

## भारतीय सूचना प्रौद्योगिकी,अभिकल्पना एवं विनिर्माण संस्थान, कांचीपुरम INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, DESIGN AND MANUFACTURING, KANCHEEPURAM

## <u>Purchase Indent – Equipment / Non Consumable / Software</u>

| To be filled in Purchase section.                                                                                                  |                                                                             | Indent No. |                   | Date:       |  |  |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------|-------------------|-------------|--|--|
| Inden<br>Email:                                                                                                                    | ter Name:                                                                   | ID No:     |                   | e:          |  |  |
| Type f Indent: Proprietary/ Proprietary Usage/ Limited Tender/ DGS&D Rate Contract/ GeM/ (Strike out whichever is not applicable). |                                                                             |            |                   |             |  |  |
| Type of Item: Imported/ Indigenous / Both Requirement: Fresh/ Additional/ Replacement (Strike out whichever is not applicable).    |                                                                             |            |                   |             |  |  |
| S.No                                                                                                                               | Description of Item with specifications (If required attach separate sheet) | Quantity   | Unit<br>Rate(INR) | Total (INR) |  |  |
|                                                                                                                                    |                                                                             |            |                   |             |  |  |
| Purpose for Which Item Is Indented                                                                                                 |                                                                             |            |                   |             |  |  |
|                                                                                                                                    |                                                                             |            |                   |             |  |  |

## **Previous Purchase Details (if Available)**

| Name Of the Equipment  Date of Purchase  Cost of the item  Quantity Available  CERTIFICATE  1. Certified that specifications are complete and correct to meet the requirement fully.  II. Item is not available under GeM.  III. All Civil/Electrical Requirement is taken care and site is ready for installation.  IV. Item not available/ Additional quantities required.  Signature of Indentor Head of the Department  ACCOUNTS SECTION:  Department:  Fund available: Yes/ No  Balance Fund available after booking this commitment: Rs.  Head of Account: AR/DR/JR  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  SI. No of the Priority list: Year: Department:  Recommendation sheet of SPC enclosed  Supdt. (S&P) |                                                                                                                                                        |                   |                        |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|--|--|--|--|
| Cost of the item  Quantity Available  CERTIFICATE  1. Certified that specifications are complete and correct to meet the requirement fully. 11. Item is not available under GeM. 111. All Civil/Electrical Requirement is taken care and site is ready for installation. 112. Item not available/ Additional quantities required.  Signature of Indentor Head of the Department  ACCOUNTS SECTION:  Department: Fund available: Yes/ No  Balance Fund available after booking this commitment: Rs. Head of Account: AR/DR/JR  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  Sl. No of the Priority list: Year: Department:                                                                                                  | Name Of the Equipment                                                                                                                                  |                   |                        |  |  |  |  |
| CERTIFICATE  1. Certified that specifications are complete and correct to meet the requirement fully.  11. Item is not available under GeM.  11. All Civil/Electrical Requirement is taken care and site is ready for installation.  11. Item not available/ Additional quantities required.  Signature of Indentor Head of the Department  ACCOUNTS SECTION:  Department:  Fund available: Yes/ No  Balance Fund available after booking this commitment: Rs.  Head of Account: AR/DR/JR  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  Sl. No of the Priority list: Year: Department:                                                                                                                                     | Date of Purchase                                                                                                                                       |                   |                        |  |  |  |  |
| I. Certified that specifications are complete and correct to meet the requirement fully.  II. Item is not available under GeM.  III. All Civil/Electrical Requirement is taken care and site is ready for installation.  IV. Item not available/ Additional quantities required.  Signature of Indentor Head of the Department  ACCOUNTS SECTION:  Department:  Fund available: Yes/ No  Balance Fund available after booking this commitment: Rs.  Head of Account: AR/DR/JR  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  SI. No of the Priority list: Year: Department:                                                                                                                                                 | Cost of the item                                                                                                                                       |                   |                        |  |  |  |  |
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| II. Item is not available under GeM.  III. All Civil/Electrical Requirement is taken care and site is ready for installation.  IV. Item not available/ Additional quantities required.  Signature of Indentor Head of the Department  ACCOUNTS SECTION:  Department:  Fund available: Yes/ No  Balance Fund available after booking this commitment: Rs.  Head of Account: AR/DR/JR  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  SI. No of the Priority list: Year: Department:                                                                                                                                                                                                                                           | CERTIFICATE                                                                                                                                            |                   |                        |  |  |  |  |
| ACCOUNTS SECTION:  Department:  Fund available: Yes/ No  Balance Fund available after booking this commitment: Rs.  Head of Account:  AR/DR/JR   RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  SI. No of the Priority list:  Year:  Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul><li>II. Item is not available under GeM.</li><li>III. All Civil/Electrical Requirement is taken care and site is ready for installation.</li></ul> |                   |                        |  |  |  |  |
| Department:  Fund available: Yes/ No  Balance Fund available after booking this commitment: Rs.  Head of Account:  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  SI. No of the Priority list:  Year:  Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Signature of Indentor                                                                                                                                  |                   | Head of the Department |  |  |  |  |
| Fund available: Yes/ No  Balance Fund available after booking this commitment: Rs.  Head of Account:  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  SI. No of the Priority list:  Year:  Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        | ACCOUNTS SECTION: |                        |  |  |  |  |
| Balance Fund available after booking this commitment: Rs.  Head of Account:  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  SI. No of the Priority list:  Year:  Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Department:                                                                                                                                            |                   |                        |  |  |  |  |
| Head of Account:  RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA SI. No of the Priority list:  Year:  Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fund available: Yes/ No                                                                                                                                |                   |                        |  |  |  |  |
| RECOMMENDATION OF SPC  (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA  SI. No of the Priority list: Year: Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Balance Fund available after booking this commitment: Rs.                                                                                              |                   |                        |  |  |  |  |
| (FOR INDENTS COSTING MORE THAN RS.5.00 LAKHS AND PAC PURCHASE) / NA SI. No of the Priority list: Year: Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Head of Account:                                                                                                                                       |                   | AR/DR/JR               |  |  |  |  |
| SI. No of the Priority list:  Year:  Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RECOMMENDATION OF SPC                                                                                                                                  |                   |                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |                   |                        |  |  |  |  |
| Recommendation sheet of SPC enclosed Supdt. (S&P)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SI. No of the Priority list:                                                                                                                           | Year:             | Department:            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Recommendation sheet of S                                                                                                                              | PC enclosed       | Supdt. (S&P)           |  |  |  |  |
| Recommended/Not-Recommended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |                   |                        |  |  |  |  |
| Registrar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        |                   |                        |  |  |  |  |

Approved/Not Approved

Director