



संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, रायबरेली रोड, लखनऊ।

**SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES,
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26.07.2022

CIRCULAR

It is observed that while indenting the equipments, consumables, furniture etc., complete required information is not provided by the Indentors / HODs on the prescribed P-2 form in order to justify the procurement of indented item. It is clearly evident from the P-2 form that for procurement of equipment, consumables, furniture etc., all information desired therein is mandatory for processing of the indent.

Hence, all indentors / HODs are requested to ensure that while indenting the equipment, consumables, furniture etc., all information required for these items in prescribed P-2 form must be filled/ provided, failing which, the indent will be treated incomplete and returned to the respective indentors / HODs for completion of the same. In the absence of the above information, the Material Management Department will not be responsible for the delay.

(SUBHASH SINGH)
JOINT DIRECTOR

CC to:

1. The Director
2. The Additional Director
3. The Finance Officer
4. CMS/MS
5. Joint Director(Administration)
6. HOD, BHI - for uploading the circular & P-2 form on the website of the Institute.
7. All HODs/ Nodal Officers/ Principal Investigator / In-charge
8. F.I.R./ F.I.E. / Chairman HRF/ Chairman IRF
9. All staff, Material Management Department
10. Guard File

(SUBHASH SINGH)
JOINT DIRECTOR

**SANJAY GANDHI POST-GRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW
FORM P-2 - INDENT FOR PURCHASE OF STORES**

1. Please fill a separate form for each item.
2. Please fill completely in triplicate. Incomplete forms and those with illegible writing may not be accepted.

Name of item with full specifications	Quantity (in figures and words)	Cost per unit (approx.) in foreign currency and rupees	Total cost (approx.)

FOR EQUIPMENT, PLEASE PROVIDE THE FOLLOWING INFORMATION

• Detailed description of the actual use of the equipment/ item for			
• Is the equipment to be used for patient care or research: If both,			
% of time to be used for patient care:		% of time to be used for research	
• Is this/ similar equipment already available in the department?			
When purchased?	Cost at that time:	Present functional status:	
• Tests/ procedures done on this equipment in last year:			
• Revenue generated by this equipment in last year:			
• If yes, what is the justification for this purchase?			
• Is this/ similar equipment available in any other department in the Institute? If yes, what is the justification for this purchase?			
• Certified that :			

- Certified that:
 1. The specifications are generic in nature for the purpose of healthy competition and not company specific.

2. The estimated cost of equipment is as per prevailing cost in the market with 05 years warranty period.
3. There is no possibility of huge variation in landing vs. estimated cost during the procurement.
4. All required infrastructural facilities such as building, place, electrical & air-conditioning arrangements, human resource etc. are available for installation & operation of the equipment and the equipment will not be non-functional due to above requirement.

FOR CONSUMABLES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

• Description of stocks available			
When was it last purchased?	In what quantity?	Cost:	Source:
• Tests/ procedures done in this period:			
• Revenue generated in this period:			
• Average annual consumption			
• Shelf life: Period for which this purchase will last: Number of tests likely to be done with this quantity:			

FOR FURNITURE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

• Exact location and use	
• Existing furniture at that location:	
• Justification for this purchase	
• Possible sources (name all sources you know) from where item may be obtained (name, address, phone no., fax no., email, etc of contact person):	

Note: Please strike out whichever is not applicable.

INDENTOR

HEAD OF DEPARTMENT/ SECTION

Signature :

Signature:

Name :

Name :

Designation:

Date :

Date :

Stamp :

Phone/ Pager

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