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|  | **ICMR- National Animal Resource Facility for Biomedical Research**  Department of Health Research, Ministry of Health & Family Welfare  Government of India  Genome Valley, Shamirpet, Hyderabad 500101 Telangana India |

**PURCHASE PROPOSAL**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PP Number | | : |  | 1. ICMR-NARFBR Main | | | : | Yes / No | |
| 2. Name of the Unit/ Division | | | : |  | |
| Date | | : |  | 3. In case of projects, please give Name & ID | | | : |  | |
| Sl.No | Full description of the equipment | | | | Qty | Amount (Approx) | | | |
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|  | | |  |
| 1. Is this proposal for a new purchase, additional or replacement ? | | | | | New / Additional / Replacement | | | | |
| 1. Whether it is approved by SAC ? if so, give SAC No. & Date.   (In case of Projects, a copy of budget approval may be appended) | | | | |  | | | | |
| 1. Is similar type of equipment / instrument already available with the division / Unit/ project/ Centre ? kindly establish the functional need for additional equipment & operational status of the existing one ? | | | | |  | | | | |
| 1. Is required space for installation, electricity load available ? | | | | | Yes / No | | | | |

*Contd…*

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| 1. Brief justification for the purchase: | | |
| 1. Is it proprietary item ? | | Yes / No |
| 1. If so, name of the manufacturer or the Indian agent with specifications / catalogue No. etc., be given ? | |  |
| Signature of Indenter  Name :  Designation: | Recommendations of the Unit / Division Head & Signature | |

Administrative Approval of the above purchase

Approved / Not Approved

DIRECTOR