| SULFOLYSER, ✓    | 1.5 L x 2 |
| FLUROCELL PLT ✓  | 12mL x 2  |
| FLUROCELL RET ✓  | 12mL x 2  |
| FLUROCELL WDF ✓  | 42mL x 2  |
| FLUROCELL WNR ✓  | 82mL x 2  |
| FLUROCELL WPC    | 12mL x 2  |
| LYSERCELL WDF ✓  | 5L x 1    |
| LYSERCELL WNR ✓  | 5L x 1    |
| LYSERCELL WPC    | 1.5L x 2  |



14 OCT 2019

Witness

SOLELY AFFIRMED &  
SWORN BEFORE ME BY  
THE WITHIN NAMED:

Smt. Sachitra Baradhan  
NOTARY / ADVOCATE  
RAIPUR. (C.G.)





UNMATCHED SERVICE  
SINCE 1979...

Transasia Bio - Medicals Ltd., Akshay Complex, B Wing, Gala No. 214, Tadiwala Road, Pune - 411001  
Tel: +91 20 2616 2658 Fax: +91 20 2616 2658 Email: wz3@transasia.co.in CIN: U33110MH1985PLC036198

Date : 12.10.2019

## AUTHORIZATION

To,  
The Stores Officer,  
All India Institute of Medical Sciences  
Tatibandh, GE Road,  
Raipur 492099, CG

Ref.: Authorization

Dear Sir,


We, Transasia Bio-Medicals Ltd., Transasia House, 8, Chandivali Studio Road, Mumbai 400 072 do hereby authorize Messrs. Scientific Traders, C-149/1, Matrix Heights, Tagore Nagar, Nr. Under Bridge, Pachpedi Naka Square, Raipur 492 001, Chhattisgarh (name and address of agents) to quote, supply and raise invoice for 5-Part Hematology Reagents going to be used on Sysmex 5-Part Hematology Analyzer installed at Dept. of Pathology & Transfusion Medicine supplied by us against HLL Lifecare Limited notice of award bearing no. HLL/PCD/PMSSY/AIIMS-II/18/15-16/4701.

Letter dt.04.10.2019 from Sysmex India Pvt. Ltd to HLL Lifecare Limited, Noida regarding proprietary of items and authorization to us for supply to of reagents to AIIMS (including Raipur) is also enclosed in attachment for your kind reference.


We assure you that M/s Scientific Traders, Raipur will render best of services on our behalf.

Thanking you,

Yours faithfully,

  
12.10.2019

Bhaskar Tiwari  
Area Manager-RGNT  
Mobile: +919300876926  
Email: b.tiwari@transasia.co.in

  
Dr. Nighat Hussain  
अतिरिक्त-पठ्यापक (पिथालोकी एवं लैबोरेटरी मेडिसिन)  
Additional Professor (Pathology & Laboratory Medicine)  
अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)  
All India Institute of Medical Sciences, Raipur (C.G.)



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)  
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स्वामित्व प्रमाण पत्र  
**Proprietary Article Certificate**

|  |  |  |
|--|--|--|
| फाइल संख्या और संदर्भ<br>File Number and Reference |  |  |
| 1  | सामाग्री का विवरण<br>Description of article  | Consumable reagent for 5 Part Cell Counter   |
| 2  | पूर्वानुमानित मात्रा/वार्षिक आवश्यकता<br>Forecast of quantity/annual requirement   | As per PPRF  |
| 3  | उपरोक्त मात्रा हेतु अनुमानित मूल्य<br>Approximate estimated value for above  | As per PPRF  |
| 4  | निर्माता का नाम एवं पता<br>Maker's name and address  | Transasia Biomedical Ltd.<br>Transasia House 8 Chandravali studio<br>road Andheri East Mumbai - 400072 |
| 5  | अधिकृत डीलर/स्टाकिस्ट का नाम<br>Name(s) of authorised dealers/stockists  | M/s Scientific Traders.<br>Panchpedi Nagar Raipur.   |
| 6  | <p>मैं पी ए सी के आधार पर उपरोक्त खरीद को स्वीकार करता हूँ और यह प्रमाणित करता हूँ कि:<br/>         नोट- (बी), (सी-1) या (सी-2) में से केवल एक को बनाए रखने के लिए टिक करें, जो भी लागू हो और दूसरो को काट दें। कृपया (ए) टिक कर पुष्टि करें इसके बिना पीएसी प्रमाण पत्र अवैध होगा<br/>         I approve the above purchase on PAC basis and certify that:-<br/>         Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others.<br/>         Please do confirm (a) by ticking it - without which PAC certificate will be invalid.</p> |  |
| 6 (a)  | यह एकमात्र फर्म है जो इस मद का निर्माण/संग्रहण कर रहा है।<br>और<br>This is the only firm who is manufacturing /stocking this item.<br>AND  | <input checked="" type="checkbox"/>  |
| 6 (b)  | किसी अन्य फर्म द्वारा समरूप मद निर्मित/विक्रय नहीं किया जाता है, जिसका उपयोग इसके बदले किया जा सकता है।<br>अथवा<br>A similar article is not manufacturing/sold by any other firm, which could be used in lieu as it is closed system.  | <input checked="" type="checkbox"/>  |
| 6 (c-1)  | कोई अन्य मेक/ब्रांड निम्नलिखित कारणो ( जैसे ओईएम/वारंटी के) के लिए उपयुक्त नहीं होगा।<br>अथवा<br>No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares):<br>OR   |  |
|  | .....<br>.....   |  |
| 6 (c)  | कोई अन्य मेक/ब्रांड निम्नलिखित कारणो से उपयुक्त नहीं होगा (अगर पीएसी   |  |

|   |   |                           |
|---|---|---------------------------|
|   | <p>पिछले खरीद में भी दिया गया था, तो कृपया इसके बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा</p> <p>No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR</p> <p>.....</p> <p>.....</p> |                           |
| 7 | <p>प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी)</p> <p>Reference of concurrence of finance wing to the proposal (Action will be taken by stores &amp; Account Department)</p>  | <p>.....</p> <p>.....</p> |

पिछले तीन सालों में इस मद की पीएसी खरीद का इतिहास नीचे दिया जा सकता है (यदि कोई हो) History of PAC purchase of this item for past three years may be given below (if any)

| प्रदायक का नाम<br>Name of the Supplier | आदेश/निविदा संदर्भ और दिनांक<br>Order/Tender reference & Date | आदेशित मात्रा<br>Quantity Ordered | आदेश पर मूल दर (₹)<br>Basic Rate on order (Rs.) | प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो<br>Adverse Performance Reported if any |
|--|---|-----------------------------------|---|---|
|  | AIIMS/ R/CS/ Patho/ 10/03/19<br>50732, 10/03/19               | As per PO                         | As per PO                                       | —   |
|  | AIIMS/ R/CS/ Patho/ 13/05/19<br>51049, 13/06/19               | As per PO                         | As per PO                                       | —   |
|  | AIIMS/ R/CS/ Patho/ 13/03/19<br>51259, 26/08/19               | As per PO                         | As per PO                                       | —   |
|  | AIIMS/ R/CS/ Patho/ 13/13/19<br>PAC/51474, 30/10/19           | As per PO                         | As per PO                                       | —   |

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर -----

Dr. Nighat Hussain

Dr. Nighat Hussain

किरिक्त-प्राध्यापक (पैथोलॉजी एवं लैबरटरी मेडिसिन)

National Institute of Medical Sciences, Raipur (C.G.)

जति अधिकारी का पदनाम

All India Institute of Medical Sciences, Raipur (C.G.)

दिनांक -----

CS/2W/1208  
19/12/19

NEW FORMAT



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

**Purchase Proposal Request form [PPRF]**

Page \_\_\_ of \_\_\_

To  
The Director.  
AIIMS, Raipur.

Dept Indent No. 14-233 Indent Date: 18/12/19  
Department: **Department of Pathology & Lab Medicine**

Nature of Items:  PAC / Non PAC (if yes, kindly filled PAC form wh  
[PAC = Proprietary Article Certificate]

**Types of Material:**

|                          |                |
|--------------------------|----------------|
| <input type="checkbox"/> | Consumable     |
| <input type="checkbox"/> | Non-Consumable |
| <input type="checkbox"/> | Capital Asset  |
| <input type="checkbox"/> | Imported       |
| <input type="checkbox"/> | Indigenous     |

Please Tick where ever-applicable

► **Item Details of Required Items**

*[Signature]*  
19/12  
AC

| S.No. | Complete Description of items (Specification Model, Catalog No) |            |            |            |
|-------|---|------------|------------|------------|
|       | Use separate Sheet if required & signed by indenter and HOD     |            |            |            |
|       | Reagent Name  | Pack size  | Net Volume | Make/Brand |
|       | WDF-FLUOROCELL  | 42 ML. x 2 | 84 ML.     | Sysmex     |

**Justifications:** These consumables items are ancillary articles to run the  
Medicine. The quantity is enough for next 6-8 month.

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

| Sr. | Name of Item | Warranty Period (in year) |
|-----|--------------|---------------------------|
|     |              |                           |

► **Consumption detail (If any)**

| Sr. No. | Name of Item | Item code |
|---------|--------------|-----------|
|         |              |           |

*[Signature]*  
19/12