P-2

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/DEPATMENT:-

Sl.No.	Name of Item with full Government Approved specification (May be attached)	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

Stores may be obtainable from:-
(for purchase on proprietary basis A certificate to that effect on from P-3 Should accompanied)
CMC Required or Not Required for above Item- Please Mention clearly.....

Indenter

Head of Department
With Seal

RECOMMENDED

(Medical Superintendent)

NOTE :- CENTRAL STORE AND CMSD WILL RECEIVED THE P-2 FORM WITH FULL GOVERNMENT APPROVED SPECIFICATION DULLY SIGNED BY CONCERN HOD WITH RECOMMENDATION OF THE MEDICAL SUPERINTENDENT

TO BE FILLED IN THE STORES SECTION -Stock references

3. Present stock
4. The material are partly/not available in the stores
5. 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.

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

S/No.	Items	Qty. Purchased	Rate/ Unit	Mode/Order reference	Stock in hand	Remarks (if any)

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

Store Keeper
Date: 2020

Store Supervisor
Date: 2020

Store officer
Date: 2020

(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

8. Dealing Assistant..... Post.....
9. Enquiry No.....Dated .....Issued to.....Firm due date.....

Store Purchase Officer