



Purchase Proposal Request form [PPRF]

Dept. Indent No. _____

Indent Date: _____

To,

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

Name of Department: _____

Normal ☐ Additional/Repeat Order ☐ Rate Contract ☐

General ☐ Capital ☐

PAC ☐ Non PAC ☐

(Proprietary Article Certificate, kindly filled PAC form which is enclosed)

Sl. No.	Items Categories for General	Please Tick	Items Categories for Capital	Please Tick
1.	Chemicals, Medical Consumable & Regents		Medical Equipment & Tools	
2.	Inks & Cartridge of Office Equipment		Office Equipment (Computers, Printer, Laptops etc.)	
3.	Drugs & Medicines		Electrical Fittings & Appliances	
4.	Petroleum Products		Plant & Machinery	
5.	Printing & Stationery		Furniture & Fixtures	
6.	Wooden, Glassware & Glass Apparatus		Motor Vehicle	
7.	Gas & Gas Cylinder etc.		Office Machinery	
8.	Textile & Handloom Items		Software	
9.	Anything not covered Under the above, please mention		Anything not covered Under the above, please mention	

Procurement through:

Central Store ☐ Hospital Store ☐ IT Cell ☐
 (Only Sl. 02)

Price Preference (Attached):

Previous PO ☐ Other Institute PO ☐ Vendor Quotation ☐ GeM ☐

(Please Tick where ever-applicable)

➤ **Item Details of Required Items**

Sl.no.	Complete Description of items (Specification Model, Catalog No) Use separate Sheet if required & signed by indenter and HOD	Stock Held on date (Mandatory)	Quantity Required	Approx. Unit Price (Including Tax)	Approx. Total Cost (Including Tax)

Justifications (Mandatory):_____

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

Sl.no.	Name of Item	Warranty Period (in year)	AMC Period (in year)	CMC Period (in year)	Product Quality Certificate (if required)

➤ **Consumption detail/Utilization (If any)**

Sl. no.	Name of Item	Item Code	Approximate Consumption detail (year wise)

➤ **Last PO/Other institution PO particular (if any)**

S.no.	PO no. & Date	Name of Firm	All inclusive rate (in ₹)

➤ **GeM/Quotation Details (if any)**

Sl. no.	Vendor Name	Basic Price (in ₹)	Tax (in ₹)	Total Price (in ₹)

➤ **Suggested Supplier**

Sl.no.	Name	Address	Contact No. (if any)

1. Site Availability in the Department.
2. Whether items are available in Stores.
3. Unit price / Approx. Cost are reasonable as per prevailing market rates.
4. It is certified that the technical specifications are broad based and generalized, and are based on functional requirements and performance standards.
5. The PPRF fully conforms to the guidelines issued vide Central stores office order No:- AIIMS/R/CS/00/2226 Dated:- 24-12-2019.

(Please mention Yes or No in the above boxes)

Indenter's Signature & Seal

Name: _____

Email: _____

Mobile: _____

Seal & Signature of HOD

Recommended by

M.S./D.D.A



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स्वामित्वप्रमाणपत्र
Proprietary Article Certificate

फाइल संख्या औरसंदर्भ File Number and Reference		
1	सामाग्रीकाविवरण Description of article	
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	
4	निर्माताकानाम एवं पता Maker's name and address	
5	अधिकृतडीलर / स्टॉकिस्टकानाम Name(s) of authorised dealers/stockists	
6	<p>मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहूँऔर यह प्रमाणित करताहूँकि: नोट— (बी), (सी-1) या (सी-2) में से केवल एक कोबनाए रखने के लिए टिककरें, जोभीलागूहोऔरदूसरोकोकाटदें।कृपया (ए) टिककरपुष्टिकरेंइसकेबिनापीएसीप्रमाणपत्र अवैध होगा</p> <p>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.</p>	
6 (a)	यह एकमात्र फर्महैजोइसमदकानिर्माण / संग्रहणकररहाहै। और This is the only firm who is manufacturing /stocking this item. AND	
6 (b)	किसीअन्य फर्म द्वारासमरूपमदनिर्मित / विक्रय नहीं कियाजाताहै, जिसकाउपयोगइसकेबदलेकियाजासकताहै। अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	
6 (c-1)	कोईअन्य मेक / ब्रांडनिम्नलिखितकारणों (जैसेओईएम / 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)	<p>कोई अन्य मेक / ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएससी 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>	
	<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 पीएससी 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>			
प्रदायक का नाम Name of the Supplier			
आदेश / निविदा संदर्भ और दिनांक Order/Tender reference & Date	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर (<input type="checkbox"/>) Basic Rate on order (<input type="checkbox"/>)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर.....

दिनांक.....

अधिकारी का पदनाम.....

General Guidelines

1. The indenting person should be In-charge/officer/faculty of the department and the Purchase Proposal Request form [PPRF] must be routed through Head of the Department (HoD).
2. **Medical Equipment** should be put up on **Assessment Committee** for approval.
3. For all procurement, specification is attached with PPRF. Specification must be by name seal & signature by the indenting person. Specification must be generalized manner/nature which will be widely applicable to the manufactures.
4. For consumable items/medicine items, **pack size** must be mentioned by the indenting person.
5. Estimation of the rate (Purchase Order or Quotation) must be by name seal & signature by the indenting person.
6. If, item is required in Urgency details Justification should mention with emergency requirement duly signed by indenting person & must be routed through HoD.
7. Period of Rate contract (RC) should be clearly mentioned for RC procurement as per General Financial Rules (GFR).
8. On PAC procurement, Manufacture Proprietary certificate (Notarized) must be attached with PAC & also seal & signature by the indenting person & HoD.
9. 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 through PAC basis.
10. Estimated/Approx. cost should be reasonable as per prevailing market rates.
11. Detail of last purchased submitted for the same item either through M/s HITES M/s HLL, GeM or other mode.
12. 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.
13. It is mandatory to give details of consumption/utilization of consumables /medical consumables / medicines.
14. Same Equipment's/instruments (PPRF is being filled) kept on the department must be mentioned on **Stock Held on date.**
15. Equipment/items should be within the budget allocated by the Finance Department.
16. **Repeatedly purchased consumable items/medicines should be purchased on Rate Contract.**
17. 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).