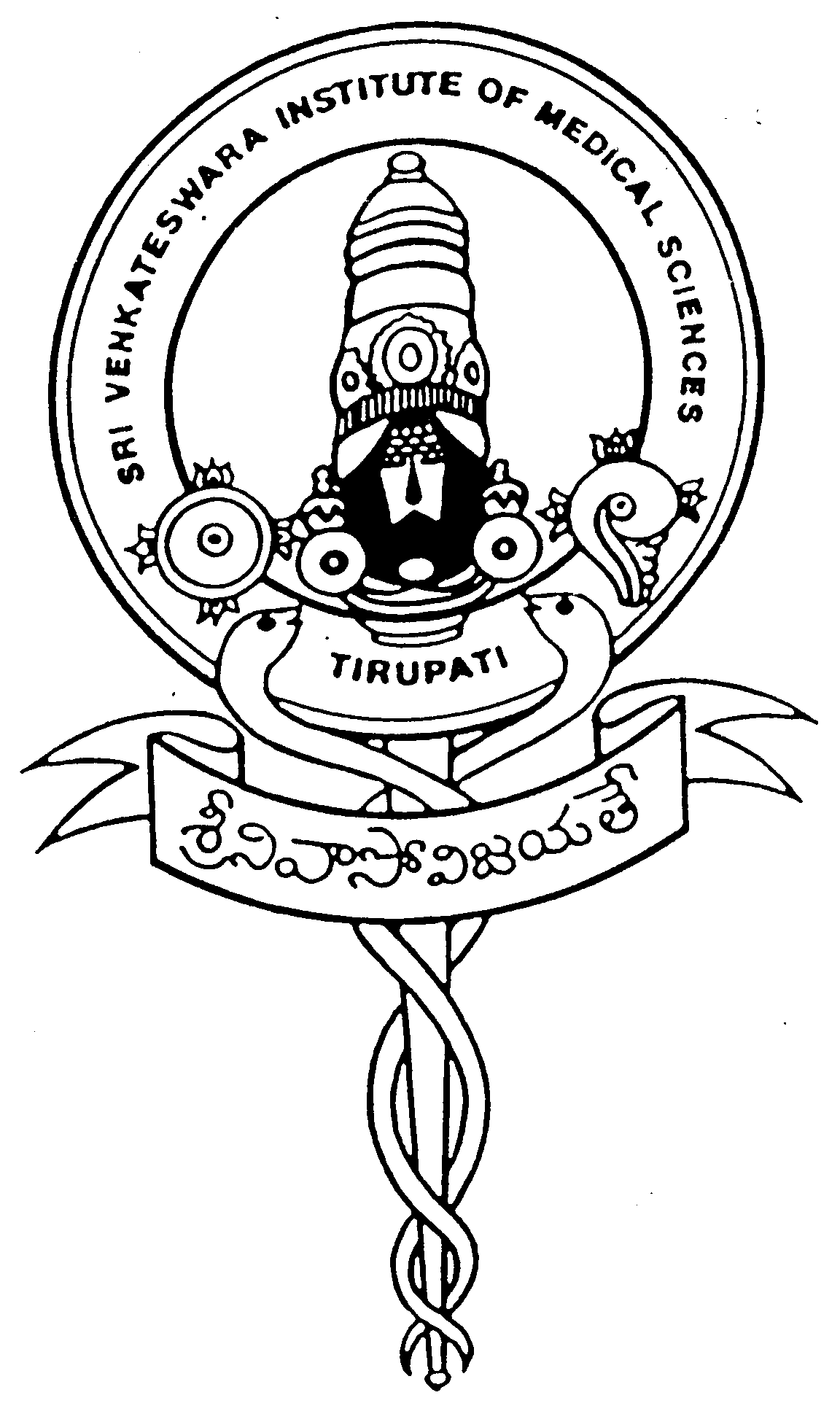
**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES :: TIRUPATI**



(A University established by an act Of A.P. State legislature)

**Request for computers / electronic items Tirupati**

Date:……………….

From

To

The Director-cum-VC,

SVIMS,

Tirupati.

Respected Madam,

Sub: Procurement of Computers / Electronic Itemsfor the dept. of ……………………………………-Request- Reg.

\*\*\*\*\*

I submit to your kind attention that the following Computer Appliances & Electronic Item

is required for the dept. for the purpose of patient care / academic/ research / administration(*please tick(*✓*) whatever is applicable)*

.

Item details :

The Justification, approximate cost and specifications etc are submitted in the proposal.

Hence, I request you to advise the concerned for procurement of the above item at the earliest.

Thanking you

Yours sincerely

Enclosures: 1) Proposal for computer appliances & electronic items

2) Specifications

**PURCHASE DEPT. – FORM IV**

**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI**

**PROPOSAL FOR COMPUTER APPLIANCES & ELECTRONIC ITEMS**

***(NOTE : ALL THE COLUMNS ARE TO BE FILLED - Both hard copy & soft copy to be submitted)***

**Date:**

|  |  |  |
| --- | --- | --- |
| **Sl.no.** | **Particulars** |  |
| 1. | Name of the proposing department |  |
| 2. | Details of the computers / electronic item& quantity |  |
| 3. | Approximate cost of each item |  |
| 4. | Similar items Existingin the dept. |  |
| 5. | How the existingwork was being carried out so far? Is theavailable itemsnot meetingyour requirements? Please justify |  |
| 6. | Is it replacement for the condemned equipment? If so, give detailsof condemnation and enclose  report of the same |  |
| 7. | Specifications  *(If space is not sufficient, attach separate sheet as Annexure-I)*  ***To be submitted after approved by both HOD & IT Manager.*** |  |
| 8. | Preferred makes – Mention at least 3 or more (prefer Indian makes. Justify, if foreign makes are needed) | 1.  2.  3.  4. |
| 9. | Justification & Recommendations of the HOD regarding the need of the item |  |
| 10. | Market survey by the technical expert:   |  |  | | --- | --- | | Sl.No. | Name of the manufacturers / suppliers – Address & contact details | | 1. |  | | 2. |  | | 3. |  | | |
| 11. | Specification and Justification of the IT Manager | |
| 12. | Financial Recommendations by the Accounts Officer regarding source of funds | |
| 13. | Recommendations of the Principal of the Medical college / Dean as the case may be (applicable if needed exclusively for teaching purposes only) | |
| 14. | Administrative Recommendations by the Medical Superintendent | |
| 15. | Recommendations of the Professor & In-charge (Purchase & Stores) | |

**Procurement Procedure for Computer Appliances & Electronic Items**

*(For information, need not be printed)*

1. The prescribed form to be sent by filling all the columns from the departments and duly approved by the concerned authorities for processing.
2. The request to be approved by the Director-cum-VC along with the filled in form.
3. The format of the request letter is attached as advisory, if required may be modified.
4. As per the present purchase policy the procurement is made through calling sealed quotations (min. 03 nos.).
5. The quotations will be sent to IT Manager for matching with the specifications of the item requested for her remarks.
6. Procurement is subject to availability of funds, receipt of minimum 3 nos. quotations matching with the specifications.

***NOTE:*** *The above procedure is followed for the items of top priority and approved by the Director-cum-VC.*