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HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND ASSOCIATED HAH CENTENARY HOSPITAL



H-2022-1041 Oct 07, 2022 - Oct 06, 2026

Equipment/Instruments/Fixed Assets Requisition Form

Unit Name:

Request Date: __/__/__

Required By:

Department/ Location:

Requirement Details:

Table with 5 columns: Item Required, Quantity Required, Expected cost per Unit, Preferred Make/ Model, Existing Quantity if any. Includes rows 1, 2, 3.

Technical specifications to be attached separately.

Requirement Type:

- Requirement Type options: New Requirement (Existing Specialty), New Requirement (New Specialty), Replacement

Justification of Purchase:

.....

Business Proposal:

Requirement Status: [] Budgeted [] Non-Budgeted

Table with 2 columns: Business Parameters, Comments. Rows include Expected Number Of Cases / Procedures, Expected Equipment charges per procedure, Expected revenue (Equipment charges) per Month, Expected Life of Equipment.

Sign of Unit In-charge

Sign of HOD