



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)  
**All India Institute of Medical Sciences, Raipur (Chhattisgarh)**  
**Tatibandh, GE Road,**  
**Raipur-492 099 (CG)**  
[www.aiimsraipur.edu.in](http://www.aiimsraipur.edu.in)

AIIMS/R/HS/PSY/914/166/2026 **1476**

Date: **04/06/2026**

**Call for Objection**

**Sub:- Inviting Comments/objections (if any), regarding procurement of Consumables and Accessories for Transcranial Direct current Stimulation Machine installed at Psychiatry Department under PAC at AIIMS Raipur under Proprietary Article.**

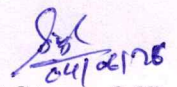
Psychiatry Department, AIIMS Raipur has to procure **Consumables and Accessories for Transcranial Direct current Stimulation Machine** through Proprietary Article Basis under GFR -166. The proposal submitted by M/s Neuroelctrics, Barcelona, SL who is sole manufacturer and M/s Kailash Lifesciences Pvt. Ltd., New Delhi is the local Agent of this item along with Proprietary Article Certificate are attached and same upload on AIIMS Raipur website.

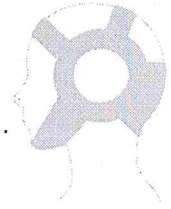
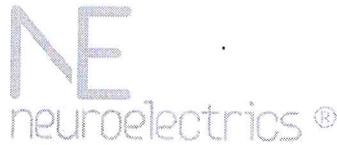
The above documents are being uploaded for open information to submit objections/comments (if any) from any manufacturer/supplier before declaring proprietary article for the said equipment/items to be procured, within 07 days (i.e. **11/06/2026**) from the date of issuance/uploading of the notifications. The objection should be raised on the technical compliance sheet as enclosed, if any firm claiming suitability of their product with respect to specification mentioned.

The comments should be sent to the office of Stores Office (Hospital), 1<sup>st</sup> Floor, A-Block, New Administrative Building, Gate No. 5, AIIMS, Raipur in sealed envelope or through mail [storesofficer.hp@aiimsraipur.edu.in](mailto:storesofficer.hp@aiimsraipur.edu.in) on or before **11/06/2026** up to 3.00 PM failing which it will be presumed that any other vendor having no comments to offer and case will be decided on merits.

**Encl:-**

1. Proprietary Letter by Manufacturer
2. Proprietary Letter by Department
3. Authentication letter of vendor

  
**Assistant Stores Officer**  
**.Hospital Stores**  
**सहायक भंडार (AIIMS Raipur)**  
**Assistant Stores Officer (H)**  
**एम्स, रायपुर (छ.ग.)**  
**AIIMS, Raipur (C.G.)**



Dated : 19.01.2026

## PROPRIETARY ARTICLE CERTIFICATE

This is to certify that the following consumables of **Transcranial Direct Current Stimulation Model Starstim tES** are proprietary product of M/s Neuroelectrics Barcelona SL., Spain.

- NG Pistim Electrode.
- Earclip.
- Neoprene Headcap Pro (S)
- Neoprene Headcap Pro (M)
- Neoprene Headcap Pro (L)
- Neoprene Headcap (S)
- Neoprene Headcap (M)
- Neoprene Headcap (L)
- 10 Electrode Cable

No other manufacturer till date can supply similar product specification for your requirement.

Yours faithfully

For and on behalf of M/s Neuroelectrics, Barcelona SL

36982610J

DAVID VIÑAS

(R: B65555690)

Digitally signed by

36982610J DAVID

VIÑAS (R: B65555690)

Date: 2026.01.19

15:30:45 +01'00'

David Viñas Romeu

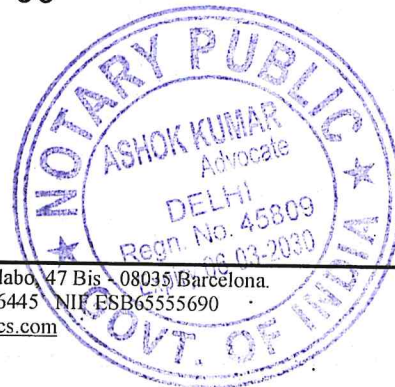
Financial Officer

Email: [David.vinas@neuroelectrics.com](mailto:David.vinas@neuroelectrics.com)

27 JAN 2026

ATTESTATION  
Neuroelectrics Barcelona S.L.U. Av.Tibidabo, 47 Bis - 08035 Barcelona.  
Tel: +34 93 2540366 Fax: +34 93 2126445 NIF ESB6555690  
[www.neuroelectrics.com](http://www.neuroelectrics.com)

Notary Public Delhi





अखिलभारतीय आयुर्विज्ञानसंस्थान, रायपुर (छ.ग.)  
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स्वामित्वप्रमाणपत्र  
**Proprietary Article Certificate**

फाइल संख्या औरसंदर्भ File Number and Reference		Comp.No. 21708 File No. - 6-302/192/2025-SO-H
1	सामाग्रीकाविवरण Description of article	Consumable for +DCS
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	As per PPRF
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	As per PPRF
4	निर्माताकानाम एवं पता Maker's name and address	MIS Neuroelectronics Barcelona SLU
5	अधिकृतडीलर / स्टाकिस्टकानाम Name(s) of authorised dealers/stockists	MIS Kailash Lifescience Pvt. Ltd., New Delhi
6	<p>मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहूँऔर यह प्रमाणित करताहूँकि:          नोट- (बी), (सी-1) या (सी-2) में से केवल एक कोबनाए रखने के लिए टिककरें,          जोभीलागूहोऔरदूसरोकोकाटदें।कृपया (ए) टिककरपुष्टिकरेंइसकेबिनापीएसीप्रमाणपत्र अवैध          होगा</p> <p>I approve the above purchase on PAC basis and certify that:-          Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and          cross out others. Please do confirm (a) by ticking it - without which PAC certificate          will be invalid.</p>	
6 (a)	यह एकमात्र फर्महैजोइसमदकानिर्माण / संग्रहणकररहाहै। और This is the only firm who is manufacturing /stocking this item. AND	Yes
6 (b)	किसीअन्य फर्म द्वारासमरूपमदनिर्मित / विक्रय नही कियाजाताहै, जिसकाउपयोगइसकेबदलेकियाजासकताहै।अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	✓
6 (c-1)	कोईअन्य मेक / ब्रांडनिम्नलिखितकारणो ( जैसेओईएम / वारंटी के ) के लिए उपयुक्त नही होगा।अथवा No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR	✓

	.....	
6 (c)	कोई अन्य मेक / ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसी पिछले खरीद में भी दिया गया था, तो कृपया इसके बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	No other brand or make/brand will be suitable since it is a PAC item
	_____	
	प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by stores & Account Department)	_____

पिछले तीन सालों में इस मद की पीएसी खरीद का इतिहास नीचे दिया जा सकता है (यदि कोई हो) History of PAC purchase of this item for past three years may be given below (if any)

प्रदायक का नाम Name of the Supplier	Kailash Life Sciences Pvt. Ltd.		
आदेश / निविदा संदर्भ और दिनांक Order/Tender reference & Date	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर ( <input type="checkbox"/> ) Basic Rate on order ( <input checked="" type="checkbox"/> )	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any
ASIMS/R/MS/34/2024 25/PAC/298/3655	AS per PO	AS per PO	AS per PO

Date - 17/5/2024

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर.....

लोकेश कुमार सिंह

Dr. Lokesh Kumar Singh

प्राध्यापक एवं विभागाध्यक्ष (मनोचिकित्सा विभाग)  
Professor & Head (Department of Psychiatry)

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)

अधिकारी का पदनाम.....  
Local Sciences, Raipur (C.G.)

दिनांक.....



Dated : 10.09.2024

### **MANUFACTURER'S AUTHORISATION**

Dear Sir,

This is to certify that **M/s KAILASH LIFESCIENCES PVT. LTD.** having its registered office at **Leelawanti House, 58/10, Ground Floor, Ashok Nagar, New Delhi-110018, India** is our distributor in India and are responsible for following :

- Quote, Negotiate and conclude business in India on our behalf
- Demonstrate and install equipment
- Provide after sales service during and after the warranty period.

We also certify that **M/s Kailash Lifesciences Pvt. Ltd** personnel are trained towards carrying out installation, commissioning and servicing all range of our products.

We also confirm that in case of change of our Indian distributor in India we shall inform the user about the change and shall make necessary arrangement to provide necessary after sales service.

This authorization is valid till **31.03.2028**.

Yours faithfully

David Viñas, Financial Officer David.vinas@neuroelectrics.com

For and on behalf of **M/s Neuroelectrics Barcelona SLU**



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