



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

No: AIIMS/R/CS/Ortho/2026/E-21304

Date: -08/08/2026

Call for Objection

Subject: Inviting comments/objection, if any before declaring proprietary article for procurement of **“TRS hand Piece, Power Module, Sterile cover, Flat Lid for Orthopaedics at AIIMS, Raipur.**

Orthopedics Department at AIIMS, Raipur has to procure **TRS hand Piece, Power Module, Sterile cover, Flat Lid** through Proprietary Article basis.

The proposal submitted by **“Synthes GmbH Eimattstrasse 3, 4436 Oberdorf, Switzerland** who is sole manufactures and **M/s Blueline Healthcare, Plot no. 233/4 , Blueline House, Ring Road No.1 near Srishthi Garden , Shatabdi Nagar, Raipur 492001 (c.g)** is the Local Agent of this item along with Proprietary Article Certificate are attached & uploaded on Institute website.

The above documents are being uploaded for open in formation to submit objections, comments if any from any manufacturer/supplier before declaring proprietary article of the said equipment/items to be procured, within 15 days (i.e **08.08.2026**) from the date of issuance/uploading of the notification.

The objection should be raised in the technical compliance sheet as enclosed, if any firm claiming suitability of their product with respect to specification mentioned.

The comments should be sent to the office of Central Store Office on above address at AIIMS Raipur in a sealed envelope with above reference on sent to respective mail address storesofficer.cp@aiimsraipur.edu.in on before **23.08.2026** up to 05:00PM from the date of uploading on institutional website, failing which it will be presumed that any other manufacture/vendor is having no comment to offer and case will be decided on merits.

Stores Officer
AIIMS Raipur (CG)

Enclosure:-

1. PAC Certificate by Manufacturer.
2. PAC Certificate by Department.



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स्वामित्वप्रमाणपत्र
Proprietary Article Certificate

फाइल संख्या औरसंदर्भ File Number and Reference		
1	सामाग्रीकाविवरण Description of article	1. TRS Handpiece - 2 2. Power module - 4
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	3. Sterile cover - 2 4. Flat Lid - 2
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	
4	निर्माताकानाम एवं पता Maker's name and address	SYNTHES
5	अधिकृतडीलर / स्टॉकिस्टकानाम Name(s) of authorised dealers/stockists	M/s Blueline healthcare
6	मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहूँऔर यह प्रमाणित करताहूँकि: नोट- (बी), (सी-1) या (सी-2) में से केवल एक कोबनाए रखने के लिए टिककरें, जोभीलागूहोऔरदूसरोकोकाट दें। कृपया (ए) टिककरपुष्टिकरेंइसकेबिनापीएसीप्रमाणपत्र 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 फर्महैजोइसमदकानिर्माण / संग्रहणकर रहा है। और This is the only firm who is manufacturing /stocking this item. AND	✓
6 (b)	किसीअन्य फर्म द्वारासमरूपमदनिर्मित / विक्रय नहीं कियाजाताहै, जिसकाउपयोगइसकेबदलेकियाजासकताहै। अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	✓
6 (c-1)	कोईअन्य मेक / ब्रांडनिम्नलिखितकारणों (जैसेओईएम / वारंटी के) के लिए उपयुक्त नहीं होगा। अथवा No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR	X
.....		

6 (c)	कोई अन्य मेक / ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसी 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	X
	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)	

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) - No -			
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 (☒)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर.....



दिनांक 27-03-26.....

अधिकारी का पदनाम..... DR. ARKESH M

डॉ. आर्केश एम/Dr. Arkesh M
सहायक प्राध्यापक/Assistant Professor
अस्थि रोग विभाग/Department of Orthopedics
अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)
All India Institute of Medical Sciences, Raipur (C.G.)

To,

Date: July 15th, 2025

**All India Institute of Medical Sciences,
Raipur, Chhattisgarh.**

Sub: Authorization Letter to M/s Blueline Healthcare

Dear Sir,

We **M/s Johnson & Johnson Pvt. Ltd.** are established and reputable importers of **Depuy Synthes Trauma & Power Tools Range** of product manufactured by **Synthes GmbH**, having factories at various places in **USA & Switzerland**, do hereby authorize **M/s Blueline Healthcare** having their registered office **Plot No 233/4, Blueline House, Ring Road No. 1, near Srishti Garden, Shatabdi Nagar, Telibandha, Raipur, Chhattisgarh 492001** to quote, negotiate and supply products Imported us.

We hereby confirm that **M/s Blueline Healthcare** is our authorized Dealer.

We are authorizing them to submit quotation and service order

The said authorization is valid for 1 year only.

Thanking You,

For Johnson & Johnson Pvt Ltd.

Shrikant Khare
Digitally signed by Shrikant Khare
DN: c=US, st=New Jersey, o=Johnson & Johnson, 2.5.4.97=NTRUS+NJ-5106301000,
email=SKhare1@its.jnj.com, sn=Khare,
givenName=Shrikant, cn=Shrikant Khare
Reason: I attest to the accuracy and
integrity of this document.
Date: 2025.07.15 23:42:41 +05'30'
Adobe Acrobat Reader version:
2024.002.20759

Name: Shrikant Khare

Designation: Sales Manager – Central, Trauma & Power Tools

Email ID: SKhare1@its.jnj.com

June 20, 2024
ICD 1903618

To whom it may concern,

Proprietary Certificate & Agreement for Representation

We, the undersigned, on behalf of Synthes GmbH, located at Eimattstrasse 3, 4436 Oberdorf, Switzerland, as legal manufacturer of the products listed in Annex 1, hereby certify that products listed in Annex 1, are Proprietary products of **Synthes GmbH Eimattstrasse 3, 4436 Oberdorf, Switzerland.**

We further certify that Johnson & Johnson Private Limited, India is our affiliate and is authorized to market the products in India through its regional branch offices at Chennai, Delhi, Mumbai, and Kolkata. Johnson & Johnson Private Limited, India and its regional branch offices are authorized to submit offers and commit, sign, finalize, execute orders and, also to appoint distributors, dealers, and liaison agents for selling the complete range of products on our behalf.

Signed* on behalf of Synthes GmbH

*Electronically signed
by: Samantha Urech
Reason: I am
approving this
document*

Samantha Urech Date: Jun 25, 2024
12:43 GMT+2

Samantha Urech

Regulatory Execution and Strategy Lead

*Electronically signed by:
Rafaella Khudaverdyan
Reason: I am approving
this document
Date: Jun 20, 2024
11:56 GMT+2*

Rafaella Khudaverdyan

Rafaella Khudaverdyan

Regulatory Affairs Specialist

**This document is signed with e-signature ("Electronic Signature"). An Electronic Signature serves the same purpose as a wet ink one.*

Annex 1

Product material
APD- Air Pen Drive and Attachments
Air Power line II and Attachments
Battery Power Line and Attachments- BPL/ II
Colibri II & Attachments
CAD II- Compact Air Drive II & Attachments
Cutting Tools- Saw Blades, Burrs and Drill Bits
Electric Pen Drive & Consoles & Attachments
TRS- Trauma Recon System & Attachments
TRS Recon Saw
UBC II- Universal Battery Charger II
UNIUM and Attachments

End of List