



**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES :: TIRUPATI**

(A University established by an act Of A.P. State legislature)  
**Request for Equipment (Costing ≤ Rs. 3 lakhs)**

Tirupati

Date:.....

From

To

The Director-cum-VC  
SVIMS  
Tirupati

Respected Madam,

Sub: Procurement of .....for the dept. of .....  
- Submission of Equipment proposal form - 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. (*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 Madam, 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.3.00 LAKHS**

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

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

**Date:**

Sl. 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.	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.	Whether the equipment requires any mandatory QA testing equipment for licensing to put into use	
6.	Specifications <i>(If space is not sufficient, attach separate sheet as Annexure-I)</i>  <b>To be submitted after approved by both HOD &amp; Sr.BME or A.E. (Technical) as the case may be</b>	
7.	Preferred makes – Mention at least 3 or more (Indian/Foreign make)	1. 2. 3. 4.
8.	Economics: i) Likely revenue per annum	
	ii) Approximate cost of each item	
	iii) Whether additional facilities like Civil/ Electrical/ Air Conditioning/UPS needed. If so, Please process with respective depts.	
9.	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>	
10.	Justification & Recommendations of the HOD regarding the need of the equipment	

11.	Market survey by the user dept.				
	Sl.No.	Name of the manufacturers / suppliers with contact details			
	1.				
	2.				
12.	Mention the details of the 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.				
DATE:SIGNATURE& SEAL OF THE HOD					
13.	Recommendations of the Technical Expert (Sr. BME or A.E. (Technical))as the case may be				
14.	Financial Recommendations by the Accounts Officer regarding source of funds				
15.	Administrative Recommendations by the Medical Superintendent				
16.	Recommendations of the Principal of the college / Dean as the case may be (applicable if needed exclusively for teaching purposes only)				
17.	Recommendations of the Professor & In-charge (Purchase & Stores)				

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

*(For information only, need not to be enclosed)*

- a) The prescribed form to be sent by filling all the columns from the departments and duly approved by the concerned authorities for processing along with request letter approved by Medical Superintendent / Director-cum-VC with respect to the cost of the item.
- b) The request to be approved by the authority along with the filled in form.
- c) The format of the request letter is attached as advisory, if required may be modified.
- d) As per the present purchase policy the procurement is made through calling sealed quotations (minimum 03 nos.). The quotations are sent to Sr. BME for his comments on the specifications provided by the HOD and also to assess the quotations received whether they are matching or not. Later the e-file will be sent to HOD for remarks on acceptance on L1.