



No:AIIMS/R/CS/Patho/19/02/PAC 12350

Dated:- 05 /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, Tatya 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/19/02/PAC. The comments should be sent to Store Officer, Gate No. 05 Medical College Building, 2<sup>nd</sup> floor AIIMS, Raipur on or before 12-02-2019 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.

**Encl:-**

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

**Store Officer  
AIIMS Raipur (CG)**

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

TRANSASIA

Transasia Bio-Medicals Ltd., Transasia House, 8 Chandivali Studio Road, Andheri (East), Mumbai - 400 072  
Tel: +91 22 4030 9000 Fax: +91 22 2857 3030 Email : transasia@transasia.co.in CIN : U33110MH1985PLC036198



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, Tatya 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.) 492 009



Ref No.: 180328/TBM/RYE-01

28<sup>th</sup> 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 31<sup>st</sup> 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

CPZ  
मोवर्धन साहू  
9302261024  
WITNESS  
WITNESS



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](http://www.aiimsraipur.edu.in)

स्वामित्व प्रमाण पत्र  
Proprietary Article Certificate

फाइल संख्या और संदर्भ File Number and Reference		
1	सामाग्री का विवरण Description of article	Consumables reagents 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 BioMedicals Ltd. Transasia House 8 Chandivali Studio Road Andheri East Mumbai 400072
5	अधिकृत डीलर/स्टॉकिस्ट 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 हूं और यह प्रमाणित करता हूं कि:</p> <p>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:-</p> <p>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 is 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</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 &amp; 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			
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 का हस्ताक्षर -----

Head of Medical Sciences  
Campus (C. C.) 492 090

दिनांक 02-01-2019 अधिकारी का पदनाम Additional Professor





Store No. 1281  
07/10/19  
NEW FORMAT 2

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]**

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To  
The Director,  
AIIMS, Raipur,

Dept Indent No. <u>14-02</u> <u>Patho/19/02</u>	Indent Date: <u>02/01/2019</u>
Department: <b>Department of Pathology &amp; Lab Medicine</b>	Quotation Attached <input checked="" type="checkbox"/> Yes / No
Signature of Items: <input checked="" type="checkbox"/> PAC / Non PAC (if yes, kindly filled PAC form which is enclosed) PAC = Proprietary Article Certificate]	Purchase order if any <input type="checkbox"/> Yes / No

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 Details of Required Items**

Sl. 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			
1	WDF- LYSERCELL	5 LTR x 1	5,000 ML	Sysmex	0	2	Reagents for 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine
2	RET-CELLPACK DFL	1.5 LTR x 2	3,000 ML	Sysmex	0	8	