

FORM (A)

Format for filling up in case of proposal for procurement of new Medical Equipments in
Departments

Name of Equipments _____

Name of Department _____

Sl. No.	Items	Remarks
1	Is it an MCI Requirement	
2	Whether details justification has been submitted	
3	Whether additional man power / existing man power	
4	The space is available	
5	How will the patient benefits	

Signature of Processing Section Head / SPO

FORM (B)

Format for processing the purchase of equipments

Sl. No.	Items	Remarks
1	Is it an open tender / e-tender / limited tender / team purchase	
2	Is the equipment techno commercial complaint in all respect	
3	Whether approval of SFC / P.C. / IPC has been obtained	
4	Whether price justification has been obtained	
5	Whether comments of HODs of the section has been obtained on the price justification	

Signature of Processing Section Head / SPO