



No: AIIMS/R/CS/Patho/19/199-207/PAC

Dated:- 30/12/2019

**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, 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/19/199-207/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 06-01- 2020 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)**

Senior Administrative Officer (जूनियर प्रशासनिक अधिकारी)  
AIIMS Raipur (C.G.) एम्स रायपुर (छ.ग.)

**Encl:-**

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



UNMATCHED SERVICE  
SINCE 1979...

Date : 12.10.2019

## AUTHORIZATION

To,  
The Stores Officer,  
All India Institute of Medical Sciences  
Tatibandh, GE Road,  
Raipur 492099, CG

Ref.: Authorization

Dear Sir,


We, Transasia Bio-Medicals Ltd., Transasia House, 8, Chandivali Studio Road, Mumbai 400 072 do hereby authorize Messrs. Scientific Traders, C-149/1, Matrix Heights, Tagore Nagar, Nr. Under Bridge, Pachpedi Naka Square, Raipur 492 001, Chhattisgarh (name and address of agents) to quote, supply and raise invoice for 5-Part Hematology Reagents going to be used on Sysmex 5-Part Hematology Analyzer installed at Dept. of Pathology & Transfusion Medicine supplied by us against HLL Lifecare Limited notice of award bearing no. HLL/PCD/PMSSY/AIIMS-II/18/15-16/4701.

Letter dt.04.10.2019 from Sysmex India Pvt. Ltd to HLL Lifecare Limited, Noida regarding proprietary of items and authorization to us for supply to of reagents to AIIMS (including Raipur) is also enclosed in attachment for your kind reference.

We assure you that M/s Scientific Traders, Raipur will render best of services on our behalf.

Thanking you,

Yours faithfully,

 12.10.2019

Bhaskar Tiwari  
Area Manager-RGNT  
Mobile: +919300876926  
Email: b.tiwari@transasia.co.in

Dated : 04.10.2019

To

HLL Life care Limited  
Noida.



Ref:- Tender No – HLL/PCD/PMSSY/AIIMS-II/18/14-15 DATED 20.06.2014 For procurement of Electronic Blood Cell Counter with Five part Differential for various All India Institute of Medical Sciences located at Bhopal, Bhubaneshwar, Jodhpur, Raipur, Rishikesh and Patna. Notification of Award - No. HLL/PCD/PMSSY/AIIMS-II/18/15-166/4701

**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 **M/s. Sysmex Asia Pacific Pte Ltd**, Singapore, who in turn is a subsidiary of **M/s. 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 do hereby authorize **M/S Transasia Bio-Medicals Ltd**, Transasia House, 8 Chandivali Studio Road, Andheri (East), Mumbai 400 072 to supply the Hematology Reagents and consumables for Hematology Analyzers manufactured by **M/s. Sysmex**. The attached series (Annexure A) is our proprietary series of reagents and consumables manufactured by **M/s. Sysmex Corporation, Japan**.

Thanking you,

14 OCT 2019

Yours Faithfully,

For **SYSMEX INDIA PVT. LTD.**

AUTHORISED SIGNATORY



Identifying Witness

ATTESTED.

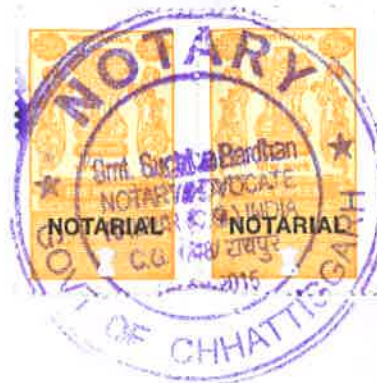
Smt. Suenira Bardhan  
NOTARY / ADVOCATE,  
RAIPUR, (C.G.)

**Sysmex India Pvt Ltd** (CIN: U33120MH1998PTC115943)

Office: 1002, Damji Shamji Business Galleria, 10<sup>th</sup> Floor, LBS Marg, Kanjur Marg (West), Mumbai - 400 078, Maharashtra, India. Tel: +91 (22) 61 2 6606

Factory: Village Malpur, Pargana Dharampur, Nalagarh Road, Raipur - 173205, Dist. Solan, Himachal Pradesh, India. Tel: +91-9218422282 / 9616672282

[www.sysmex.co.in](http://www.sysmex.co.in)



## Annexure A

### Analyzers

Item Description	Pack Size
XN-1000 Series	1 system

### Controls / Calibrators

Item Description	Pack Size
XN CHECK L1 ✓	8 x 3.0mL
XN CHECK L2 ✓	8 x 3.0mL
XN CHECK L3 ✓	8 x 3.0mL
XN CHECK BF	2 Level x 3 vials
XN CAL	3 x 3.0mL
XN CAL PF	3 x 3.0mL

### Reagents

Item Description	Pack Size
CELLCLEAN ✓	50mL x 1
CELLPACK DCL ✓	20L x 1
CELLPACK DFL ✓	1.5L x 2
SULFOLYSER, ✓	1.5 L x 2
FLUOROCCELL PLT ✓	12mL x 2
FLUOROCCELL RET ✓	12mL x 2
FLUOROCCELL WDF ✓	42mL x 2
FLUOROCCELL WNR ✓	82mL x 2
FLUOROCCELL WPC	12mL x 2
LYSERCELL WDF ✓	5L x 1
LYSERCELL WNR ✓	5L x 1
LYSERCELL WPC	1.5L x 2



14 OCT 2019

Identifying Witness



SOLEMNLY AFFIRMED &  
SWORN BEFORE ME BY  
THE WITHIN NAMED:

Smt. Suchitra Bhardhan  
NOTARY / ADVOCATE  
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](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	Consumable reagent 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/स्टाकिस्ट का नाम Name(s) of authorised dealers/stockists	M/S Scientific Traders Panchpedi Naka 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>	
	.....	
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 &amp; Account Department)</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
AIIMS/R/CS/Patho/19/03/ST 50732, 19/03/19	AS per PO	AS per PO	—
AIIMS/R/CS/Patho/19/55/ST 51049, 19/06/19	AS per PO	AS per PO	—
AIIMS/R/CS/Patho/19/123/ST/51259, 26/08/19	AS per PO	AS per PO	—

AIIMS/R/CS/Patho/19/133/PAC/51474, 30/10/19

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर -----

डॉ. निगहत हुसैन  
Dr. Nighat Hussain

दिनांक -----

06/11/19

अतिरिक्त-प्राध्यापक (पैथोलॉजी एवं लैब मेडिसिन)  
Additional Professor अधिकारी का पदनाम Medicine  
अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)  
All India Institute of Medical Sciences, Raipur (C.G.)

Store 1w/1039  
07/11/19



**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]**

To  
The Director,  
AIIMS, Raipur.

Page 01 of 11

Dept Indent No. <u>14-199</u>	Indent Date <u>06/11/19</u>
Department : <u>Department of Pathology &amp; Lab Medicine</u>	Quotation Attached <input checked="" type="checkbox"/> Yes / No
Nature of Items: <u>PAC / Non PAC (if yes, kindly filled PAC form which is enclosed)</u>	Purchase order if any <input checked="" type="checkbox"/> Yes / No
[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
	Use separate Sheet if required & signed by indenter and HOD						
	Reagent Name	Pack size	Net Volume	Make/Brand			
1	WDF-FLUROCELL	42 ML x 2	84 ML	Sysmex	0	4	To run the 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine
2	CELL CLEAN	50 ML x 1	50 ML	Sysmex	0	5	



Share 1w/1040  
07/11/19

72  
AIIMS Raipur

**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 11

To  
The Director,  
AIIMS, Raipur,

Dept Indent No. <u>14-200</u>	Indent Date : <u>06/11/19</u>
Department : <u>Department of Pathology &amp; Lab Medicine</u>	Quotation Attached <u>Yes / No</u>
Nature of Items: PAC / Non PAC (if yes, kindly filled PAC form which is enclosed) [PAC = Proprietary Article Certificate]	Purchase order if any <u>Yes / No</u>

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
	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	10	To run the 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine



Store 11w/1058  
07/11/19

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 01

To  
The Director,  
AIIMS, Raipur.

Dept Indent No. 14-202	Indent Date: 06/11/19
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) [PAC = Proprietary 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			

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
	Use separate Sheet if required & signed by indenter and HOD						
	Reagent Name	Pack size	Net Volume	Make/Brand			
1	WNR-LYSERCELL	5 LTR x 1	5,000 ML	Sysmex	0	10	To run the Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine

store/1w/1062  
07/11/19



**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 11

To  
The Director,  
AIIMS, Raipur.

Dept Indent No. <u>14-203</u>	Indent Date : <u>06/11/19</u>
Department : <u>Department of Pathology &amp; 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)	Purchase order if any <input checked="" type="checkbox"/> Yes / No
[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 tick the 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
	Use separate Sheet if required & signed by indenter and HOD						
	Reagent Name	Pack size	Net Volume	Make/Brand			
1	WNR-FLUOROCCELL	82 ML x 2	164 ML	Sysmex	0	5	To run the 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine

Store / Iw / 1057  
07/11/19

AIIMS Raipur

**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 10

To  
The Director,  
AIIMS, Raipur.

Dept Indent No. <u>14-204</u>	Indent Date : <u>06/11/19</u>
Department : <u>Department of Pathology &amp; 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)	Purchase order if any <input checked="" type="checkbox"/> Yes / No
[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
	Use separate Sheet if required & signed by indenter and HOD						
	Reagent Name	Pack size	Net Volume	Make/Brand			
	RET-CELLPACK DFL	1.5 LTR x 2	3,000 ML	Sysmex	0	10	To run the 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine

Store / 1w / 1056  
07 / 11 / 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 10

To  
The Director,  
AIIMS, Raipur.

Dept Indent No. <u>14-205</u>	Indent Date: <u>06/11/19</u>
Department: <b>Department of Pathology &amp; Lab Medicine</b>	Quotation Attached <input checked="" type="checkbox"/> Yes / No
Nature of Items: PAC / Non PAC (if yes, kindly filled PAC form which is enclosed)	Purchase order if any <input checked="" type="checkbox"/> Yes / No
[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
	Use separate Sheet if required & signed by indenter and HOD						
	Reagent Name	Pack size	Net Volume	Make/Brand			
	CELLPACK DCL	20 LTR x 1	20,000 ML	Sysmex	0	63	To run the 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine



Store (1w/1055)  
7/11/19

20  
AIIMS Raipur



**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 10

To  
The Director,  
AIIMS, Raipur.

Dept Indent No. <u>14-206</u>	Indent Date: <u>06/11/19</u>
Department: <u>Department of Pathology &amp; 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:		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
	Use separate Sheet If required & signed by Indenter and HOD						
	Reagent Name	Pack size	Net Volume	Make/Brand			
1	SULFOLYSER	1.5 LTR x 2	3,000 ML	Sysmex	0	11	To run the 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine

Store/1w/1050  
7/11/19



**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 10

To  
The Director,  
AIIMS, Raipur.

Dept Indent No. <u>14-207</u>	Indent Date <u>06/11/19</u>
Department : <u>Department of Pathology &amp; 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)	Purchase order if any <input checked="" type="checkbox"/> Yes / No
[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

► **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	RET-FLUOROCELL	12 ML x 2	24 ML	Sysmex	0	5	To run the 5 Part cell counter in Hematology Lab in the Department of Pathology & Lab Medicine