**INDENT CUM ADMINISTRATIVE APPROVAL SHEET**

1. Name of Indenter :…………………………………………………………….
2. Section/Department :…………………………………………………………….
3. Item required (without Brand Name) :…………………………………………………………….
4. Budget Head (4/5) : Institute Head  Project Head
5. Quantity (Approx.) :…………………………………………………………….
6. Cost (Approx.) :…………………………………………………………….
7. Purpose/Justification :…………………………………………………………….
8. Link for GeM (if available) :……………………………………………………………. (Attach a certified copy)
9. Details specification of the item required (Without mentioning the brand name)

……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………..

**If Project,**

Name of Project :…………………………………………………………….

Budget Sub Head :……………………… ………………………. Additional Information (If any) :…………………………………………………………….

……………

Amount

1. If item is proprietary in nature :…………………………………………………………….

(Attach Certificate as per enclosure) (4/5) : Indenter Certificate  Supplier Certificate

**Forwarded by:** Indenter Signature:……………

Name & Signature of HoD/PI:……………………………….

1. Store In Charge **: Available Non Available Comments (If any)**

……………………………………………………………………………………………………………..

1. GeM office for availability of items with specifications & Costs at GeM Protal **:**

……………………………………………………………………………………………………………..

Name & Signature AR (Store & Purchase): ………………….……………………………………………

1. Availability of Funds in the Proposed: Budget Head: …………………………………….

**AR (F&A)**

**DR (F&A)**

**Registrar –**

**Director – To: SPC: for necessary action**

**Proprietary Article Certificate (by Indenter)**

Valid for the Current Financial Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| File Number and Date Reference | | |  | |
| 1 | Description of Article | |  | |
| 2 | Forecast of quantity/annual requirement | |  | |
| 3 | Approximate estimated value for above quantity | |  | |
| 4 | Maker’s name and address | |  | |
| 5 | Name(s) of authorised dealers/stockists | |  | |
| 6 | I approve the above purchase on PAC basis and certify that: --  Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it – without which PAC certificate will be invalid. | | | |
| 6 (a) | This is the only firm who is manufacturing/stocking/publishing this item.  AND | | |  |
| 6 (b) | A similar article is not manufactured/sold by any other firm, which could be used in lieu OR | | |  |
| 6 (c-1)  6 (c-2) | No other make/brand will be suitable for following tangible reasons (like OEM/ warranty spares): OR  ………………………………………………….………………………………………… | | |  |
| 6 (c) | No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR  ………………………………………………….………………………………………… | | |  |
| 7 | Reference of concurrence of finance wing to the proposal | …………………………………………………. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **History of PAC purchases of this item for past three years may be given below:** | | | |
| **Name of Supplier:** |  | | |
| **Order/Tender**  **Reference & Date** | **Quantity Ordered** | **Basic Rate on Order (Rs.)** | **Adverse Performance Reported if Any** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Name Signature of the Indenter ………………………......

Signature of the Competent Authority

Date..............................Designation of officer......................