



No:AIIMS/R/CS/BME/19/248/PAC

Dated:- 17/06/2019

NOC


**Sub:-** Purchase of **Consumable items for Bio Medical Engineering Department at, AIIMS, Raipur** on Proprietary basis- **Inviting Comments Thereon.**

The institute is in the process to purchase of **Consumable items for Bio Medical Engineering Department at, AIIMS, Raipur**, Raipur from **M/s Dragerwerk AG & Co. KGaA, Moislinger Allee 53-55, 23558 Lubeck, Germany** on proprietary basis. The local agent for above item is **M/s Draeger India Pvt Ltd, 10<sup>th</sup> Floor, Commerz II, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon(East) Mumbai-400 063**. The proposal submitted by department of Bio Medical Engineering 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/BME/19/248/PAC. The comments should be sent to Stores Officer, Gate No. 05 Medical College Building, 2<sup>nd</sup> floor AIIMS, Raipur on or before 24-06-2019 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.

  
Store Officer (के प्रव)  
AIIMS Raipur (CG)  
Stores Officer (OP)  
एम्स, रायपुर (छ.ग.)  
AIIMS Raipur (C.G.)



Drägerwerk AG & Co. KGaA, 23542 Lübeck

Our reference  
dw-rts/ha-gö/1354-09

Phone  
+49 451 882-2842

Fax  
+49 451 882-72842

E-mail  
christian.hauswaldt@draeger.com



To Whom It May Concern

December 22, 2016

This is to confirm that Draeger India Pvt Ltd, having its Head Office at 10<sup>th</sup> Floor, Commerz II, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai-400 063, is a wholly owned subsidiary of Drägerwerk AG & Co. KGaA. We, Drägerwerk AG & Co. KGaA, as the manufacturer of Dräger products fully support their activities in India.

Dräger India Pvt. Ltd., Mumbai, and their office at Bangalore have been authorized by us for marketing, supply and service of the Dräger range of products in India.

We also confirm that facilities and staff of Draeger India are adequate and satisfactory for the supply and service of Dräger products. The after-sales service will be provided by them and we will provide backup support towards supply of spare parts etc., as and when required.

Authorized persons acting for Drägerwerk AG & Co. KGaA

  
Dr. Christian Hauswaldt  
Legal Counsel



  
Tatjana Engel  
Legal Counsel



  
06/05/19



Drägerwerk AG & Co. KGaA  
Moislinger Allee 53-55  
23558 Lübeck, Germany  
Postal address:  
23542 Lübeck, Germany  
Tel +49 451 882-0  
Fax +49 451 882-2080  
Info@draeger.com  
www.draeger.com  
VAT no. DE135082211

Bank details:  
Commerzbank AG, Lübeck  
IBAN: DE95 2304 0022 0014 6795 00  
Swift-Code: COBA DE FF 230  
Sparkasse zu Lübeck  
IBAN: DE15 2305 0101 0001 0711 17  
Swift-Code: NOLADE21SPL

Registered office: Lübeck  
Commercial register:  
Local court Lübeck HRB 7903 HL  
General partner: Drägerwerk AG & Co. KGaA  
Registered office: Lübeck  
Commercial register:  
Local court Lübeck HRB 7395 HL

Chairman of the Supervisory Board  
for Drägerwerk AG & Co. KGaA  
and Drägerwerk Verwaltungs AG:  
Prof. Dr. Nikolas Schwelckart  
Executive Board:  
Dr. Rainer Klug (Chairman)  
Rainer Klug  
Gert-Hartwig Lescow  
Dr. Reiner Piske  
Anton Schrofner



**C. P. SHARMA**  
NOTARY  
RAIPUR (C.G.)  
INDIA  
REG. NO. 2031

Notified that this is TRUE COPY of its Original Which is Attested



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	mentioned in Item Required Column.
2	पूर्वानुमानित मात्रा / वार्षिक आवश्यकता Forecast of quantity/annual requirement	01 Set For each machine
3	उपरोक्त मात्रा हेतु अनुमानित मूल्य Approximate estimated value for above	
4	निर्माता का नाम एवं पता Maker's name and address	www.jewels ABC Co. KUSA Moshingee Alee Gekobany
5	अधिकृत डीलर / स्टाकिस्ट का नाम Name(s) of authorised dealers/stockists	Dr. J. J. J. Pvt. Ltd. Goldline Business Centre Link Road number
6	<p>मैं पी ए सी के आधार पर उपरोक्त खरीद को स्वीकार करता हूँ और यह प्रमाणित करता हूँ 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 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> <p>.....</p> <p>.....</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 &amp; Account Department)</p>	<p>.....</p> <p>.....</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 ----- Prasanna  
 ----- (Dr. Prasanna Padhi)

दिनांक ----- 29/5/19 ----- अधिकारी का पदनाम Dr. Prasanna Padhi  
 ----- Prasanna

R Gupta



BMGlow/248  
11/5/19

msliw/PPRF/743  
13/5/19

stare/2w/198  
13/5/19

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

ow-13-5-9

**Purchase Proposal Request form [PPRF]**

Page \_\_\_\_ of \_\_\_\_

To,  
The Director, Medical Superintendent  
AIIMS, Raipur.

Dept. Indent No. 248

Indent Date: 11/05/19

Department : Biomedical Engineering

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	<input checked="" type="checkbox"/>	Normal	<input checked="" type="checkbox"/>
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 Category 07  
(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) Use separate Sheet if required & signed by indenter and HOD	Stock Held on date (Where ever applicable)	Quantity Required	Purpose	Approx Unit Price	Approx Total Cost
1.	Connector Cable Flow sensor	NIL	02	Required For		
2.	O2 sensor	NIL	02	Bodylog 800		
3.	Neonat. Flowsems. Inset (5x)	NIL	02	ventilator		
4.	Bodylog service set 24	NIL	02			

Justifications: Consumables required For Bodylog 8000 plus ventilator.

**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)

ISO  
SA  
RST  
SOCM  
13/5/19  
Shri Anand  
15/5