

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

GEM PROCUREMENT PROCESS PROFORMA

1.Indenting:

FTS No. _____

Description of Item	Quantity	Approximate Cost

Name & Signature of Indenter

Department

Date

2.Central Store:

Item Available (Yes/No)	If Yes (Qty)	Total qty issued till date (If Assets)	Signature & Date

3.Approval for purchase : _____ **Date :** _____

4.GeM Procurement : <50,000/₹ >50,000 to 3 kh > 3 kh

Name of Goods	Goods ID	Cost / Unit	Total Cost

5.GeM Demand No. : _____

6.Financial Concurrence : Recommended / non-recommended for expenditure by FA

IFD Number: _____

Signature & Date: _____

Final approval for purchase by competent authority: _____