

Book No. _____ Sl.No. _____

UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES, SAIFAI (ETAWAH)**INDENT FOR PURCHASE OF STORES**

To be filled in duplicate

01. Separate form to be used for Non-Consumable Items.

02. DIVISION/SECTION/DEPARTMENT:-

Sl.No.	Name of Item with Government specification (May be attached) full Approved	Details (Supply Order No) of Previous purchased Items Including Present Stock In. hand & with Previous Rates	Qty. Demanded	Approximate Cost	Purpose of end use (Special Justification is to be given in the case of equipment etc) costing over Rs.1000/-if similar item is already purchased or on order
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					

Stores may be obtainable from:-

(for purchase on proprietary basis A certificate to that effect on form P-3 Should accompanied)

CMC Required or Not Required for above Item- Please Mention clearly.....

This is Certified that above demand is genuine and recommended for Procurement after satisfactorily examination, verification of Quantity, Approximately Price, Specifications satisfaction and specification are as per Uttar Pradesh Government-Order the item is required for patient care.

Indenter.

Head of Department
With Seal

As per requirement and recommendation for Procurement of above mentioned goods after certification of genuineness, satisfactorily examination, verification of Quantity, Approximately Price, Specifications satisfaction by the Indenter and HOD, the above is forwarded for Procurement.

(Medical Superintendent)

NOTE :- CENTRAL STORE AND CMSD WILL RECEIVED THE P-2 FORM WITH FULL GOVERNMENT APPROVED SPECIFICATION DULY SIGNED BY CONCERN HOD WITH RECOMMENDATION OF THE MEDICAL SUPERINTENDENT TO BE FILLED IN THE STORES SECTION -Stock references

10. Present stock

11. The material are partly/not available in the stores

12. Average annual consumption (for consumables only)

In the case of asset item like Instruments/equipments/plant/machinery, the distribution of such items already available in the University is also to be indicated.

13. (To be filled in stores section contd.)

S/No.	Items	Qty. Purchased	Rate / Unit	Mode/Order reference	Stock in hand	Remarks (if any)
01.						
02.						
03.						
04.						
05.						
06.						
07.						
08.						
09.						
10.						

14. Substitute, if any available (Indenter may please see and confirm acceptance)

Store Keeper
Date: 202

Store Supervisor
Date: 202

Store officer
Date: 202

(TO BE FILLED IN THE PURCHASE SECTION)

Method of purchase recommended - Single Tender/Limited Tender/Open E Tender/GeM/Rate contracts/Local Purchase/Cash purchase)

Duplicate Copy to be returned to the Indenter with above information

Store Purchase Officer
Date: 2020

15. Dealing Assistant..... Post.....

16. Enquiry No.....DatedIssued to.....From due date.....

Store Purchase Officer