



No:AIIMS/R/CS/Patho/19/138/PAC

Dated:- 28 /09/2019

NOC

Sub:- Purchase of Consumable items for perform coagulation test 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 for perform coagulation test in Hematology Lab in the Pathology & Lab Medicine Department at, AIIMS, Raipur**, from **M/s Sysmex India Pvt Ltd, 1002, Damji Shamji Business Galleria, 10th Floor, LBS Marg, Kanjurmarg(West), Mumbai-400078** on proprietary basis. The local agent for above item is **M/s Scientific Traders, C-149/1, Matrix Heights, Tagore Nagar, Nr. Under Bridge, Pachpedi Naka Square, 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/19/138/PAC. The comments should be sent to Store Officer, Gate No. 05 Medical College Building, 2nd floor AIIMS, Raipur on or before 05-10-2019 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.


Sr. Administrative Officer
AIIMS Raipur (CG)

Encl:-

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

Officer (वरिष्ठ प्रशासनिक अधिकारी)
AIIMS Raipur (C.G.) एम्स रायपुर (छ.ग.)

Dated: 19.07.2019

To,
The Store officer,
All India institute of Medical Science,
Raipur

Subject: Manufacturer's Authorization Letter

Dear Sir,

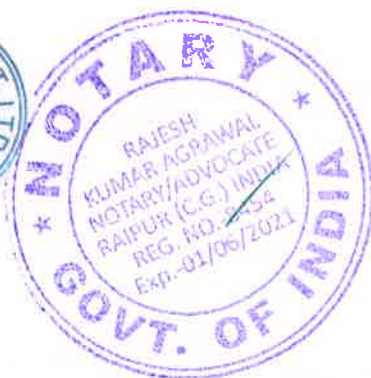
We, M/S Sysmex India Pvt Ltd, having registered office at Damji Shamji Business Galleria, Office No. 1002, 10th Floor, LBS Marg, Kanjur Marg (West), Mumbai 400 078 who is a subsidiary of Sysmex Asia Pacific Pte Ltd, Singapore, who in turn is a subsidiary of Sysmex Corporation, having factories at 314-2 Kitano, Noguchicho, Kakogawa, Hyogo 675-0011 and 1-5-1 Wakinohama Kaigandori, Chuo-ku, Kobe, Hyogo,675-0011,Japan, hereby authorize Scientific Traders, C-149/1, Matrix Heights, Tagore Nagar, Nr. Under Bridge, Pachpedi Naka Square, RAIPUR 492 001 (CG), to supply reagents, consumables & controls. & to raise bills and collect payments, for entire AIIMS RAIPUR.

We further confirm that no supplier or firm or individual other than Scientific Traders, is authorized to supply, raise bills & collect payment, for entire AIIMS RAIPUR.

Yours faithfully,

(For Sysmex India Pvt Ltd)

Authorised Signatory



TRUE COPY
ATTESTED.

RAJESH KUMAR AGRAWAL
NOTARY/ADVOCATE
RAIPUR. (C.G.) INDIA

TO WHOMSOEVER IT MAY CONCERN
Proprietary Certificate

We, M/S Sysmex India Pvt Ltd , having registered office at Damji Shamji Business Galleria, Office No. 1002, 10th Floor, LBS Marg, Kanjur Marg (West), Mumbai 400 078 who is a subsidiary of Sysmex Asia Pacific Pte Ltd, Singapore, who in turn is a subsidiary of Sysmex Corporation who are a proven and reputable manufacturer of Coagulation Reagents for Coagulation Analyzer products, having factories at 314-2 Kitano, Noguchicho, Kakogawa, Hyogo 675-0011 and 1-5-1 Wakinoama Kaigandori, Chuo-ku, Kobe, Hyogo 6750011, Japan do confirm that the following items are the proprietary goods manufactured by us :
Coagulation instrument CA-104 Reagents and consumables.

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
OQWD11	LA Control High	1ml x 6
OPAT03	PT-Multi Calibrator	6ml x 1
ORKL17	Standard Human Plasma	1ml x 10
B421820	Actin FS (10 X 2ML)	2ml x 10
B42191	Actin FSL (10 X 2ML)	2ml x 10
ORHO37	Calcium Chloride (0.025mol/L)	15ml x 10
OTXV13	Factor VII Deficient Plasma	1ml x 3
B423840	Factor VIII Chromogenic Assay Kit	2ml x 2
OTXY13	Factor X Deficient Plasma	1ml x 3
OSDF13	Factor XI Deficient Plasma	1ml x 3
OSDG13	Factor XII Deficient Plasma	1ml x 3
OQAA33	Imidazole Buffer	15ml x 6
B423360	Dimertest Latex Assay	60 tests
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
B423315SY	FBG Determination Kit	1ml x 6

**TRUE COPY
ATTESTED.**



NOTARY PUBLIC
RAJESH KUMAR AGRAWAL
NOTARY/ADVOCATE
(C.G.) INDIA
Exp. 01/01/2025

RAJESH KUMAR AGRAWAL
NOTARY/ADVOCATE
(C.G.) INDIA

B421250	Innovin (10 x 10ml)	10ml x 10
B421240	Innovin (10 x 4ml)	4ml x 10
OQGP17	LA 1	2ml x 10
OQGR13	LA 2	1ml x 10
OWZG19	MULTIFIBREN U (10 x 2ml)	2ml x 10
OQAB45	Kaolin Suspension	50ml x 1
B423425	Owren's Veronal Buffer	15ml x 10
OWHM13	Test Thrombin Reagent (30 NIH)	5ml x 10
B423325	Thrombin (100NIH U/ML) 10 X 1ML	1ml x 10
OUHP29	Thromborel S	4ml x 10
AG405069	SUL-400A for Cuvette FL Complete	100 nos. x 5

Regards,

For Sysmex India Pvt Ltd

Authorised Signatory

Date: 19.07.2019

Place : Mumbai



TRUE COPY
ATTESTED.

RK
RAJESH KUMAR AGRAWAL
NOTARY/ADVOCATE
RAIPUR. (C.G.) INDIA



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	Reagents for CA104 (Sysmex)
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	M/S Sysmex India Pvt. Ltd., Dangi Shanti Business Galleria, office No. 1002, 10th Floor, LBS Marg, Karijw Marg West Mumbai 400078
5	अधिकृत डीलर / स्टाकिस्ट का नाम Name(s) of authorised dealers/stockists	M/S Scientific Traders, C-149/2, Matrix Heights, Pachpeditaka, Raipur-492001
6	मैं पी ए सी के आधार पर उपरोक्त खरीद को स्वीकार करता हूं और यह प्रमाणित करता हूं 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 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</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 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

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर -----

डॉ. निघत हुसैन
Dr. Nighat Hussain

अतिरिक्त-प्राध्यापक (द्वितीयोच्च एच जेडॉरटरी मेडिसिन)
Additional Professor (Senior Lecturer in Medicine)
अखिल भारतीय आयुर्विज्ञान संस्थान, राँची (I.I.M.S.)
All India Institute of Medical Sciences, Raipur (I.I.M.S.)

दिनांक -----

03/05/19

अधिकारी का पदनाम



store/14/730 Very urgent
9/9/19

NEW FORMAT
Raipur

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.

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Ch...
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Dept Indent No. <u>14-138</u>	Indent Date : <u>03/03/19</u>
Department : Department of Pathology & Lab Medicine	Quotation Attached <input checked="" type="checkbox"/> Yes / No
Nature of Items: 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	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	GST@ %	Unit Price with GST	Approx Total Cost
	Reagent Name	Pack size	Item Code	Make/Brand							
1	SUL-400A CUVETTE FL COMPLETE	100 pc x 5	AG405069	Sysmex	0	22	For use in emergency hematology lab				

Justifications: For use in emergency hematology lab performing coagulation tests in Department of Pathology & Lab Medicine. The requested quantity is enough to next six months. *The reagent will be used on coagulation analyser (CA-104).*

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

Sr.	Name of Item	Warranty Period (in year)	AMC Period	CMC Period (in year)	Product Quality Certificate (if required)

► **Consumption detail (If any)**

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

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...

Patho/752/19/00/aiims/rpr
03/03/19

