



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES :: TIRUPATI

(A University established by an act Of A.P. State legislature)
Request for Equipment (Costing >Rs. 5 lakhs)

Tirupati,

Dt:

From

To
The Director-cum-VC,
SVIMS,
Tirupati.

Respected Sir,

Sub: Procurement offor the dept. of
- Submission of Equipment proposal form - Request- Reg.

I submit to your kind attention that the following equipment / instrument / item is required for the dept. for the purpose of patient care / academic/ research / administration. [*Please tick (✓) whichever is applicable*]

Name of the equipment / instrument / item:

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

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

Thanking you,

Yours sincerely

Enclosures: 1) Equipment proposal form
2) Equipment specifications
3) Approved copy of source of funding

PURCHASE DEPT. – FORM I
SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

PROPOSAL FORM FOR NEW EQUIPMENT COSTING > Rs.5.00 LAKHS

(NOTE :PLEASE REFER PROCUREMENT PROCEDURE AVAILABLE IN THE WEBSITE.
ALL THE COLUMNS ARE TO BE FILLED – Both Hard copy and soft copy to be submitted)

Date:

S.No.	Particulars		
1.	Name of the proposing department		
2.	(a) Name of the equipment (Name shall be similar in all places)		
	(b) Quantity		<i>In words:</i>
3.	Approximate cost of each item <i>(The cost should be realistic. Please check with your counterpart and other Govt. institutes / hospitals or from GeM Portal before arriving at estimated cost with 1 year warranty & 9 yr. CAMC @ ≤ 4% charges per year)</i>		
4.	How the existing work was being carried out so far? Is the available equipment not meeting your requirements?		
5.	Is it replacement for the condemned equipment? If so, give details of condemnation and enclose report of the same		
6.	If this equipment is an upgraded version of existing one, how do you propose to utilize/dispose of the earlier unit?		
7.	Whether the equipment requires any mandatory QA testing equipment for licensing to put into use		
8.	Specifications <i>(enclose separately as per Annexure-I)</i>	<i>To be submitted after approved by HOD & Sr.BME</i>	
9.	Electrical power rating		
10.	Economics:		
	i. Likely revenue per annum		
	ii. Time required to recover total cost		
	iii. Whether additional staff needed, if so mention category, number, and expenditure per annum on additional staff		
	iv. Need for Civil works along with appx. cost	Yes/No	
	v. Need for Electrical works along with appx. Cost	Yes/No	
	vi. Need for air conditioner with power rating and cost	Yes/No	
	vii. Need for UPS with power rating and cost	Yes/No	
	Please note: iii to vii If needed, mention 'yes' and to process them separately with respective depts.		
11.	Consumables: <i>if any consumables required for the equipment from the same make for regular functioning, please specify. (Enclose separate sheet if required and it should be approved by HOD)</i>		

12.	<p>Source of funding:</p> <p>a) Grant from Government agencies (Please specify)</p> <p>b) Grant from SBAVP Scheme (If so, please attach approval copy from the competent authority)</p> <p>c) Any other source (Please specify)</p>																					
13.	Justification & Recommendations of the HOD regarding the need of the equipment																					
14.	<p>Panel of External Experts (4 & above) in the order of preference: <i>(Applicable, If the cost of the equipment is Rs. 1 Crore & above. They shall be working in Govt. Medical Colleges / Institutions)</i></p> <table border="1" data-bbox="225 1160 1506 1738"> <thead> <tr> <th data-bbox="225 1160 304 1196">S.No</th> <th data-bbox="304 1160 935 1196">Name of the Faculty & office address</th> <th data-bbox="935 1160 1318 1196">E-mail ID</th> <th data-bbox="1318 1160 1506 1196">Mobile No.</th> </tr> </thead> <tbody> <tr> <td data-bbox="225 1196 304 1335">1.</td> <td data-bbox="304 1196 935 1335"></td> <td data-bbox="935 1196 1318 1335"></td> <td data-bbox="1318 1196 1506 1335"></td> </tr> <tr> <td data-bbox="225 1335 304 1473">2.</td> <td data-bbox="304 1335 935 1473"></td> <td data-bbox="935 1335 1318 1473"></td> <td data-bbox="1318 1335 1506 1473"></td> </tr> <tr> <td data-bbox="225 1473 304 1612">3.</td> <td data-bbox="304 1473 935 1612"></td> <td data-bbox="935 1473 1318 1612"></td> <td data-bbox="1318 1473 1506 1612"></td> </tr> <tr> <td data-bbox="225 1612 304 1738">4.</td> <td data-bbox="304 1612 935 1738"></td> <td data-bbox="935 1612 1318 1738"></td> <td data-bbox="1318 1612 1506 1738"></td> </tr> </tbody> </table>		S.No	Name of the Faculty & office address	E-mail ID	Mobile No.	1.				2.				3.				4.			
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15.	<p>Preferred makes – Mention at least 3 or more <i>(Indian / Foreign make or any make)</i></p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 																				

16.	<p>Market Survey by the user dept.</p> <p>i) List of the Manufacturers/Suppliers</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S.No.</th> <th colspan="4">Name of the Manufacturers / Suppliers</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1.</td><td colspan="4"></td></tr> <tr><td style="text-align: center;">2.</td><td colspan="4"></td></tr> <tr><td style="text-align: center;">3.</td><td colspan="4"></td></tr> <tr><td style="text-align: center;">4.</td><td colspan="4"></td></tr> </tbody> </table> <p>ii) Mention the details of the Teaching Hospitals/Institutions where the similar equipment was Installed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 8%;">S.No</th> <th style="width: 42%;">Name of the address of the Institute / Hospital</th> <th style="width: 25%;">Make & Model of the equipment</th> <th style="width: 12%;">Warranty period (in yrs.)</th> <th style="width: 13%;">Price (In Rs.</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1.</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2.</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3.</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4.</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 20px;">DATE: _____ SIGNATURE&SEAL OF THE HOD</p>					S.No.	Name of the Manufacturers / Suppliers				1.					2.					3.					4.					S.No	Name of the address of the Institute / Hospital	Make & Model of the equipment	Warranty period (in yrs.)	Price (In Rs.	1.					2.					3.					4.					5.				
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17.	<p>Recommendations of the Electrical Engineer on the electrical infrastructure requirements for the new equipment such as electrical load, UPS etc.</p>																																																											
18.	<p>Technical Recommendations of the Sr. Bio Medical Engineer</p>																																																											

19.	Financial Recommendations by the Chief Accounts Officer regarding <u>source of funds availability</u>
20.	Administrative Recommendations by the Medical Superintendent (for the depts. involved in both patient care and teaching)
21.	Recommendations of the Principal of the college / Dean as the case may be (applicable if needed exclusively for teaching purposes only)
22.	Recommendations of the Professor & In-charge (Purchase)

