

## अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी All India Institute of Medical Sciences, Guwahati

स्वास्थ्य और परिवार कल्याण मंत्रालय,भारत सरकार के तत्वावधान में एक वैधानिक निकाय (A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)

Ref No.: 4-39/2022-23/AIIMS/GHY/PROC.-VE/II/2534

Date: 05.12.2024

#### **EXPRESSION OF INTEREST (EoI)**

On behalf of Executive Director, AIIMS Guwahati EoI is hereby sought from Registered vendor for printing of necessary items which are summarised in the table below:-

DEPTT./ Section	ITEM with SPECH.	QNTY.	Attachment
Obstetrics and Gynaecology	Abortion Register (250 pages each)	5	Annexure-I
	Long Register Book (100 pages each)	3	Annexure-II
	Register Book (400 pages each)	2	Annexure-III
	Register Book (400 pages each)	2	Annexure-IV
	Register Book (500 pages each)	2	Annexure-V
De listian	Long Register Book (200 pages each)	2	Annexure-VI
Radiation Oncology	Long Register Book (300 pages each)	5	Annexure-VII
	Register Book (150 pages each)	10	Annexure-VIII
	Long Register Book (200 pages each)	10	Annexure-IX
	Register Book (200 pages each)	10	Annexure-X
	Long Register Book (200 pages each)	10	Annexure-XI
Dean (A)	Printing of ID cards (MBBS Batch 2024-25)	100	

Prospective vendors are encouraged to quote clearly indicating the price and GST applicable for each item as per table shown above on or before 21.12.2024. Partial quote by any party shall not be accepted for evaluation. Further to inform you that the printing should be made in good quality paper.

A sample copy of the above registers is placed as Attachment viz., Annexure-I to Annexure-XI. The vendors should prepare strictly according to the specifications mentioned in the corresponding Annexure. An expert team will evaluate the sample copies and if any discrepancies arise, the decision of the Competent Authority will be final.

Sd/-

Asst. Administrative Officer(I/c)

AIIMS, Guwahati

Copy to:

- 1. I/C Institute Website for publishing on the Website.
- 2. Office Copy

Month\_\_\_\_\_

S. No.	Date of Admission	Name of the Patient	Wife/ Daughterof	Age	Religion	Address	of	Reasons on which Pregnancy is terminated	termination of Pregnancy	Date of discharge of Patient	Result & Remarks	Name of Registered Medical Practitioner(s) by whom the opinion is formed (For pregnancy beyond 24 weeksmention name of Medical Board members)	Name of Registered Medical Practitioner( s)by whom Pregnancy is terminated	Method of MTP (MVA/ EVA/ MMA/ D&C/ Others)	Post Abortion Contraception (Tubal Ligation [TL]/IUCD/ OCP/ Injectables/ Others/ None)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16



## Department of

### All India Institute of

D (	LIN	AC			Pat	ient		
Date	Start Time	End Time	Treated	Absent	On Hold	New	Conclude	Total

## **Radiation Oncology**

#### Medical Sciences, Guwahati



Imaging			Tech	nique		Remarks
CBCT	Portal	VMAT	IMRT	3DCRT	SRS/SBRT	





## DAILY QUALITY ASSURANCE OF VERSA HD, ELEKTA

Date: \_\_/\_\_/\_\_\_

Sl. No.	Parameters	Observation	Tolerance/Baseline							
	X-ray output constancy									
	6 MV									
1	10 MV									
	15 MV									
	6 MV FFF									
	10 MV FFF									
	Electron	output constancy								
	6 MeV									
2	8 MeV									
	10 MeV									
	12 MeV									
	15 MeV									
3	Localisation lasers		IMRT: ±1.5 mm, SRS/SBRT: ±1 mm							
4	Optical distance indicator		±1 mm							
5	Door interlock		Functional							
6	Audio-visual monitor		Functional							
7	Imaging & treatment coordinate incidence		Non-SRS/SBRT≤ 2 mm, SRS/SBRT≤ 1 mm							

Reference: Code No. AERB/RF-MED/SC-1 (Rev. 1) & AAPM TG-142



#### All India Institute of Medical Science, Guwahati



Sl. No.	Patient Name	HID	Prescription Dose & Technique	γ Criteria	Pass Percentage	QA Performed by with date



#### All India Institute of Medical Science, Guwahati



SL NO.	DATE	PATIENT NAME (AGE/SEX)	HOSPITAL ID	MOBILE NO.	DIAGNOSIS (SITE)	CONSULTANT NAME	RTT SIGN	REMARKS



All India Institute of Medical Science, Guwahati

Institute Number: 067523



SESSION:\_ YEAR:\_\_\_\_ SL DATE SIGNATURE TLD NO. NAME NO.





Sl. No.	Call Ra	Log ised	Call Log Details	Call Reso	Log olved	Acknowledged	RSO Sign	
110.	Date	Time		Date	Time	by	Sign	



## **Department of**

### All India Institute of

Sl. No.	Patient Name	Hospital ID	Site	Diagnosis	Date of Simulation

# Radiation Oncology





Treatment Technique	Prescription	Consultant Name	Physicist Name	Plan Approval	Remarks



#### All India Institute of Medical Sciences, Guwahati



Sl. No.	Patient Name/Age/Sex	HID	Diagnosis	Technique	Starting Date	Complete Date	Prescribed Dose & Fraction	Consultant Name	Remarks



#### All India Institute of Medical Science, Guwahati



Sl. No.	Date	Patients Information (Name, Age & Sex)	HID	Diag.	Immobilization	Consultant Name	RTT Sign	Remarks





Date:

SI. No.	Patient Name	HID	Diag.	Technique	Allotted Time	Imaging	RTT Sign	Remarks