
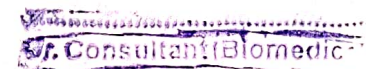
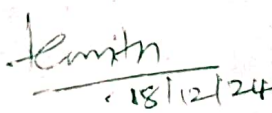



**PROFORMA
RECOMMENDATION FOR BEYOND ECONOMIC REPAIR (RBER)
BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAM (BEMP)**

Name of Hospital: CHC PAZHANJI	Name of District: Thrissur
Name of Equipment: B P Apparatus	Equipment ID & Barcode: #151108- 0832206
Make: NISCOMED	Model: NA
Serial Number:NA	Warranty details: No Warranty
Date of purchase/Year of manufacture/ Installation Date: In Ticket master installation date is- NA As per Stock book installation date is - 19-02-2019	Present status of the equipment: Fully damaged
Date of breakdown:06-12-2024 Date of registration of complaint through email/Toll free): Toll free	*AMC/ CAMC Period agreed at the time of purchase: No AMC/CAMC
Action taken: checked the machine and found display and main board are defective. Need to replace these spares for further checking working condition of equipment.	
Recommendations for repair (required service details): Not Recommending	
Cost of spares (specify parts and cost): NA	
#Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value: NA	Asset Value: 1323/-
Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not): Cyrix report attached.	
Reasons for recommending the equipment as BER: Checked the equipment and found that the display and main board are defective. The equipment was installed on 19-02-2019 and is 4 years and 10 months old, with an asset cost of rupees 1323. A quotation has not been submitted as the necessary spares are not available in the market. Therefore, we recommend the equipment for condemnation	
 BIJO T JOY Name & Signature of CYRIX Authority with date	
Remarks of Junior Consultant (Biomedical) NHM: <p align="center"><i>Quotation for the spares all not received.</i></p> <div style="text-align: right;">  Signature of JC BM (NHM) </div>	
Recommended for BER (Yes/ No): <i>yes</i>	 Signature of Superintendent / Medical Officer (i/c)
Date:	
Date:	 Signature of Superintendent / Medical Officer (i/c)

*Not mandatory

#Based on the period of life and value as per the BER guidelines

* Attach Photograph

**SUPERINTENDENT
COMMUNITY HEALTH CENTRE
PAZHANJI THRISSUR
PIN - 680542**



**BIOMEDICAL EQUIPMENT
MAINTENANCE PROGRAMME
UNDER
NATIONAL HEALTH MISSION**



SERVICE PROVIDER
Tender No. WO-37/2021-2022/698

No : 1006105

CYRIX[®]
HEALTH CARE PVT LTD

ISO 13485 : 2012 & ISO 9001-2008 CERTIFIED COMPANY | AERB Approved Service Agency

Service Report

30/64 1 B, Petta Junction, Poonithura, Kochi- 682 038, Kerala
Ph : 98472 99500 Website : www.cyrix.com | Email : bemp.kl@cyrix.in

Health Facility: <i>CHC PAZHANY</i>	Call Registration Date: <i>06/12/2024</i>
Address: <i>PAZHANY</i>	Caller ID: <i>151108</i>
<i>THRISSUR</i>	Date of Visit: <i>06/12/2024</i>
Ph:	Asset No: <i>0832206</i>
	EQPT Name: <i>Bp apparatus</i>
	Manufacture: <i>Nislonmed</i> Model: <i>pw-216</i>
	S. No: <i>18020300422</i> Dept: <i>Public health</i>

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : *machine bp apparatus not power on*

Action Taken : *When checked the machine and found that machine main board complaint. Need to replace the board for further checking.*

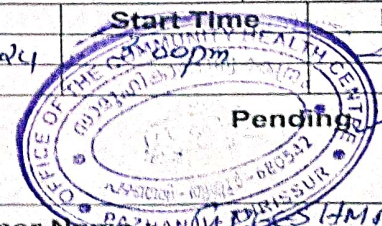
Completed Date : *06/12/24* Time : *4:00pm* Spare Required

Spare Replaced Requested

Description	Qty.	Part Number	PR Number
1.			
2.			
3.			

Cyrix Engineer	Date	Start Time	End Time
<i>SINTO JOY</i>	<i>06/12/24</i>	<i>1:00pm</i>	<i>4:30pm</i>

Customer Remark Completed Pending



Service Engineer Name : *SINTO JOY*
Signature: *[Signature]*
Date: *06/12/24*
Contact Number: *7907406353*

Customer Name: *PAZHANY CHC*
Signature: *[Signature]*
Date: *06/12/24*
Contact Number: *9846877415*
Designation : *Superintendent*
Hospital Seal

SUPERINTENDENT
COMMUNITY HEALTH CENTRE
PAZHANY - THRISSUR
PIN

Expenditure Statement of united Fund

Main centre Pashanji - 2018 - 2019

Fund Received. - 10,000/-

Sl. No.	Voucher No. Date	Particulars	Payment	Balance
1.	V. No: 1 19/2/19	Purchasing Induction Cooker	2500/-	7500/-
2.	Voucher No: 2 19/2/19	Purchasing ceiling fan for Breast feeding Room.	2002/-	5498/-
3.	V. No: 3 19/2/19	Purchasing Baby weighing machine BP Apparatus and Stethoscope	4813/-	685/-
4.	V. No: 4 19/2/19	Purchasing Stationary	185/-	500/-
5.	V. No: 5 20/2/19	Purchasing for Immunization Register	500/-	Nil
Total			10,000/-	
Balance in Hand			Nil	

Amount Received - 10,000/-

Expenditure Rs - 10,000/-

Balance in Hand - Nil



**SUPERINTENDENT
COMMUNITY HEALTH CENTRE
PASHANJI-600 542**

Galla

Galla V. Nair

JPHN

