



अखिलभारतीयआयुर्विज्ञानसंस्थान, रायपुर(छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

AIIMS/Raipur/HS/2019-20/PAC/08-060

Date: 27/12/2019

NOC

Sub:- Purchase of Free Style Libre pro sensor for General Medicine Department at AIIMS, Raipur on PAC basis- Inviting Comments Thereon.

The institute is in the process to purchase of **Free Style Libre pro sensor for General Medicine Department at AIIMS, Raipur** from **Abbot Diabetes Care Ltd., Range Road, Witney, Oxon OX29 OYL, UK** on proprietary basis. The proposal submitted by General Medicine Department 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 consumable item within 07 days of issued/uploading of the notification by reference No. AIIMS/Raipur/HS/2019-20/PAC/08-060. The comments should be sent to Store Officer (H), Gate No. 01 Ayush PMR building, 2nd floor, AIIMS, Raipur on or before 03/01/2020 up to 3.00 PM failing which it will be presumed that any other vendor having no comments to offer and case will be decided on merits.

Pro. (Dr.) Karan Peepre
Medical Superintendent
AIIMS, Raipur (CG)

Encl:-

1. Certification for Purchase of Proprietary Article
2. Authorization letter of vendor



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	Free style Libre Pro Sensor
2	पूर्वानुमानित मात्रा / वार्षिक आवश्यकता Forecast of quantity/annual requirement	100 Nos.
3	उपरोक्त मात्रा हेतु अनुमानित मूल्य Approximate estimated value for above	Rs. 165,916.80/-
4	निर्माता का नाम एवं पता Maker's name and address	Abbott Diabetes care Ltd. Range road, Witney Oxon
5	अधिकृत डीलर / स्टॉकिस्ट का नाम Name(s) of authorised dealers/stockists	Shaanndhi Diabetes Service Point New Shanti Nagar Raipur
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	✓
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	✓
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			
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 -----

प्रो. (डॉ.) विनय आर पंडित

दिनांक 15/11/19

अधिकारी का पदनाम

विभागाध्यक्ष सह
प्रोफेसर सामान्य
चिकित्सा विभाग
राजपुर (छ.ग.)

प्रो. (डॉ.) विनय आर पंडित (प्रोफेसर)
Prof. (Dr.) Vinay R Pandit (Professor)
जनरल मेडिसिन विभाग

Department of General Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, राजपुर (छ.ग.)
All India Institute of Medical Sciences, Rajpur (CG)

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Alameda)

On 19 Feb 2019 before me, Bichloan Pham, Public Notary,
(here insert name and title of the officer)

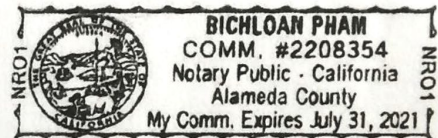
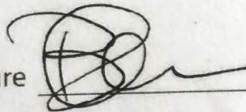
personally appeared Anul Sterlin

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of _____

containing _____ pages, and dated _____

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
☐ Attorney-in-Fact
☐ Corporate Officer(s) _____ Title(s) _____

- ☐ Guardian/Conservator
☐ Partner - Limited/General
☐ Trustee(s)
☐ Other: _____

representing: _____
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:
☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:
Page # _____ Entry # _____

Notary contact: _____

Other

- ☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)
☐ _____

Handwritten signature and date: 15/11/19



Abbott Healthcare Pvt Ltd
Godrej BKC, Plot C-68, G. Block,
13-19th Floor, BKC,
Near MCA Club, Bandra (E),
Mumbai - 400 051. INDIA

Registered Office:
3, Corporate Park,
Sion Trombay Road,
Mumbai - 400 071. India

Tel : (91-22) 3816 1000
Fax : (91-22) 3816 2401
CIN : U24200MH1997PTC104834

10/Oct/2019

To,
Dr Vinay R Pandit (HOD, Medicine)
AIIMS
Raipur.

Sub: Authorization Letter

Dear Sir / Madam,

We, **Abbott Healthcare Private Ltd** having our Registered Office at **3, Corporate Park, Sion Trombay road, Mumbai- 400 071** does hereby authorize **Shaarathi Diabetes Service Point, Lane no-3, New Shanti Nagar, Near Tripathi Nursing Home, Raipur - 492001.** to do submission of documents, sign the requisites and do such other and further acts as may be necessary or expedient in connection with the fulfillment of requirements with your esteemed organization for supply of Freestyle Libre Pro range of product.

This authorization shall remain valid till 31st March 2020 or is revoked in writing by the Company, whichever is earlier.

This authorization letter supersedes previous letter, if any

Thanking you,
For Abbott Healthcare Pvt Ltd


Abbott Diabetes Care, Mumbai

Ans
15/11/19.