

**AIIMS, BHUBANESWAR**

**PROCUREMENT INDENT – ‘F’**

**Purchase of Goods coming under Rate Contract**

Indent No. _____ Date: _____ (To be filled by Purchase Section)
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1. Only typed Indent without any cutting/ overwriting will be accepted.
2. Indent should be submitted for 'same category' of items.

**TO BE FILLED BY THE INDENTING OFFICER :**

DATE: \_\_\_\_\_

Name of the Indenting Officer _____	Designation _____ Landline/ Mobile No. _____
Name of HOD : _____	Designation _____ Landline/ Mobile No. _____
Name of Dept./Section _____	Landline/ Mobile No. _____
Total cost of all indented items	Rs. _____/- (Rupees _____)

Category : Asset/ Consumable (Please specify) \_\_\_\_\_ .  
(Equipment/ Spares/ Accessories/ Drugs/ Medicine/ Instrument/ Chemicals and Reagents/ X-ray Diagnostics Agents/ Dental Material, X-ray films/ X-ray Intensifying Screens/ Life Saving Equipment/ Office Stationery/ office Equipment/ Any other : \_\_\_\_\_ (Please specify)

The following items are required for (purpose in brief with function and full justification for the present requirement) \_\_\_\_\_

Requirement : Fresh/ additional/ replacement (please specify) \_\_\_\_\_

Sl No	Name of the item(s) with detailed specification (Pack size) & Code/ Part No. etc.	Qty.	Cost of each item in Rs.	Available/ Not Available in Stores	Signatures of Stores	
					Store Keeper	ASO
1						
2						
3						
4						
5						
6						
7						
8						

Annual tentative requirement :	
Date of last purchase if any/ If yes, the details may be attached in a separate sheet	
Balance stock in Department and its duration of consumption :	
The tentative duration of the quantity indented will last :	
Name and address of the Vendor :	
Whether PAC item(s) or not :	
If Proprietary item(s) please enclose the required certificate (PAC) :	
Duration of the Rate Contract :	

Certified that the specifications are complete and correct to meet the requirement in all respects.

Signature of Indenting Officer  
Date :

Signature of HOD  
Date :