



No:AIIMS/R/CS/Patho/19/PAC/327

Dated:- 21/05/2019
22

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/PAC. The comments should be sent to Store Officer, Gate No. 05 Medical College Building, 2nd floor AIIMS, Raipur on or before 28-05-2019 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
भारतीय आयुर्विज्ञान संस्थान (छत्तीसगढ़)
AIIMS Raipur (CG)
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

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

27 DEC 2018

CPZ
Witness
मोदक न राइ
Witness
9302261024

Annexure A

Analyzers

Item Description	Pack Size
Hematology Analyzer XP-100 Complete (EU/230V)	1 unit
Hematology Analyzer XP-300 Complete (EU/230V)	1 unit
Hematology Analyzer pocH-100i (AP Edition B)	1 unit
XN-20 Complete	1 unit
XN-10 Complete	1 unit
XN-330 Main System	1 system
XN-350 Main System	1 system
XN-550 Main System	1 system
XN-450 Main System	1 system
XN-1000	1 system
XN-1000R	1 system
XN-1000F	1 system
XN-1000RF	1 system
XN-1000RW	1 system
XN-1000FW	1 system
XN-2000	1 system
XN-2000R	1 system
XN-2000F	1 system
XN-2000RF	1 system
XN-2000RW	1 system
XN-2000FW	1 system
XN-2000RWB	1 system
XN-2000FWB	1 system

Controls / Calibrators

Item Description	Pack Size
e-CHECK (XE) L1	8 × 4.5mL
e-CHECK (XE) L2	8 × 4.5mL
e-CHECK (XE) L3	8 × 4.5mL
e-CHECK (XS) L1	4 × 1.5mL
e-CHECK (XS) L2	4 × 1.5mL
e-CHECK (XS) L3	4 × 1.5mL



ATTESTED

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

27 DEC 2018

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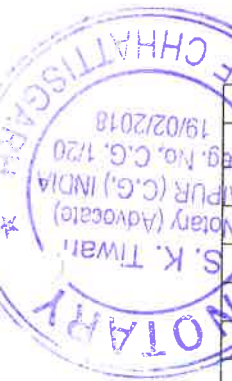


Controls / Calibrators

Item Description	Pack Size
SCS-1000 Calibrator	3 × 2.0mL
EIGHTCHECK-3WP-L	12 × 1.5mL
EIGHTCHECK-3WP-N	12 × 1.5mL
EIGHTCHECK-3WP-H	12 × 1.5mL
EIGHTCHECK-3WP-L	12 × 4.6mL
EIGHTCHECK-3WP-N	12 × 4.6mL
EIGHTCHECK-3WP-H	12 × 4.6mL
XN CHECK L1	8 × 3.0mL
XN CHECK L2	8 × 3.0mL
XN CHECK L3	8 × 3.0mL
XN CHECK BF	2 Level x 3 vials
XN CAL	3 × 3.0mL
XN CAL PF	3 × 3.0mL
WRP CHECK EX	3.0mL × 19
WRP CHECK	3.0mL × 12
XN-L CHECK L1	3.0mL x 6
XN-L CHECK L2	3.0mL x 6
XN-L CHECK L3	3.0mL x 6

Reagents

Item Description	Pack Size
CELLCHECK-400	10ml x 50
CELLCLEAN	50mL x 1
CELLCLEAN AUTO	4mL x 20
CELLPACK DCL	10L x 1/
CELLPACK DCL	20L x 1
CELLPACK DFL	1.5L x 2
CELLPACK DFL, DFL-310A	1.0L x 1
CELLPACK DST	4L x 2/
CELLPACK DST	10 L x 1/
CELLPACK DST	20 L x 1
CELLPACK, CPK-310A	10L
CELLPACK, PK-30L	20L
CELLSHEATH, SE-90L	20L
FLUROCELL PLT	12mL x 2
FLUROCELL RET	12mL x 2
FLUROCELL WDF	42mL x 2
FLUROCELL WDF	22mL x 2
FLUROCELL WNR	82mL x 2
FLUROCELL WPC	12mL x 2



ATTESTED

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

27 DEC 2018



Reagents

Item Description	Pack Size
LYSERCELL WDF, WDF-220A	2L x 1
LYSERCELL WNR, WNR-210A	5L
LYSERCELL WPC	1.5L x 2
RET-SEARCH II, RED-700A	1L + 12mL
STROMATOLYSER-4DL, FFD-200A	5L
STROMATOLYSER-4DL, FFD-220A	2L
STROMATOLYSER-4DS, FFS-800A	3 x 42mL
STROMATOLYSER-FB, FBA-200A	5L
STROMATOLYSER-IM	10L x 1
STROMATOLYSER-NR (SNR-700A)	1L x 1
STROMATOLYSER-WH, SWH-200A	3 x 500mL
SULFOLYSER, SLS-240A	1.5 L x 2
SULFOLYSER, SLS-210A	3 x 500mL
SULFOLYSER, SLS-220A	5L

End of list



Sysmex Asia Pacific Pte Ltd.



ATTESTED


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

27 DEC 2010



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	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 Trade, Plot No. 30/162 Tatyapara, Raipur, 492001
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	<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> <p>.....</p> <p>.....</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>	<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)

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
A/IMS/R/CS/Pathol/19/03/ST/50732, 19.03.19	As per P.O. No (50732)	As per P.O. No (50732)	—

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर -----



डॉ. निघत हुसैन
Dr. Nighat Hussain

अतिरिक्त-प्राध्यापक (पैथोलॉजी एवं लैबोरेटरी मेडिसिन)
Additional Professor (Pathology & Laboratory Medicine)

दिनांक 23/03/2019 -----

अतिरिक्त प्राध्यापक (पैथोलॉजी एवं लैबोरेटरी मेडिसिन)
Additional Professor

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (C.G.)
All India Institute of Medical Sciences, Raipur (C.G.)



Store/201676
26/03/19 **Urgent**

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>14-55</u>	Indent Date: <u>23/03/19</u>
Department : Department of Pathology & Lab Medicine	Quotation Attached <input checked="" type="checkbox"/> Yes / No
	Purchase order if any <input checked="" type="checkbox"/> Yes / No
Nature of Items: <input checked="" type="checkbox"/> 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	Approx Unit Price
	Reagent Name	Pack size	Net Volume	Make/Brand				
1	SULFOLYSER	1.5 LTR x 2	3,000 ML	Sysmex	0	2	Reagents for 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine	₹ 20,000.00
2	WDF-FLUOROCELL	42 ML x 2	84 ML	Sysmex	0	2		₹ 46,300.00
3	RET-FLUOROCELL	12 ML x 2	24 ML	Sysmex	0	2		₹ 38,000.00

Justifications: These consumables/reagents items are ancillary articles to run the 5-Part Cell Counter in Hematology Lab in the Department of Pathology & Lab Medicine. The quantity is enough for next 3 months.



Store/20/1600
26/03/19

urgent 9
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 09

To
The Director,
AIIMS, Raipur.

Dept Indent No. <u>14-54</u>	Indent Date : <u>23/03/19</u>
Department : Department of Pathology & Lab Medicine	Quotation Attached <input checked="" type="checkbox"/> Yes / No
	Purchase order if any <input checked="" type="checkbox"/> Yes / No
Nature of Items: <input checked="" type="checkbox"/> 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

Consumable Goods

► **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			
1.	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

8/01/20/08
01/02/19

Urgent



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>14-64</u>	Indent Date : <u>28/03/19</u>
Department : <u>Department of Pathology & Lab Medicine</u>	Quotation Attached <input checked="" type="checkbox"/> Yes / No
Nature 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 checked="" type="checkbox"/> Yes / No

Types of Material:		Purchase order type:	
Consumable	<input checked="" type="checkbox"/> Yes	Normal	<input type="checkbox"/> Yes
Non-Consumable	<input type="checkbox"/>	Additional Requirement	<input type="checkbox"/>
Capital Asset	<input type="checkbox"/>	Rate Contract	<input type="checkbox"/>
Imported	<input type="checkbox"/>		
Indigenous	<input type="checkbox"/>		

Please Tick where ever-applicable

► 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			
1.	WNR-LYSERCELL	4 LTR x 2	8,000 ML	Sysmex	0	3	Reagents for 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine
2.	WNR-FLUOROCELL	82 ML x 2	164 ML	Sysmex	0	2	
3.	CELL CLEAN	50 ML x 1	50 ML	Sysmex	0	4	

5 Part Cell Counter

Store/20/1679 urgent (B)
26/03/19

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

14-53	Indent Date : 23/03/19	
Department of Pathology & Lab Medicine	Quotation Attached	Yes / No
✓ PAC / Non PAC (if yes, kindly filled PAC form which is enclosed) [by Article Certificate]	Purchase order if any	Yes / No

Types of Material:		Purchase order type:	
Consumable	Yes	Normal	Yes
Non-Consumable		Additional Requirement	
Capital Asset		Rate Contract	
Imported			
Indigenous			

ever-applicable

Required Items

Description of items (Specification Model, Catalog No)				Stock Held on date (Where ever applicable)	Quantity Required	Purpose
Separate Sheet if required & signed by indenter and IIOD						
Item Name	Pack size	Net Volume	Make/Brand			
PACK DCL	20 LTR x 1	20,000 ML	Sysmex	0	63	Reagents for 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine



store/1w/1675
26/03/19

urgent

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]

To
The Director,
AIIMS, Raipur.

Page 01 of 08

Dept Indent No. <u>14-56</u>	Indent Date: <u>23/03/19</u>
Department: <u>Department of Pathology & Lab Medicine</u>	Quotation Attached <input checked="" type="checkbox"/> Yes / No
Nature of Items: <u>PAC / Non PAC</u> (if yes, kindly filled PAC form which is enclosed) [PAC = Proprietary Article Certificate]	Purchase order if any <input checked="" type="checkbox"/> Yes / No

Types of Material:

Consumable	Yes
Non-Consumable	
Capital Asset	
Imported	
Indigenous	

Please Tick where ever-applicable

► 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			
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	