ALL INDIA INSTITUTE OF MEDICAL SCIENCES ANSARI NAGAR, NEW DELHI – 110029 (STORE SECTION Dr R.P.Centre)

Ref: 05/PAC/RPC/24-25

Dated: 03.07.2024

Sub: Proposal for procurement of Centurion Hand Piece on proprietary basis – Inviting comments thereon.

A proposal for procurement of **Centurion Hand Piece** received from O.T 5TH Floor Dr R.P.Centre to purchase from M/s My Healthskape Medicals Pvt Ltd on Proprietary basis. The proposal submitted by M/s My Healthskape Medicals Pvt Ltd and Performa invoice and PAC certificate are attached.

The above documents are being uploaded for open information to submit objection, comments, if any, from any manufacturer regarding proprietary nature of the equipment/item within issue of 10 days. The objection/ proposal/ comments, if any should be sent in sealed cover to Room No 180 1st floor Dr R.P.Centre, AIIMS on or before 13.07.2024 upto 12.00 PM failing which it will be presumed that any vendor is having no comment to offer and case will be decided on merits.

Asstt. Stores Officer, Dr R.P.Centre, AIIMS

Copy enclosed

- 1. PAC Certificate enclosed
- 2. Performa Invoice

Annexure 6: Proprietary Article Certificate

(Refer Para 4.6.1)

Valid for the Current Financial Year

File	Number and Date		Trent Financial Year			
1	Description of ar		Continio	14. 1.0.		
2	Forecast of quantity/annual requirement					
3	Approximate est quantity	imated value for above	369600	00/-		
4	Maker's name a	nd address		*		
5	Name(s) of author	orised dealers/stockist	s mile hard	Mskape PU+ LTD		
6	I approve the ab	ove purchase on PAC	basis and certify that:	Is skape PUT (TD		
	Note- Tick to reta	ain only one out of (b).	(c-1) or (c-2) whichever	er is applicable and cross ch PAC certificate will be		
6(a)	This is the only fi	rm who is manufacturii	na/stocking this item			
	AND	The state of the s	ng/ slocking inis nem.			
6(b)						
6	OK L					
(c-1) OEM/warranty spares): OR						
6(c)	was also given in	orand will be suitable the last procurement cate more sources):	ycle, please also bring OR	out efforts made		
7	Reference of cond the proposal:	currence of finance wir	ng to			
Histor	y of PAC purchases	of this item for past three	e years may be given be	elow _ A1.7		
	of the Supplier		,	27072		
	Order/Tender ference& Date	Quantity Ordered	Basic Rate on Order (Rs.)	Adverse Performance Reported if Any		
ignat	ure of Approving	Authority		Dr. NAMRATA SHARMA Projessor of Ophthalmology Projessor of Ophthalmology Officer Incharge Unit- IV		



Alcon Laboratories (India) Pvt. Ltd.

Registered Office: 11th Floor, RMZ Azure, Bellary Road, Hebbal, Bengaluru – 560092 Ph: +91-80-4544 4444 / +91-80-4006 4600 Fax: +91-80-4544 4450 / +91-80-4006 4800

Email: alcon.india@alcon.com CIN No. U33119KA1999FTC025496

Dated: 06-Dec-2023 Ref. No- PAC-DEC23-01

PROPRIETARY ARTICLE CERTIFICATE

TO WHOMSOEVER IT MAY CONCERN

Dear Sir/Madam,

This is to certify that below mentioned accessories of Centurion Vision System-AS Enabled are the proprietary products of legal manufacturer Alcon Laboratories Inc., Fort Worth, Texas, USA, and Alcon Laboratories (India) Pvt. Ltd. is supplying these products in India.

Iris code	Legacy Product Class	Product Description
100176095	8065752914	ACTIVE SENTRY Handpiece
100009908	8065752180	CENT FMS PACK, ACT, BASIC 6
100009963	8065752201	Centurion Vision System ACTIVE FAMOUNT
100064617	7950157	Centurion Vision System ACTIVE FMS W/ INTREPID ULTRA SLEEVES BSS BAG NGP 500ML - IND
100010865	8065752134	23 Ga CENTURION UltraVit Anterior VitrectomyProbe
100006503	8065751761	Centurion Ozil Phaco Handpiece
100002002	8065128402	BIPOLAR CABLE 12 FT. SILICONE
100002228	8065129301	BIPOLAR FORCEPS SU COAP.STERIL
100055065	8065751795	Ultraflow II Handpiece
100004370	8065751012	INTREPID I/A TIP
100006362	8065750517	
100006952	8065750853	0.9 MM MICROSMOOTH ULTRA INFUSION SLEEVE KIT 45° Kelman, 0.9mm Turbosonics Mini-Flared ABS Tip

Thanking you.

For Alcon Laboratories Inc.

Anand,

Digitally signed by Anand, Kaushik DN: rn=Anand, Kaushik, ou=PDF Internal Signing, o=Alcon Vision, LLC Date: 2023.12.06 15:31:06 +05'30'

Kaushik (Kaushik Anand)

Authorized Signatory

See Control of the Co

Registered Office:
4/425 A, Sharma Ind. Estate, Walbhat Road,
Goregaon (East), Mumbai - 400 063.
Tel.: +91 22 226862562 / 2828 / 2929
Fax: +91 22 2685 3525
Fax: +91 22 2685 3537
Fax: +91 22 12685 3537
Fax: +91 22 12685 3537
Fax: +91 22 16685 2537
Fax: +1000mH2003PTC139877
E-Mail :- tufo@myhealthakape.com
website: - www.myhealthakape.com



		QUOTA	ATION	_		HEALT	1 1SKAPE
TO,		FROM:					
All Ind Ansari	ores Officer (RPC), lia Institute of Medical Sciences I Nagar, Delhi-110029	MY HEALTHSKAPE MEDICALS PVT. 103, MERCHANT INDUSTRIAL EST/ WALIV VILLAGE, VASAI EAST-4012 DIST-PALGHAR Contact No.: 26862626/ 2828 GST: 27AADCM4683K121			DATE : 24th May 2024		
D=6.0	N						
Ref.: 0	Quotation for Alcon Centurion Handpie 2014 to 31.03.2024 (against RC 804/RP	ce (Rate Contr	act No.	01/Alcon Cons	umables		
Ref.: 0	2014 to 31.03.2024 (against RC 804/RP	ce (Rate Contr	act No.	01/Alcon Cons	umables		
01.04. Dear Sir	2014 to 31.03.2024 (against RC 804/RP	ce (Rate Contr C/SSK/13-14 t	act No. for Cent	01/Alcon Cons	umables		
01.04. Dear Sir	2014 to 31.03.2024 (against RC 804/RP r,	ce (Rate Contr C/SSK/13-14 t	act No. for Cent	01/Alcon Cons	umables		
Dear Sir n refer	2014 to 31.03.2024 (against RC 804/RP r, rence to the above, we are giving hereund	ce (Rate Contr C/SSK/13-14 f er the quotatio	act No. for Cent	01/Alcon Cons turion Vision S	umables ystem))	i/14-15 Valid	Total Value

Terms & Conditions:

Payment	Within 15 days from supply of goods in the form of Cheque/ NEFT/RTGS in favor of 'MY HEALTHSKAPE MEDICALS PVT LTD'
Bank Details	BENEFICIARY NAME: MY HEALTHSKAPE MEDICALS PVT LTD BENEFICIARY A/C NO.: 006-341556-001 BENEFICIARY BANK.: THE HONGKONG AND SHANGHAI BANKING CORPORATION LIMITED RTGS / IFSC CODE NO.: HSBC0400002 Bank Code : 400039002

CONTD...2/-

29/05/24 Sh. Ashan Sharman.

