

NATIONAL INSTITUTE OF TUBERCULOSIS AND RESPIRATORY DISEASES, NEW DELHI

PERFORMA FOR AMC OF EQUIPMENT

1. Name of the Department : _____
2. Name of Equipment : _____
3. Period of contract : _____
4. Date of receipt/installation of the Equipment(s) in the deptt. : _____
5. Cost of equipment(s) : _____
6. Whether the Equipement(s) is/are in working order : _____
7. Whether the AMC of the Equipement(s) is inevitable : _____
8. Whether the AMC charges Seem to be reasonable. : _____
9. Whether the firm is authorized Agent/Manufacturer/supplier : _____
10. Whether authority letter from Principal is enclosed. : _____
11. Whether the terms and Condition for AMC are Acceptable to dept. I/c. : _____
12. Whether the last year AMC Was given to same firm : _____
13. Amount of last year AMC : _____
14. Whether the firm has been Providing continuous services Since expiry of last AMC i.e. after. : _____
15. Total cost of repair of Equipment in past 1 year : _____
16. Enclosure
 - a. PAN No.of firm : Yes/No
 - b. Income Tax Return of last 3 years : Yes/No
 - c. VAT NO./Sales Tax Registration of the Firm : Yes/No.
 - d. Service Tax registration & Deposition certificate : Yes/No

Department Incharge
Signature with stamp