



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

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

PROPOSAL FORM FOR NEW EQUIPMENT COSTING ≤ Rs.5.00 LAKHS

(For purchase of smaller equipments, instruments, etc.)

(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.	Name of the equipment / instrument & quantity <i>(Name shall be similar in all places)</i>	
3.	Approximate cost of each item and total cost	
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.	Whether the equipment requires any mandatory QA testing equipment for licensing to put into use	
7.	Specifications <i>(If space is not sufficient, attach separate sheet as Annexure-I)</i> To be submitted after approved by both HOD & Sr.BME or A.E. (Technical) as the case may be	
8.	Preferred makes – Mention at least 3 or more (Indian/Foreign make)	1. 2. 3. 4.
9.	Economics: i) Likely revenue per annum ii) Whether Civil/ Electrical/ Air Conditioning/UPS facility is needed. If so, Please process 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.	Market survey by the user dept.				
	S.No.	Name of the manufacturers / suppliers with contact details			
	1.				
	2.				
14.	Mention the details of the Hospitals/Institutions where the similar equipment was installed:				
	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.				
DATE:		SIGNATURE & SEAL OF THE HOD			
15.	Recommendations of the Electrical Engineer on the electrical infrastructure requirements for the new equipment such as electrical load, UPS etc.				
16.	Recommendations of the Technical Expert [Sr. BME or A.E. (Technical)] as the case may be				
17.	Financial Recommendations by the Chief Accounts Officer regarding <u>source of funds availability</u>				
18.	Administrative Recommendations by the Medical Superintendent				
19.	Recommendations of the Principal of the college / Dean as the case may be (applicable if needed exclusively for teaching purposes only)				
20.	Recommendations of the Professor & In-charge (Purchase)				