

PROCUREMENT INDENT – ‘A’
Purchase of Goods & Services (Maintenance, Repair etc.) as per GeM 149(i)/ GFR Rule-154
(For items up to Rs.25,000/-)

Indent No. _____ Date: _____ (To be filled by Purchase Section)
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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.

TO BE FILLED BY THE INDENTING OFFICER:

DATE: _____

Name of the Indenting Officer :	Designation : Landline/MobileNo.
Name of HOD :	Designation : Landline/MobileNo.
Name of Dept. /Section :	Landline/MobileNo.
Total estimated cost of all 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)

Sl No	Name of the item(s) with detail specification (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.	Available/ Not Available in Stores	Signatures of Stores	
					Storekeeper	ASO (Stores)
1						

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)	

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	

Certified that the specification are complete and correct to meet the requirement in all respects.

Signature of Indenting Officer
Date :

Signature of HOD
Date: