

From

# SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES::TIRUPATI

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

# Request for procurement of Exclusive/Proprietary Make items

**( (For purchase of Medicines/Diagnostics/Chemicals/Lab ware/IHC Markers/**

**Surgical Consumable/Implant/Spares, etc.)**

Tirupati Date:..........................

To

The Director-cum-VC SVIMS

Tirupati

Respected Madam,

Sub: Procurement of Medicines/Diagnostics/Surgical Consumable/Implant for the dept. of

-Request-Reg.

\*\*\*\*\*

I submit to your kind attention that the following Medicine / Diagnostics / Chemicals/ Lab ware/ Surgical Consumable / Implant is required for treating / testing……..……………………………………………….in the dept………………………………for the patient namely (*if applicable*)…………………………………………………...

***Details of the Medicines/ Diagnostics/ Chemicals/ Lab ware/ IHC Markers/ Surgical Consumable/ Implant/ Spares etc:***

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

Thanking you

Yours sincerely

***Enclosures:*** *Proposal form for procurement of Exclusive/Proprietary Make items*

# PURCHASE DEPT.-FORM VI

# SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

**PROPOSAL FORM FOR PROCUREMENT OF EXCLUSIVE/PROPRIETARY MAKE ITEMS**

**(For purchase of Medicines/Diagnostics/Chemicals/Lab ware/IHC Markers/Surgical Consumable/Implant/Spares, etc.)**

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

**Date:**

|  |  |  |
| --- | --- | --- |
| **Sl.**  **No.** | **Particulars** | **Details** |
| 1 | Name of the proposing department: |  |
| 2 | Name of the item with details:  *(Chemicals/ Lab ware/IHC markers/Medicines/Surgical Consumable/Spares/Instruments/ Implants etc.)* |  |
| 3 | 1. Item details 2. Details of the procedure 3. Mode of reimbursement/Insurance scheme 4. Sanctioned amount |  |
| 4 | For Surgical/Medical Procedures:   1. Item details 2. Details of the procedure 3. Mode of reimbursement/Insurance scheme 4. Sanctioned amount |  |
| 5 | Purpose (for treating disease/conduct of test/personal safety etc). Please elaborate. |  |
| 6 | Specifications of the item requested: | |
| 7 | Preferred makes with contact details –Mention at least 3 or more: | 1.  2.  3.  4. |
| 8 | If Monopoly item, please provide justification: | |
| 9 | Mention the details of the Govt. Teaching Hospital/Institutions where the similar item is used.   |  |  | | --- | --- | | S.No. | Name and Address of the Institute/Hospital | | 1 |  | | 2 |  | | 3 |  |   **Signature and Seal of the HOD** | |
| 10 | Remarks/Approval of the Medical Superintendent: | |
| 11 | Remarks/Approval of the Professor I/c(P&S) | |
| 12 | Approval of the Director-cum-VC | |

The proposal may be routed through **e-file/hard copy the above authorizes s.no. 10 to 12.**

**Guide lines:**

1. This form is to be filled by the departments when proposing for specific make-Medicine/kits/Lab ware/Chemicals/IHC markers/Glass ware/Surgical Consumable/Implant/Spares etc., If the departments have specific make/method of equipment available.
2. Suitable justification is needed for the above items to avoid Audit objections.
3. After getting approvals, kindly send to Purchase department preferably through e-file only.