



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES::TIRUPATI

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

Request for procurement of Exclusive/Proprietary Make items
(For purchase of Medicines/Diagnostics/Chemicals/Lab ware/IHC Markers/
Surgical Consumable/Implant/Spares, etc.)

Tirupati

Date:.....

From

To

The Director-cum-VC
SVIMS
Tirupati

Respected Sir,

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 / Chemicals/ Lab
ware/ Surgical Consumable / Implant is required for treating /
testing.....in the dept.....for the patient
namely (*if applicable*).....

***Details of the Medicines/ Diagnostics/ Chemicals/ Lab ware/ IHC Markers/ Surgical
Consumable/ Implant/ Spares etc:***

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

Thanking you

Yours sincerely

Enclosures: Proposal form for procurement of Exclusive/Proprietary Make items

PURCHASE DEPT.-FORM VI
SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
PROPOSAL FORM FOR PROCUREMENT OF EXCLUSIVE/PROPRIETARY MAKE ITEMS

(For purchase of Medicines/Diagnostics/Chemicals/Lab ware/IHC
Markers/Surgical Consumable/Implant/Spares, etc.)

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

Date:

Sl. No.	Particulars	Details
1	Name of the proposing department:	
2	Name of the item with details: (Chemicals/ Lab ware/IHC markers/Medicines/Surgical Consumable/Spares/Instruments/ Implants etc.)	
3	a) Item details b) Details of the procedure c) Mode of reimbursement/Insurance scheme d) Sanctioned amount	
4	For Surgical/Medical Procedures: a) Item details b) Details of the procedure c) Mode of reimbursement/Insurance scheme d) Sanctioned amount	
5	Purpose (for treating disease/conduct of test/personal safety etc). Please elaborate.	
6	Specifications of the item requested:	
7	Preferred makes with contact details –Mention at least 3 or more:	1. 2. 3. 4.

8	If Monopoly item, please provide justification:								
9	<p>Mention the details of the Govt. Teaching Hospital/Institutions where the similar item is used.</p> <table border="1"> <thead> <tr> <th>S.No.</th> <th>Name and Address of the Institute/Hospital</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">Signature and Seal of the HOD</p>	S.No.	Name and Address of the Institute/Hospital	1		2		3	
S.No.	Name and Address of the Institute/Hospital								
1									
2									
3									
10	Remarks/Approval of the Medical Superintendent:								
11	Remarks/Approval of the Professor I/c(P)								
12	Approval of the Director-cum-VC								

The proposal may be routed through **e-file/hard copy** the above authorizes s.no. 10 to 12.

Guide lines:

- a) This form is to be filled by the departments when proposing for specific make-Medicine/kits/Lab ware/Chemicals/IHC markers/Glass ware/Surgical Consumable/Implant/Spares etc., If the departments have specific make/method of equipment available.
- b) Suitable justification is needed for the above items to avoid Audit objections.
- c) After getting approvals, kindly send to Purchase department preferably through e-file only.