

PROFORMA FOR REPAIR EQUIPMENT OR PURCHASE OF PROPRIETARY ARTICLE
(SPARES/ACCESSORIES/CONSUMABLE/NON-CONSUMABLES)

1. Name of department: _____
2. Name of Equipment: _____
3. Year of purchase of equipment: _____
4. (a) Cost of equipment at the time of purchase: _____
(b) Current cost of the equipment (approx.): _____
5. Date of installation of the equipment: _____
6. Warranty till (Date): _____ if expired since when _____
7. Whether equipment is under maintenance contract (Yes/No): _____
8. Nature of maintenance contract (Preventive/Comprehensive): _____
9. Present functional status of the equipment (Functional/non-Functional): _____
10. If Non-functional since when (Date): _____
11. When was it last repaired (Date); _____ Amount Spent: _____
12. Total amount spent on its repair till date (since its installation) Rs. _____
(In words) Rs. _____
13. Whether the repair of equipment is covered under warranty/CMC(Yes/No): _____
14. Cost of present estimate: Rs. _____
(In words) Rs. _____
15. Whether the repair job/purchase of spares is of proprietary nature (Yes/No): _____
16. Average number of tests conducted/used on patients; _____ Daily/Monthly/Yearly
(strike off which is not applicable)
17. Name of the Distributor/Indian Agent/Authorized Dealer: M/s _____
18. Name of the Manufacturer: M/s _____ Country: _____

19. Requirement;

Items	Quantity
a)	
b)	
c)	
d)	
e)	
f)	
g)	
h)	

20. The items mentioned above are required for (Please mark ✓ which in implacable)

- a) Up gradation of equipment: _____
- b) Repair of equipment: _____
- c) Consumables of equipment: _____

21. Details for evaluation of demand in support of Purchase:

- a) Date of last purchase: _____
- b) Quantity purchased: _____
- c) Stock in hand: _____
- d) Number of tests done per unit: _____(to assess consumption pattern)

22. No other make is accepted for the following reasons:

- a) _____

- b) _____

Checklist		
Sr. no.	Enclosures	Attached (Yes or No)
1.	Have you enclosed proforma Invoice/Quotation/Estimate	
2.	Have you enclosed Proprietary Certificate/Manufacturer Certificate	
3.	Have you enclosed Authorization Certificate in favour of supplier	
4.	Have you enclosed Lowest Price Quoted Certificate	
5.	Have you endorsed all the papers submitted	
6.	Have you endorsed Supply Order of Purchase of Equipment	

INSTRUCTIONS

1. Incomplete forms will not be accepted.
2. Write NA (Not Applicable_) which point is not applicable.
3. All the submitted papers/documents/certificate submitted by the firm should, should be properly dated and reference number of the company/firm indicated on it.
4. The name of the authorized signatory should be clearly indicated on the signed papers submitted by the firm.
5. All the pages of this performa & documents submitted should be verified and countersigned by the Head of the Department concerned.

CERTIFICATE

Certified that the estimate received from M/s _____ for the purchase of spares/consumables OR repair costing Rs. _____ (in words) Rs. _____ is reasonable & essential for patient care.

Requested by: _____

Signature _____

Date: _____

Signature of Head of Department
Date with Stamp

Recommendations/ Comments of the Proprietary/ Maintenance committee:

MEMBER

MEMBER

MEMBER

CHAIRPERSON