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]

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	Last 03 months consumption (for consumables)	Consumption of last one year	Stock Held on date (Mandatory)	Quantity Required For 03 months (for consumable)	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):

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

(ix) Whether item is available on GeM : (https://gem.gov.in/)

SI.no.	Item Code on Gem	Price (in ₹) incl taxes.

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

SI.no.	Make	Name & Address of Supplier	Contact No. (if any)

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

SI.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)

ANNEXURE-I

Guidelines for Procurement

1. The indenting person should be in-charge/officer/faculty of the department and the Purchase Proposal Request form (PPRF) must are 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 as per Annexure II.
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**

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

स्वामित्व प्रमाण पत्र/Proprietary Article Certificate

Annexure-II

फाइल संख्या और संदर्भ File Number and Reference			
1	सामग्री 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/स्टाकिस्ट स्टका नाम Name(s) of authorised dealers/stockists		
6	मैं पीएसी के आधार पर उपरोक्त खरीद को स्वीकार करता हूँ और यह प्रामणित करता हूँ किः नोट- (बी) (सी-1) या (सी-2) में से केवल एक को बनाए रखने के लिए टिक करें जो भी लागू हो और दूसरों को काट दें। कृपया ए टिक कर पुष्टि करें इसके बिना पीएसी प्रमाण पत्र अवैध होगा। I approve the above 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 एक मात्र फर्म है जो इस मद का निर्माण /संग्रह/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-2)	कोई अन्य मेक/ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसी पिछले खरीद में भी दिया गया था तो कृपया इसके बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें)। तथा 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		
7	प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by Stores and Account Department)		

पिछले तीन सालों में इस पद 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 Name of the supplier			
आदेश/निविदा संदर्भ और दिनांक Order/Tender reference & date	आदेशित मात्रा quantity ordered	आदेश पर मूल दर Basic rate on order (Rs.)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse performance reported if any

अनुमोदन करने वाले प्राधिकारी के हस्ताक्षर

/Signature_____

दिनांक/Date:_____

अधिकारी का पदनाम/

Designation of Officer_____