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	:		A0117: SHEATH ASSEMBLY, Mode				
	Forecast of quantity/annual rec	quirement :	Not	known, forecasted amount is NIL.				
3	Approximate estimated value	for above quantity:	antity: N.A.					
4	Maker's name and address		: M/S TELEFLEX Medical DEM, Limericky Ireland. Brand: GENERAL CUSTOM MADE.				λ.	
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 - without which PAC certificate will be invalid.							
6 (a)	This is the only firm who is manufacturing/stocking 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)	No other make/brand will be	suitable for following	g tangible	reasons (like OEM/warranty spare	s): OR	V		
6 (c)	PROM THIS VENDOR EARLIER. (P6 4015, d+d. 04/12/2020) 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:							
His	story of PAC purchases of th	is item for past thre	ee years i	may be given below				
Na	me of the Supplier							
	der/Tender Quantity of ference & Date		d	Basic Rate on Order (Rs.)	Adverse Performance Reported if Any			
					- Paller space			

Signature of Approving Authority (Head of the Department

Annexure 6: Proprietary article certificate

(Refer Para 4.6.1) Financial Year 2023-24

	File Number and Date Reference	: B/5	95 / 2023-24 / 1 , 01/01/2024					
	Description of article		BNG0124: INNER SHAFT, Model:#					
	Forecast of quantity/annual requ	irement : N	Not known, forecast is NIL					
3	Approximate estimated value fo	r above quantity:	pove quantity: N. A.					
4	Maker's name and address	e and address : M/s Teleflox Medical OBM, Limerick Ireland Brand: GENERAL						
5	Name(s) of authorised dealers/s	thorised 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 - without which PAC certificate will be invalid.							
6 (a)	This is the only firm who is manufacturing/stocking 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	s-1) No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR							
((a)	No other make/brand will be su	nitable for following intar	my prouved from dfd. 04/2/2020). Agible reasons (if PAC was also given then to least a more sources): OR					
6 (0)	procurement cycle, please also	bring out efforts made si	nce then to locate more sources): OR					
7	Reference of concurrence of finance wing to the proposal:							
His	story of PAC purchases of this	item for past three year	ars may be given below					
Na	me of the Supplier							
	der/Tender ference& Date	Quantity Ordered	Basic Rate on Order (Rs.)	to the transfer of the contract of the contrac				
	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF			office a dissipation can be used				

Signature of Approving Authority (Head of the Department)

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Annexure 6: Proprietary article certificate

(Refer Para 4.6.1) Financial Year 2023-24

	File Number and Date Refer	rence : B / 595 /	2023-24 / 1 , 01/01/2024				
20	Description of article	: DSTBNC	G0126 : MIDDLE SHAFT PART-A, M	lodel:#			
2	Forecast of quantity/annual	requirement : Not 1	ent: Not known, forecast is NIL.				
3	Approximate estimated valu						
4	Maker's name and address	Designation of the designation o					
5	Name(s) of authorised dealers/stockists : Same as maker -						
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) whichev 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	s manufacturing/stocking this iten	cking this item. AND				
6 (b)	b) A similar article is not manufactured/sold by any other firm, which could be used in lieu OR						
6(c-1	No other make/brand will b	be suitable for following tangible	reasons (like OEM/warranty spares	s): OR			
Customzel design, improved over same item from this render leadin, (Po 4015, dfd 04/12/2020). 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:					
Hi	story of PAC purchases of	this item for past three years	may be given below				
Na	ame of the Supplier						
Order/Tender Reference& Date		Quantity Ordered	Basic Rate on Order Adverse Performance (Rs.) Reported if Any				
				Englanderick to be to an interest and			

Signature of Approving Authority (Head of the Department)

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