



No:AIIMS/R/CS/Patho/18/59/PAC

Dated:- 18 /12/2018

NOC


Sub:- Purchase of Consumable items for Perform test on coagulation Analyser in Hematology Lab for Pathology & Lab Medicine Department at, AIIMS, Raipur on Proprietary basis- Inviting Comments Thereon.

The institute is in the process to purchase of **Consumable items for Perform test on coagulation Analyser in Hematology Lab for Pathology & Lab Medicine Department at, AIIMS, Raipur** from **M/s Siemens Healthcare Zentrale Siemens Healthcare GmbH, Henkestr. 127 91052 Erlangen, Deutschland** on proprietary basis. The local agent for above item is **M/s Corp Mediteche Pvt. Ltd. 356, Plot no. 9, New Vardhman Market, LSC, Near Rajya Sabha Society, west enclave, Pitam Pura, New Delhi. 110034**. The proposal submitted by department of Pathology & Lab Medicine Department 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 regarding proprietary nature of the Surgery Interment/item with 10 days from the date of issued/uploading of the notification by reference No. AIIMS/R/CS/Patho/18/59/PAC. The comments should be sent to Store Officer, Gate No. 05 Medical College Building, 2nd floor AIIMS, Raipur on or before 28-12-2018 up to 3.00 pm. failing which it will be presumed that any other vendor having no comment to offer and case will be decided on merits.

Encl:-

01. Proprietary letter of Vender.
02. Certificate for Purchase of Proprietary Article


Store Officer
भंडार अधिकारी (के.एम.)
Stores Officer (CP)
एम्स, रायपुर (छ.ग.)
AIIMS Raipur (C.G.)



स्वामित्व प्रमाण पत्र
Proprietary Article Certificate

फाइल संख्या और संदर्भ File Number and Reference		
1	सामग्री का विवरण Description of article	Reagents for Sysmex CA-1500
2	✓ पूर्वानुमानित मात्रा / वार्षिक आवश्यकता Forecast of quantity/annual requirement	Annexure 'A'
3	उपरोक्त मात्रा हेतु अनुमानित मूल्य Approximate estimated value for above	Annexure 'A'
4	निर्माता का नाम एवं पता Maker's name and address	Siemens Healthcare Zentrale Siemens Healthcare GmbH, Henkestr. 127 91052 Erlangen, Deutschland.
5	अधिकृत डीलर / स्टॉकिस्ट का नाम Name(s) of authorised dealers/stockists	Corp mediteche Pvt. Ltd., 356, plot no. 9, New Vardhiman market, LSC, Near Rajyasabha society, West enclave, Pitampura, New Delhi- 110034
6	मैं पी ए सी के आधार पर उपरोक्त खरीद को स्वीकार करता हूँ और यह प्रमाणित करता हूँ 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)	<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>	
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>	

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)

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
AIPMS/R/CS/patho/17/032/ ST/50046	As per P.O.	As per P.O. No 50046	No
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अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर

दिनांक 20/10/18 अधिकारी का पदनाम Appl. Prof.

Department of Pathology & Lab Medicine
All India Institute of Medical Sciences
Raipur (C.G.) 492 099

Date: 31-08-2018

To,
The Director,
All India Institute of Medical Science,
Great Eastern Road, AIIMS Campus,
Raipur, Chhattisgarh - 492099

Subject: Proprietary Certificate

Dear Sir,

This is to inform you that all products mentioned herein under for procurement are proprietary in nature.

Item Code	Item Description	Pack Size
291070	Citrol 1E	1ml x 10
291071	Citrol 2E	1ml x 10
291072	Citrol 3E	1ml x 10
ORKE41	Control Plasma N	1ml x 10
OUPZ17	Control Plasma P	1ml x 10
QQWD11	LA Control High	1ml x 6
OPAT03	PT-Multi Calibrator	6ml x 1
ORKL17	Standard Human Plasma	1ml x 10
B42181	Actin (10 x 2ml)	2ml x 10
B421820	Actin FS (10 X 2ML)	2ml x 10
B42191	Actin FSL (10 X 2ML)	2ml x 10
OPBY03	Berichrom Heparin UFH Control 1	1ml x 6
OPBZ03	Berichrom Heparin UFH Control 2	1ml x 6
OPCD03	Berichrom Heparin LMW Control 1	1ml x 6
OPCB03	Berichrom Heparin LMW Control 2	1ml x 6
OPCC03	Berichrom Heparin UFH Calibrator	1ml x 6
OPCA03	Berichrom Heparin LMW Calibrator	1ml x 6
B42191	Actin FSL (10 X 2ML)	2ml x 10
OUBD37	BC Von Willebrand Reagent	4ml x 5
OUBU15	Berichrom A2-Antiplasmin	5ml x 3
OWWR17	Berichrom Antithrombin III (A)	5ml x 6
OWLD11	Berichrom Heparin Assay Kit	10 ml x 3 / 1ml x 3
OUVV15	Berichrom PC	10ml x 3
OUCA17	Berichrom PLG	5ml x 3
ORHO37	Calcium Chloride (0.025mol/L)	15ml x 10
OSGR13	Factor II Deficient Plasma	1ml x 3
OTXX17	Factor IX Deficient Plasma	1ml x 8
ORSM19	Factor V Deficient Plasma	1ml x 8
OTXW17	Factor VIII Deficient Plasma	1ml x 8
OTXV13	Factor VII Deficient Plasma	1ml x 3
OTXY13	Factor X Deficient Plasma	1ml x 3
OSDF13	Factor XI Deficient Plasma	1ml x 3



31 AUG 2018

ALTESTED PHOTOCOPY

Ministry Public Health (India)



OSDG13	Factor XII Deficient Plasma	1ml x 3
B423315SY	FBG Determination Kit	1ml x 6
OPDY03	Innovance D-Dimer Controls	2 x 5 x 1ml
OPBP03	Innovance D-Dimer Kit	4ml x 3
OQGP17	LA 1	2ml x 10
OQGR13	LA 2	1ml x 10
OWZG19	MULTIFIBREN U (10 x 2ml)	2ml x 10
B423425	Owren's Veronal Buffer	15ml x 10
OQLS13	Pro C Global	2ml x 4
OQYG11	Protein C New	3ml x 1
OPAP03	Protein S Ac	2ml x 2
OWHM13	Test Thrombin Reagent (30 NIH)	5ml x 10
B423325	Thrombin (100NIH U/ML) 10 X 1ML	1ml x 10
OUIHP29	Thromborel S	4ml x 10
B421240	Innovin	4ml x 10
OUBD23	Von Willebrand Reagent	2 ml x 5
OPAB03	vWF Ag	4 x 2 ml
ZPS00250	Innovance vWf Act	2ml x 3
01412714	CA Cal S	3ml x 3
90407219	Reaction Tube SU-40	3000/pack
96406313	CA Clean I (GSA-500A)	50ml x 1
96406119	CA Clean II (GSB-500A)	500ml x 1

For, Sysmex India Pvt. Ltd.

Shruti Iyer
Sr. Executive - Marketing

ATTESTED PHOTOCOPY

Notary Public, Delhi (India) 31 AUG 2018





DATE: 31-08-2018

To,
Director,
All India Institute of Medical Sciences
Great Eastern Road, AIIMS Campus,
Raipur, Chhattisgarh - 492099

Subject: Authorisation Letter

Respected Sir,

This is to inform you that we hereby authorise

M/s Corp Meditech
356, IIIrd Floor, Plot No. - 9
New Vardhman Market, West Enclave
Pritampura, New Delhi-34

to quote, supply and collect the payment on our behalf for the products manufactured/Imported by us.

Hereby we requesting you, please give your favorable purchase order to M/s Corp Meditech.

The above authorization is valid till 31st August, 2019

Thanking you,

Yours Faithfully
For Sysmex India Pvt. Ltd.



Shruti Iyer
Sr. Executive –Marketing



ATTESTED PHOTOCOPY

Notary Public, Delhi (India) 31 AUG 2018

