

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

**PROPOSAL FOR NEW EQUIPMENT COSTING > Rs.3.00 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	
	(b) Quantity	<i>In words:</i>
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 <i>(enclose separately as per Annexure-I)</i>	<i>To be submitted after approved by HOD &amp; Sr.BME</i>
8.	Electrical power rating	
9.	Economics:	
	i. Likely revenue per annum	
	ii. Time required to recover total cost	
	iii. a) Approximate cost of the item <i>(The cost should be realistic. Variation between actual and estimated cost should not be more than 20%. Please check with your counterpart and other hospitals before arriving at estimated cost having 1 year warranty &amp; 9 yr. CAMC @ ≤ 4% charges per year)</i>	
	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
<b><i>Please note: iii) a) - f) If needed, mention 'yes' and requested to process separately with respective depts.</i></b>		

10. Justification & Recommendations of the HOD regarding the need of the equipment

11. Panel of External Experts (4 & above) in the order of preference:  
*(Applicable, If the cost of the equipment is above Rs. 15 Lakhs. They shall be working in Govt. Medical Colleges / Institutions)*

Sl.no	Name of the Faculty & office address	e-mail id	Mobile No.
1.			
2.			
3.			
4.			

12. Preferred makes – Mention at least 3 or more *(Indian / Foreign make or any make)*

- 1.
- 2.
- 3.
- 4.
- 5.

13. Market Survey by the user dept.

i) List of the Manufacturers/Suppliers

Sl.No.	Name of the Manufacturers / Suppliers
1.	
2.	
3.	
4.	

ii) Mention the details of the Teaching Hospitals/Institutions where the similar equipment was installed:

Sl.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.				

DATE:

SIGNATURE & SEAL OF THE HOD

14.	Technical Recommendations of the Sr. Bio Medical Engineer
15.	Financial Recommendations by the Accounts Officer regarding source of funds
16.	Administrative Recommendations by the <b>Medical Superintendent</b> (for the depts. involved in both patient care and teaching)
17.	Recommendations of the Principal of the college / Dean as the case may be (applicable exclusively for teaching depts. only)
18.	Recommendations of the Professor & In-charge (Purchase & Stores)



### **Procurement procedure for the items costing above Rs. 3 lakhs**

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

- 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 **Annexure – II** as advisory, if required may be utilized.
- c) 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.
- d) The purchase committee meeting will be convened. Based on the presentation by the HOD, the committee will offer its decision.
- e) 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.
- f) The details of the procurement process is available in **Purchase Policy of SVIMS**.

**ANNEXURE – II**

Tirupati

Date:.....

From

To

The Director-cum-VC  
SVIMS  
Tirupati

Respected Madam,

Sub: Procurement of .....for the dept. of .....

Request- Reg.

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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.

Name of the equipment / instrument / item:

Justification:

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

Thanking you

Yours sincerely

