



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. _____

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
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



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स्वामित्व प्रमाण पत्र
Proprietary Article Certificate

फाइल संख्या और संदर्भ File Number and Reference		
1	सामाग्री का विवरण Description of article	
2	पूर्वानुमानित मात्रा / वार्षिक आवश्यकता Forecast of quantity/annual requirement	
3	उपरोक्त मात्रा हेतु अनुमानित मूल्य Approximate estimated value for above	
4	निर्माता का नाम एवं पता Maker's name and address	
5	अधिकृत डीलर / स्टॉकिस्ट का नाम Name(s) of authorised dealers/stockists	
6	मैं पी ए सी के आधार पर उपरोक्त खरीद को स्वीकार करता हूं और यह प्रमाणित करता हूं कि: 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 I approve the above purchase on PAC basis and certify that:- Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it – without which PAC certificate will be invalid.	
6 (a)	यह एकमात्र फर्म है जो इस मद का निर्माण/संग्रहण कर रहा है। और This is the only firm who is manufacturing /stocking this item. AND	
6 (b)	किसी अन्य फर्म द्वारा समरूप मद निर्मित/विक्रय नहीं किया जाता है, जिसका उपयोग इसके बदले किया जा सकता है। अथवा A similar article is not manufacturing/sold by any other firm, which could be used in lieu OR	
6 (c-1)	कोई अन्य मेक/ब्रांड निम्नलिखित कारणों (जैसे ओईएम/वारंटी के) के लिए उपयुक्त नहीं होगा। अथवा No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR	
6 (c)	कोई अन्य मेक/ब्रांड निम्नलिखित कारणों 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 & Account Department)</p>	<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)</p>			
<p>प्रदायक का नाम</p> <p>Name of the Supplier</p>			
<p>आदेश/निविदा संदर्भ और दिनांक</p> <p>Order/Tender reference & Date</p>	<p>आदेशित मात्रा</p> <p>Quantity Ordered</p>	<p>आदेश पर मूल दर (₹)</p> <p>Basic Rate on order (Rs.)</p>	<p>प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो</p> <p>Adverse Performance Reported if any</p>

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर -----

दिनांक ----- अधिकारी का पदनाम -----

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.