

- 07 -



B / 595 / 2023-24 / 1

Annexure 6 : Proprietary article certificate (Refer Para 4.6.1) Financial Year 2023-24

File Number and Date Reference	:	B / 595 / 2023-24 / 1 , 01/01/2024
1 Description of article	:	DSSHEA0117 : SHEATH ASSEMBLY, Model:#
2 Forecast of quantity/annual requirement	:	Not known, forecasted amount is Nil.
3 Approximate estimated value for above quantity:	:	N.A.
4 Maker's name and address	:	M/S TELEFLEX Medical OEM, Limerick, Ireland. Brand: GENERAL CUSTOM MADE.
5 Name(s) of authorised dealers/stockists	:	SAME AS MAKER
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 - <u>without which PAC certificate will be invalid.</u>	
6 (a)	This is the only firm who is manufacturing/stocking this item. AND	<input checked="" type="checkbox"/>
6 (b)	A similar article is not manufactured/sold by any other firm, which could be used in lieu OR	<input type="checkbox"/>
6(c-1)	No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares) : OR <u>CUSTOMISED DESIGN, IMPROVED OVER SAME ITEM PROCURED FROM THIS VENDOR EARLIER. (PO 4015, dtd. 04/12/2020).</u>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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 the Supplier	Quantity Ordered	Basic Rate on Order (Rs.)	Adverse Performance Reported if Any
Order/Tender Reference & Date			

Signature of Approving Authority (Head of the Department)

[Signature]
3/1/24
P. Kemal
DSD, OMD

[Signature]
11.1.24

Annexure 6 : Proprietary article certificate (Refer Para 4.6.1) Financial Year 2023-24

File Number and Date Reference		: B / 595 / 2023-24 / 1 , 01/01/2024
1	Description of article	: GLTBNG0124 : INNER SHAFT, Model:#
2	Forecast of quantity/annual requirement	: Not known, forecast is Nil
3	Approximate estimated value for above quantity:	N.A.
4	Maker's name and address	: M/s Teleflex Medical OEM, Limerick, Ireland. Brand: GENERAL
5	Name(s) of authorised dealers/stockists	: SAME AS MAKER.
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 - <u>without which PAC certificate will be invalid.</u>	
6 (a)	This is the only firm who is manufacturing/stocking this item. AND	<input checked="" type="checkbox"/>
6 (b)	A similar article is not manufactured/sold by any other firm, which could be used in lieu OR	<input type="checkbox"/>
6(c-1)	No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR <i>Modification of similar item procured from this vendor earlier, (PO 4015, dtd. 04/12/2020).</i>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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 the Supplier	Quantity Ordered	Basic Rate on Order (Rs.)	Adverse Performance Reported if Any
Order/Tender Reference & Date			

Signature of Approving Authority (Head of the Department)

[Signature]
31/1/24
P. K. Menon
HOD, DMDE

[Signature]
11/1/24

Annexure 6 : Proprietary article certificate
(Refer Para 4.6.1) Financial Year 2023-24

File Number and Date Reference		: B / 595 / 2023-24 / 1 , 01/01/2024
1	Description of article	: DSTBNG0126 : MIDDLE SHAFT PART-A, Model:#
2	Forecast of quantity/annual requirement	: Not known, forecast is Nil.
3	Approximate estimated value for above quantity:	N.A.
4	Maker's name and address	: M/s Teleflex Medical OEM, Limerick, Ireland. Brand: GENERAL Custom made.
5	Name(s) of authorised dealers/stockists	: Same as maker.
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 - <u>without which PAC certificate will be invalid.</u>	
6 (a)	This is the only firm who is manufacturing/stocking this item. AND	<input checked="" type="checkbox"/>
6 (b)	A similar article is not manufactured/sold by any other firm, which could be used in lieu OR	<input type="checkbox"/>
6(c-1)	No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR	<input checked="" type="checkbox"/>
		Customized design, improved over same item procured from this vendor earlier, (Po 4015, dtd 04/12/2020).
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	<input type="checkbox"/>
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 the Supplier	Quantity Ordered	Basic Rate on Order (Rs.)	Adverse Performance Reported if Any
Order/Tender Reference & Date			

Signature of Approving Authority (Head of the Department)

[Signature]
3/1/24
P. Ramakrishna
MD, DMSE

[Signature]
11.1.24