



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

Date:.....

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(✓) whatever 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 : ALL THE COLUMNS ARE TO BE FILLED – Both Hard copy and soft copy to be submitted)

Date:

Sl. no.	Particulars	
1.	Name of the proposing department	
2.	(a) Name of the equipment (Name shall be similar in all places)	
	(b) Quantity	In words:
3.	How the existing work was being carried out so far? Is the available equipment not meeting your requirements?	
4.	Is it replacement for the condemned equipment? If so, give details of condemnation and enclose report of the same	
5.	If this equipment is an upgraded version of existing one, how do you propose to utilize/dispose of the earlier unit?	
6.	Whether the equipment requires any mandatory QA testing equipment for licensing to put into use	
7.	Specifications (enclose separately as per Annexure-I)	To be submitted after approved by HOD & Sr. BME
8.	Electrical power rating	
9.	Economics:	
	i. Likely revenue per annum	
	ii. Time required to recover total cost	
	iii. a) Approximate cost of each item (The cost should be realistic. Variation between actual and estimated cost should not be more than 20%. Please check with your counterpart and other Govt. institutes / hospitals before arriving at estimated cost with 5 years warranty & 5 yr. CAMC @ ≤ 4% charges per year)	
	b) Whether additional staff needed, if so mention category, number, and expenditure per annum on additional staff	
	c) Need for Civil works along with appx. cost	Yes/No
	d) Need for Electrical works along with appx. Cost	Yes/No
	e) Need for air conditioner with power rating and cost	Yes/No
	f) Need for UPS with power rating and cost	Yes/No
	Please note: iii) b) - f) If needed, mention 'yes' and requested to process separately with respective depts.	

10.	Consumables: <i>if any consumables required for the equipment from the same make for regular functioning, please specify.</i> <i>(Enclose separate sheet if required and it should be approved by HOD)</i>																							
11.	Source of funding: a)Grant from Government agencies (Please specify) b)Grant from SBAVP Scheme (If so, please attach approval copy from the competent authority) c)Any other source (Please specify)																							
12.	Justification & Recommendations of the HOD regarding the need of the equipment																							
13.	Panel of External Experts (4 & above)in the order of preference: <i>(Applicable,If the cost of the equipment isRs. 15 Lakhs& above.They shall be working in Govt. Medical Colleges / Institutions)</i> <table border="1"> <thead> <tr> <th>Sl.no</th> <th>Name of the Faculty & office address</th> <th>e-mail id</th> <th>Mobile No.</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Sl.no	Name of the Faculty & office address	e-mail id	Mobile No.	1.				2.				3.				4.			
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13.	Preferred makes – Mention at least 3 or more (<i>Indian / Foreign make or any make</i>)	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div> <div>5.</div> </div>																														
14.	Market Survey by the user dept. i) List of the Manufacturers/Suppliers																															
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ii) Mention the details of the Teaching Hospitals/Institutions where the similar equipment was installed:																																
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15.	Technical Recommendations of the Sr. Bio Medical Engineer
16.	Financial Recommendations by the Chief Accounts Officer regarding source of funds
17.	Administrative Recommendations by the Medical Superintendent (for the depts. involved in both patient care and teaching)
18.	Recommendations of the Principal of the college / Dean as the case may be (applicable if needed exclusively for teaching purposes only)
19.	Recommendations of the Professor & In-charge (Purchase)

Annexure-I

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
PROPOSAL FORM FOR NEW EQUIPMENT (contd...)

Technical Specifications of the equipment to be approved by Specification Committee

1.	Name of the equipment: [It shall be similar in proposal form at sl.no.2(a)]	Dept.	Warranty 1 yr.
2.	Description of the equipment:		
3.	Primary use and benefits of the Equipment:		
4.	Specifications:		

Please note: If more space is needed, it can be dragged down.

Sr.BME

HOD

Professor & I/c (P)

5. Opinion of the External Expert for equipment costing Rs. 15 Lakhs and above:
(To be obtained by the Purchase dept.):

Signature of the External Expert with seal

Procurement procedure for the items costing above Rs. 5 lakhs

(For information only, need not to be enclosed)

As per the present Purchase policy, procurement is made through e-tender system (ap e-procurement). The following are the some of the salient steps:

- a) Receiving the filled in proposal form for new equipment from the HODs [both hard copy and soft copy to be sent (word format)] along with request letter approved by Director-cum-VC.
- b) The format of the request letter is attached as advisory, if required may be modified.
- c) Approximate cost of each item: The cost should be realistic. Variation between actual and estimated cost should not be more than 20%. Please check with your counterpart and other Govt. institutes / hospitals before arriving at estimated cost having 1 year warranty & 9 yr. CAMC @ $\leq 4\%$ charges per year.
- d) In case of need of civil works, additional requirement of staff, electrical works, air conditioning, UPS they may be requested and processed with appropriate sections.
- e) The purchase committee meeting will be convened. Based on the presentation by the HOD, the committee will offer its decision.
- f) Those equipments which are approved in the meeting will be submitted to the Director-cum-VC for approval to place an agenda in the Finance Committee and later to include in the tender, subject to source of funding and availability of funds.
- g) The name of equipment shall be similar both in the proposal form at sl.no.2(a) and in specification form at sl.no.1 (Annexure - I). If found discrepancy, the name of the equipment mentioned in the specification form will be considered as final for all future processing.
- h) The details of the procurement process is available in **Purchase Policy of SVIMS**.