**PROCUREMENT INDENT – ‘B’**

**Purchase of Goods & Services (Maintenance, Repair etc.) by Local Purchase Committee (LPC) as per GeM-149(ii)&(iii)/ GFR Rule-155 (For items costing above Rs.25,000/- and up to Rs.2,50,000/-)**

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| --- | --- |
|  | Indent No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  (To be filled by Purchase Section) |

1. Only typed Indent without any cutting/ overwriting will be accepted.
2. Indent should be submitted for “same category” of items.
3. No specific make/brand of a specific manufacturer/ firm should be mentioned in the indent.

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/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total estimated cost of 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)

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| Sl  No | Name of the item(s) with detailed specification and pre-qualification criteria etc. (The description of the subject matter of procurement to the extent practicable should be objective, functional, generic and measurable and specify technical, qualitative and performance characteristics) | Qty. | Estimated cost of each item in Rs. | Availability in Stores | Signatures of Stores | |
| Storekeeper | ASO (stores) |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

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| Whether the item(s) as mentioned above are available in GeM or not **(YES/ NO)** |  |
| If available, the relevant document to be attached |  |
| If not available, Give reasons/ Justification (Separate sheet may be attached) |  |
| Is the item part of HITES DPR list **(YES/ NO)** |  |
| If yes : i) Is the item requested in the DPR of indenting department **(YES / NO)** |  |
| ii) the no. of item requested is same as per HITES DPR |  |
| If No , mention the change in NO |  |
| Is the item is approved by the Assessment committee **(Yes / No)** |  |
| If Yes , then mentioned which Assessment Approved and attached the documents |  |

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| --- | --- |
| 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 |  |

Signature of Indenting Officer Signature of HOD

Date : Date: