



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES :: TIRUPATI

(A University established by an act Of A.P. State legislature)

Request for emergency procurement of new item

(Medicine / Diagnostics / Surgical Consumable / Implant)

Tirupati

Date:.....

From

To

The Director-cum-VC
SVIMS
Tirupati

Respected Madam,

Sub: Procurement of Medicines / Diagnostics / Surgical Consumable / Implant for the dept. of
.....-Request- Reg.

I submit to your kind attention that the following Medicine / Diagnostics / Surgical Consumable / Implant is required for treating / testing.....in the dept.....for the patient namely (*if applicable*).....

Details of the Medicines / Diagnostics / Surgical / Consumable / Implant:

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

Thanking you

Yours sincerely

Enclosures: Proposal form for emergency procurement of new item

PURCHASE DEPT. - FORM V
SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
PROPOSAL FORM FOR EMERGENCY PROCUREMENT OF NEW ITEM
(For purchase of Medicines / Diagnostics / Surgical / Consumable / Implant)

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

Date:

Sl. No.	Particulars	dd
1	Name of the proposing department	
2	Name of the item & quantity	
3	a) Is the item a consumable for the equipment? Name it. b) If so, provide the specifications of the consumable in s.no.9. c) Is the consumable monopoly or Compatible? Please suggest the list of manufacturers in s.no.10.	
4	Approximate cost of each item	
5	Purpose (For treating disease/ conduct of test/ personal safety etc). Please elaborate.	
6	Name of the beneficiary scheme approved for treating the patient	
7	Sanctioned amount for the treatment.	
8	Is the procedure proposed for the 1 st time. Please provide details (If applicable).	
9	Specifications of the item requested <i>(If space is not sufficient, attach separate sheet as Annexure-I)</i>	

10	Preferred makes with contact details – Mention at least 3 or more (prefer Indian make. Justify, if suggesting foreign makes). <i>(If Monopoly item, please provide justification)</i>	1. 2. 3. 4.								
11	Justification & Recommendations of the HOD regarding the item needed									
12	Mention the details of the Hospital/Institutions where the similar item is used:									
	<table border="1"> <thead> <tr> <th data-bbox="188 1032 272 1106">Sl. No.</th> <th data-bbox="272 1032 1369 1106">Name of the address of the Institute / Hospital</th> </tr> </thead> <tbody> <tr> <td data-bbox="188 1106 272 1205">1.</td> <td data-bbox="272 1106 1369 1205"></td> </tr> <tr> <td data-bbox="188 1205 272 1303">2.</td> <td data-bbox="272 1205 1369 1303"></td> </tr> <tr> <td data-bbox="188 1303 272 1406">3.</td> <td data-bbox="272 1303 1369 1406"></td> </tr> </tbody> </table>		Sl. No.	Name of the address of the Institute / Hospital	1.		2.		3.	
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1.										
2.										
3.										

The proposal may be routed through e-file / hard copy through the following authorities.

HOD

MS

DIRECTOR-cum-VC

Procurement procedure for Emergency Purchase (Medical & Surgical)

- a) For the Medicines, Reagents, Diagnostic kits, Surgical consumables, Implants not available in the existing tender prices, proposed for the 1st time needs to be processed inform - VI only to avoid Audit Objections.
- b) The request to be approved by the Director-cum-VC along with the filled in form.
- c) If it is a monopoly item, the suitable justification to be provided to avoid Audit Objections.
- d) The proposal to be sent at least 2 (two) weeks in advance for processing.
- e) The format of the request letter is attached as advisory, if required may be modified.
- f) For the items already in the tender at TL1 price, will be processed routinely.