

#### अखिल भारतीय आयुर्विज्ञान संस्थान, रायप्र (छत्तीसगढ़)

## All India Institute of Medical Sciences, Raipur (Chhattisgarh) Raipur

Tatibandh, GE Road, Raipur-492 099 (CG) www.ailmsraipur.edu.in

No:AIIMS/R/CS/Patho/19/139/PAC

Dated:-

28 /09/2019

NOC

<u>Sub:</u>- 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, 10<sup>th</sup> 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/19/139/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 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

s and trative Officer (वरिष्ठ प्रवादीक आवेकारी ) AHMS 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 Alims 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 Pyl Ltd)

Authorised Signators

Dr. Nighat Hussain

अतिरिक्त-पारगापदः (प्रयानां ने एवं लेबोरेटरी मैडिशिन)

Auditional Professor (Fatnolog, & Laboratory Medicine) अखिल भारतीय आयुधिज्ञान संस्थान, सयपुर (छ ग.)





### 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 Wakinohama Kaigandori, Chuo-ku, Kobe, Hyogo 6750011, Japan do confirm that the following items are the proprietary goods manufactured by us : Coaugulation 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	42191 Actin FSL (10 X 2ML)	
ORHO37	37 Calcium Chloride (0.025mol/L)	
OTXV13	TXV13 Factor VII Deficient Plasma	
B423840	B423840 Factor VIII Chromogenic Assay Kit	
OTXY13 Factor X Deficient Plasma		lml x 3
OSDF13	OSDF13 Factor XI Deficient Plasma	
OSDG13	Factor XII Deficient Plasma	1ml x 3
OQAA33	lmidazole Buffer	15ml x 6
B423360	Dimertest Latex Assay	60 tests
OSGR13	Factor II Deficient Plasma	1ml x 3
OTXX17	Factor IX Deficient Plasma	Iml 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

sactory Village Marbur, Pargera Dharampur, Nalagai Nikosé, Baddi. 173205. Dist: Sclan, Himachul Prodosh, India. Tel. 191 9218::22282 / 9816672282 Sysmex India Pvt Ltd (CIN USSIZOMHIPIBETCHISTAS)

White 1002, Damir Shamir Business Galleria, 6 100, LBS Marg. Kanjurmarg (West), Murtbai - 4000/8, Maharashtia, India 181 +91 (22) 61 2 6666

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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	3423425 Owren's Veronal Buffer	
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

डॉ. निगहत हुसैन

Dr. Nighat Hussain प्रतिरिक्त-पाध्यापवा (पृथालॉजी एवं लेबोरेटरी मेडिसिन)

"ditional Professor (Farnelogy & Laboratory Medicine) अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.) All India Institute of Medical Sciences, Raipur (C.G.)





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 Nur	nber and Reference					
1	सामाग्री का विवरण	Provide for costal	6			
1	Description of article	Reagents for CA1041	Symey			
2	पूर्वानुमानित मात्रा / वार्षिक आवश्यकता	A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
2	Forecast of quantity/annual requirement	AS PER PPRF	F .			
2	उपरोक्त मात्रा हेतु अनुमानित मूल्य	2				
3	Approximate estimated value for above	AS Per PPRF				
4	निर्माता का नाम एवं पता	M/s Symex India PVI · 41 · Dam	7 istansi			
4	Maker's name and address	Business Conterly office no los	12 / John Floor			
5	अधिकृत डीलर / स्टाकिस्ट का नाम	TBS mary . Kem for marry west form	maltia			
5	Name(s) of authorised dealers/stockists	Heights, Archaedi Maka recipur	1492003			
	मैं पी ए सी के आधार पर उपरोक्त खरीद को र	वीकार करता हं और यह प्रमार्ग	गेत करता			
	हूं कि:	6 min	1930 P XXII			
4	नोट- (बी), (सी-1) या (सी-2) में से केवल एव	हुनाए रखने के लिए दिव	क करें जो			
100	भी लागू हो और दूसरों को काट दें। कृपया (ए)	टिक कर पिट करें इसके वि	ना गीमधी			
6	प्रमाण पत्र अवैध होगा	राज्य कर दुर्ग चर्रा इराक वि	ा। पारुरा।			
	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)		out others			
	Please do confirm (a) by ticking it – without which PAC		out others.			
	यह एकमात्र फर्म है जो इस मद का निर्माण/संग्रहण कर रहा है।					
	और					
6 (a)	This is the only firm who is manufacturing /stocking this item.					
	AND					
	किसी अन्य फर्म द्वारा समरूप मद निर्मित / विक्रय नहीं किया जाता है, जिसका					
	उपयोग इसके बदले किया जा सकता है।	and the of the of				
6 (b)	अथवा					
	A similar article in not manufacturing/sold by any otl	ner firm which could be used in				
	lieu OR	The state of the s				
	कोई अन्य मेक / ब्रांड निम्नलिखित कारणो ( जैसे	ओईएम / वारंटी के) के लिए				
	उपयुक्त नहीं होगा। अथवा					
	No other make/brand will be suitable for following tangible reasons (like OEM/warranty					
6 (c-1)	spares): OR	giore reasons (inte o'evi) warranty				
		***************************************				
	***************************************	THE FEBRUARY FEEFF				
6 (c)	<del></del>	0				
	कोई अन्य मेक / ब्रांड निम्नलिखित कारणो से उप	युक्त नहीं होगा (अगर पीएसी				

	पिछले खरीद में भी दिया गया था, तो कृपया इसके ब पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible given in the last procurement cycle, please also bring out en locate more sources): OR	e reasons (if PAC was also
7	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)	MINISTER STATE OF STA

पिछले तीन सालो में इस मव	द की पीएसी खरीद क	ज इतिहास नीचे दिया	जा सकता है (यदि कोर्ड
हो) History of PAC purchase of	this item for past three y	ears 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	आादेश पर मूल दर (₹) Basic Rate on order (Rs.)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any
Alms R (s/Patho 17/032/37,	As Pes Po	As Per Po	
50139, 15.02.13	As per Po	As per po	

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर 	
1 1	ंतिरिक्ल-प्राध्यापक (पैथालांजी एवं लेबोरेटरी मेडिरिका)
दिनांक <u>03 65 1</u> 9	afficient Professor (Pathology & Laboratory, Medicine) अखिल अधिकाशी पुलिया पुरस्तान, सिर्मुर्स (C.G.) All India Institute of Medical Sciences, Raipur (C.G.)



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]

The Director, AIIMS, Raipur Page 01 of 07

Yes

The land	
Dept Indent No. 14 - 139	Indent Date: 03 69 19
Department : Department of Pathology & Lab Medicine	Quotation Attached Yes / No
Nature of Items: PAC / Non PAC (if yes, kindly filled PAC form which is enclosed)	Purchase order if any Yes / No
[PAC = Proprietary Article Certificate]	
Types of Material:	Purchase order type:
Consumable Yes	Normal Vec

Non-Consumable

Capital Asset

Imported Indigenous

Pleace Tick	where o	var applical	la La

Item Category: Medical Consumable Goods (Please see the next page for details info of Category)

Rate Contract

Normal

Additional Requirement

#### ► 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					Quantity	Quantity Purpose	Approx Unit	GST@	Unit Price with	
	Reagent Name	Pack size	Item Code	Make/Brand	(Where ever applicable)	Required	quired	Price	%	GST	Approx Total Cost
ı	Innovin (10x4ML)	4mlx10	B421240	Sysmex	0	41	For use in emergency hematology lab				

Justifications: For use in emergency hematology lab performing PT tests in Department of Pathology & Lab Medicine. The requested quantity is enough to next five months. The reasonts will be used on congulation analyses ((n-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



