



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/URO/215/2026/688

Date: 25/06/2026

**Call for Objection**

**Sub:- Inviting Comments/objections (if any), regarding procurement of Light Guide Cable 4.5mm, 3M for Urology Department under PAC at AIIMS Raipur under Proprietary Article.**


Urology Department, AIIMS Raipur has to procure **Light Guide Cable 4.5mm, 3M** through Proprietary Article Basis under GFR -166. The proposal submitted by M/s Olympus Medical Systems India Pvt. Ltd., Gurugram who is sole manufacturer and M/s Renuka Surgical, Jabalpur 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. 01/07/2026) 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 01/07/2026 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

  
Stores Officer- H  
AIIMS Raipur  
Pawan Kumar

भंडार अधिकारी (अस्प.) Stores Officer (Hosp.)  
अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)  
All India Institute of Medical Sciences, Raipur (Chhattisgarh)

# OLYMPUS

Date: 22nd Jan 2026

Ref: OMSI/25-26/TR-006000



To,  
The Director  
All India Institute Of Medical Sciences  
Tatibandh, Raipur (CG) – 492099

02 FEB 2026

Sub: Proprietary Article Certificate cum Compatibility Certificate

Dear Sir,

We, M/s. Olympus Medical Systems India Private Limited having our registered office at Ground Floor, Tower-C, SAS Tower, The Medicity Complex, Sector-38, Gurgaon – 122001, Haryana are subsidiary of M/s. Olympus Corporation, Japan.

We further state that **M/s. Olympus Winter & Ibe GmbH, Germany** having their registered office at P.O. Box- 701709, 22017 Kuehnstrabe 61122045 Hamburg Germany are the sole manufacturers of the following products and below product is compatible with OTVS-400, A20919A.

| S.No | Item Code | Item Description                |
|------|-----------|---------------------------------|
| 1    | WA03300A  | LIGHT-GUIDE CABLE, 2.8MM, 3M, C |
| 2    | WA03310A  | LIGHT-GUIDE CABLE, 4.25 MM, 3 M |

Thanking you,

For M/s. Olympus Medical Systems India Pvt. Ltd.

  
(Authorized Signatory)

ATTESTED



OLYMPUS MEDICAL SYSTEMS INDIA PRIVATE LIMITED.

Ground Floor, Tower-C, SAS Tower, The Medicity Complex, Sector – 38, Gurugram- 122001, Haryana, INDIA  
Tel.: 0124-4999191, Fax: 0124-4999190 | Website: www.olympusmedical.co.in | CIN: U33110HR2009FTC039611

ATTESTED

ANAND MOHAN CHOUDHARY  
NOTARY  
JABALPUR DISTRICT  
M.P. INDIA

# OLYMPUS

Date: 22nd Jan 2026

Ref:OMSI/25-26/TR-006006

## AUTHORIZATION FORM

To,  
The Director  
All India Institute Of Medical Sciences  
Tatibandh, Raipur (CG) – 492099



Dear Sir/Madam,

We M/s. Olympus Medical Systems India Pvt. Ltd. having our registered office at Ground Floor, Tower- C, SAS Tower, The Medicity Complex, Sector-38, Gurugram – 122001, Haryana, are subsidiary of Olympus Corporation, Japan.

We further state that **M/s. Olympus Winter & Ibe GmbH, Germany** is established and reputable manufacturers of "SP Consumables" having offices at P.O. Box- 701709, 22017 Kuehnstrabe 61122045 Hamburg Germany.

We do hereby authorize **M/s. Renuka Surgical** having their registered office at **1077,3Rd Row, Near Hanuman Temple, Yadav Colony, Jabalpur (M.P.) - 482002** to submit a bid and sign the contract with you for the above mentioned goods manufactured by our principal company.

No company or firm or individual other than **M/s. Renuka Surgical** is authorized to bid negotiate and conclude the contract in regard to business against the above mentioned goods manufactured by our principal company.

The authorization is valid till May 2026.

02 FEB 2026

Thanking you,

For M/s. Olympus Medical Systems India Pvt. Ltd.

(Authorized Signatory)

ATTESTED



OLYMPUS MEDICAL SYSTEMS INDIA PRIVATE LIMITED.

Ground Floor, Tower-C, SAS Tower, The Medicity Complex, Sector – 38, Gurugram- 122001, Haryana, INDIA  
Tel.: 0124-4999191, Fax: 0124-4999190 | Website: www.olympusmedical.co.in | CIN: U33110HR2009FTC039611

ANAND MOHAN CHOUDHARY  
NOTARY  
JABALPUR DISTRICT  
M.P., INDIA

ATTESTED



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)  
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स्वामित्व प्रमाण पत्र  
Proprietary Article Certificate

| फाइल संख्या और संदर्भ<br>File Number and Reference |  |  |
|--|--|--|
| 1  | सामाग्री का विवरण<br>Description of article  | Light Guide Cable 4.5mm                    |
| 2  | पूर्वानुमानित मात्रा / वार्षिक आवश्यकता<br>Forecast of quantity/annual requirement   | [REDACTED]                                 |
| 3  | उपरोक्त मात्रा हेतु अनुमानित मूल्य<br>Approximate estimated value for above  | [REDACTED]                                 |
| 4  | निर्माता का नाम एवं पता<br>Maker's name and address  | Olympus medical system                     |
| 5  | अधिकृत डीलर / स्टॉकिस्ट का नाम<br>Name(s) of authorised dealers/stockists  | M/s. Renuka Suman,<br>Jabalpur (M.P) India |
| 6  | <p>मैं पी ए सी के आधार पर उपरोक्त खरीद को स्वीकार करता हूँ और यह प्रमाणित करता हूँ कि:</p> <p>नोट- (बी), (सी-1) या (सी-2) में से केवल एक को बनाए रखने के लिए टिक करें, जो भी लागू हो और दूसरो को काट दें। कृपया (ए) टिक कर पुष्टि करें इसके बिना पीएसी प्रमाण पत्र अवैध होगा</p> <p>I approve the above purchase on PAC basis and certify that:-<br/>Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others.<br/>Please do confirm (a) by ticking it – without which PAC certificate will be invalid.</p> |  |
| 6 (a)  | यह एकमात्र फर्म है जो इस मद का निर्माण/संग्रहण कर रहा है।<br>और<br>This is the only firm who is manufacturing /stocking this item.<br>AND  | <input checked="" type="checkbox"/>        |
| 6 (b)  | किसी अन्य फर्म द्वारा समरूप मद निर्मित/विक्रय नहीं किया जाता है, जिसका उपयोग इसके बदले किया जा सकता है।<br>अथवा<br>A similar article is not manufacturing/sold by any other firm, which could be used in lieu<br>OR  | <input checked="" type="checkbox"/>        |
| 6 (c-1)  | कोई अन्य मेक/ब्रांड निम्नलिखित कारणों (जैसे ओईएम/वारंटी के) के लिए उपयुक्त नहीं होगा।<br>अथवा<br>No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares):<br>OR   |  |
| 6 (c)  | कोई अन्य मेक/ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसी  |  |

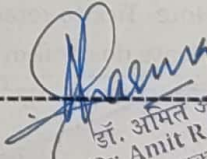
|   |   |  |
|---|---|--|
|   | <p>पिछले खरीद में भी दिया गया था, तो कृपया इसके बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा</p> <p>No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR</p> <p>.....</p> <p>.....</p> |  |
| 7 | <p>प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी)</p> <p>Reference of concurrence of finance wing to the proposal ( Action will be taken by stores &amp; Account Department)</p> <p>.....</p> <p>.....</p>   |  |

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<br>Name of the Supplier                              | आदेशित मात्रा<br>Quantity Ordered | आदेश पर मूल दर<br>(₹)<br>Basic Rate on order<br>(Rs.) | प्रतिकूल प्रदर्शन रिपोर्ट<br>अगर कोई हो<br>Adverse Performance<br>Reported if any |
|---|-----------------------------------|---|---|
| आदेश/निविदा संदर्भ और<br>दिनांक<br>Order/Tender reference &<br>Date |                                   |   |   |
|   |                                   |   |   |
|   |                                   |   |   |
|   |                                   |   |   |

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर -----

दिनांक 15/01/2026 -----

  
 डॉ. अमित र शर्मा  
 Dr. Amit R Sharma  
 अतिरिक्त प्राध्यापक एवं विभागाध्यक्ष  
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