



No:AIIMS/R/CS/Patho/19/05/PAC/2316

Dated:- 02 /02/2019

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, 30/162, Tatyia Para, Badai para road, 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 regarding proprietary nature of the Surgery Interment/item with 07 days from the date of issued/uploading of the notification by reference No. AIIMS/R/CS/Patho/19/05/PAC. The comments should be sent to Store Officer, Gate No. 05 Medical College Building, 2nd floor AIIMS, Raipur on or before 08-02-2019 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.

**Store Officer
AIIMS Raipur (CG)**

Encl:-

01. Proprietary letter of Vender.
02. Authorization letter of Vendor.
03. Certificate for Purchase of Proprietary Article

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



UNMATCHED SERVICE
SINCE 1979...

Date : 26-Dec-18

AUTHORIZATION

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

Dear Sir,

We, Transasia Bio-Medicals Ltd., Transasia House, 8, Chandivali Studio Road, Mumbai 400 072 sole distributor of Hematology products in India of Sysmex Asia Pacific Pte Ltd Singapore who is authorized distributor of Sysmex Corporation Japan, do hereby authorize Messrs. Scientific Traders, 30/162, Taty Para, Badai Para Road, Raipur 492 001, Chhattisgarh (name and address of agents) to quote, supply and raise invoice for Sysmex make 5-Part Hematology Analyzer reagents and consumables to your esteemed institute.

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

Thanking you,

Yours faithfully,


26.12.2018.

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



All India Institute of Medical Sciences
Raipur (C.G.) 492 000

97



Ref No.: 180328/TBM/RYE-01

28th March 2018

To Whom It May Concern

Proprietary Certificate

This is to certify that we **M/s. Sysmex Asia Pacific Pte. Ltd**, Singapore, who is subsidiary and authorized distributor of **M/s. Sysmex Corporation, Japan** who are sole manufacturers of **Products as per list (Annexure A)**, having factories at **314-2 Kitano, Noguchi-cho, Kakogawa, Hyogo 675-0011, Japan**, The attached series is our proprietary series manufactured by **M/s. Sysmex Corporation, Japan**.

We hereby certify that under the **DISTRIBUTORSHIP AGREEMENT** made effective as of **January 1st, 2002**, appoint and grant for the territory of **India** the exclusive rights for **Sysmex-brand hematology products** sales to:

M/s. Transasia Biomedical Ltd,
Transasia House, 8 Chandivali Studio Road,
Andheri E,
Mumbai 400072

This certification is valid up to 31st March 2019.

Yours sincerely,



For M/s. Sysmex Asia Pacific Pte. Ltd.



Sysmex Asia Pacific Pte Ltd.

Vishinuvartan Marimuthu
Manager, Sales

ATTESTED

S.K. TIWARI
NOTARY (ADVOCATE)
RAIPUR (C.G.)

27 DEC 2018

Witness
मोवद न खादू
9302261024



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)
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

फाइल संख्या और संदर्भ File Number and Reference		
1	सामग्री का विवरण Description of article	Consumables reagent for 5 Part Cell Counter.
2	पूर्वानुमानित मात्रा/वार्षिक आवश्यकता Forecast of quantity/annual requirement	As per PPRF
3	उपरोक्त मात्रा हेतु अनुमानित मूल्य Approximate estimated value for above	As per PPRF
4	निर्माता का नाम एवं पता Maker's name and address	Transasia Bio-Medicals Ltd. Transasia House, B Chandivali Studio Road Andheri East, Mumbai - 400072
5	अधिकृत डीलर/स्टाकिस्ट का नाम Name(s) of authorised dealers/stockists	Scientific Traders, Plot No. 30/162, Tatyapara Raipur - 492001
6	<p>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</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 फर्म है जो इस मद का निर्माण/संग्रहण कर रहा है। और This is the only firm who is manufacturing /stocking this item. 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। अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	<input checked="" type="checkbox"/>
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 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) 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 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	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर (₹) Basic Rate on order (Rs.)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any
आदेश/निविदा संदर्भ और दिनांक Order/Tender reference & Date			

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर -----



दिनांक 02-01-2019 -----

अधिकारी का पदनाम Additional Professor



Store / W / 1280
07/01/19
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 01 of 08

To
The Director,
AIIMS, Raipur.

Dept Indent No. <u>14-05</u> <u>patho/19/05</u>	Indent Date : <u>02/01/2019</u>
Department : Department of Pathology & Lab Medicine	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	Yes	Normal	Yes
Non-Consumable		Additional Requirement	
Capital Asset		Rate Contract	
Imported			
Indigenous			

Please Tick where ever-applicable

Item Category: Medical Consumable Goods
(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)				Stock Held on date (Where ever applicable)	Quantity Required	Purpose
	Use separate Sheet if required & signed by indenter and HOD						
	Reagent Name	Pack size	Net Volume	Make/Brand			
<u>1</u>	QC - XN CHECK (L1-L2+L3)	03 ML x 3	9 ML	Sysmex	0	12	Reagents for 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine

Justifications: These consumables/reagents items are ancillary articles to run the 5-Part Cell Counter in & Lab Medicine. The quantity is enough for next 6 months. **1 set (L1+L2+L3, 3X3ML) QC-XN Check expiry (enclosed appendix-I).**

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

Sr.	Name of Item	Warranty Period (in year)	AMC Period	CMC Period (in year)

► **Consumption detail (If any)**

Sr. No.	Name of Item	Item code	Approximate Consumption detail

No patho/803/2019-AIIMS-RPR
Date 02/01/19