



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/ANS/VEK /26/E-25943/

Date: -07/10/2026

Call for Objection

Subject: Inviting comments/objection, if any before declaring proprietary article for procurement of “**Ventrain Emergency Kit (Ventrain Plus Cricath)**” for CCU Anesthesiology at AIIMS, Raipur.

CCU Anesthesiology Department at AIIMS, Raipur has to procure **Ventrain Emergency Kit (Ventrain Plus Cricath)** through Proprietary Article basis.

The proposal submitted by **Ventinova Medical B.V**, Meerenakkerplein 7,5652 BJ Eindhoven The Netherlands who is sole manufactures and **M/s Poonam Enterprises**, Shop no.1,2nd Floor, Commercial Complex ACH-2, Saddu, Raipur is the Local Agent of this item along with Proprietary Article Certificate are attached 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 22/10/2026 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 22/10/2026 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		Ventrain Emergency Kit
1	सामाग्रीकाविवरण Description of article	Ventrain Emergency Kit Ventrain plus cath
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	
4	निर्माताकानाम एवं पता Maker's name and address	Vendinova Medical Netherland
5	अधिकृतडीलर / स्टॉकिस्टकानाम Name(s) of authorised dealers/stockists	Poonam Enterprises
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	

		
6 (c)	कोई अन्य मेक / ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएससी 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	
	_____ _____	
	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 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 (☒)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर.....

दिनांक 16-09-26

अधिकारी का पदनाम

Subrata Kumar Singh
16-09-26

Prof. (Dr.) Subrata Kumar Singh
प्राध्यापक एवं विभागाध्यक्ष (अनस्थेसियोलॉजी विभाग)
Professor and Head (Dept. of Anaesthesiology)
ऑपरेशन भारती अस्पताल, कल्याण, मुंबई (छ.ग.)
Operation Bharati Institute of Medical Sciences, Kalyan, Mumbai (C.G.)

Mayank Kumar



PROPRIETARY ARTICLE CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

We hereby declare that Ventrain and Tritube (Ultrathin Tube of OD 4.4mm) are registered trademarks of Ventinova Technologies, an affiliate of Ventinova Group B.V. and considered as proprietary devices under intellectual property right.

Ventrain is used with Tritube for patients with a difficult Airway or CICO Situations and are Proprietary devices of our company based on Expiratory Ventilation Assistance (EVA) FCV (Flow Controlled Ventilation) Technology .

The above-mentioned devices are exclusively manufactured by Ventinova Medical B.V., office at Meerenakkerplein 7, 5652 BJ Eindhoven, The Netherlands.

Yours Faithfully,

For and on Behalf of Ventinova Medical B.V.

Hubert J.V. Thomassen

C.E.O.

Ventinova Medical B.V.
Meerenakkerplein 7
5652 BJ Eindhoven
The Netherlands
www.ventinova.nl



Ventinova Medical B.V.

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I www.ventinova.nl

Chamber of Commerce 58307834

VAT NL8529.77.694.B01

IBAN NL71 RABO 0314885706

BIC RABONL2U

Date :- 7-9-2026

Purchase Department,
AIIMS, Raipur

Subject: Authorization Letter

Respected Sir/Mam

This is to state that M/s Poonam Enterprises- Shop No 1, 2nd Floor, Commercial Complex, ACH-2, Saddu, Raipur, C.G is our authorized distributor for Chhattisgarh. The order must be placed in their name and we take responsibility for the timely completion of order and that genuine and good quality product is delivered to you through our distributor.
Authorization valid till 31st March 2027.

Regards

Yours faithfully



Vinod Verma

Business Development Director-India vinod.verma@ventinovamedical.com
Mob-+91-9810682915

Ventinova Medical B.V.

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