



OFFICE OF THE MEDICAL SUPERINTENDENT CIVIL HOSPITAL, KARACHI

Baba-e-Urdu Road, Karachi Ph. No.99215759 – 99215727 Fax No. 99215733

**Tender for the Supply Local Purchase of Drugs / Medicines
(24 Hours / 7 days on EMERGENCY BASIS)**

during the financial year 2014-2015 (Extendable a further 90 days)

Cost of Tender Documents:	Rs. 1000/= (Non-Refundable)
Tender selling date:	From the date of publishing to 09-09-2014
Tender submission Date & Time:	On 10-09-2014 from 09.00 a.m. to 11:00 a.m.
Tender submission place:	Office of the A.M.S (Procurement) 1st Floor Admin Block, Civil Hospital Karachi
Tender opening date & Time:	On 10-09-2014 at 12.00 Noon.
Tender opening place:	Committee Room 2nd Floor, Admin Block, Civil Hospital, Karachi.

Note: No tender will be accepted after closing of the Tender box, what so ever reason may be.

TERMS AND CONDITIONS

1. Sealed Tenders are invited for the supply of: - **Local Purchase of Drugs / Medicines (24 hours / 7 days on EMERGENCY BASIS)** during the financial year 2014-2015 (Extendable a further 90 days) on maximum discount on the retailed prices basis **Single Stage One Envelope Procedure** basis, as per Clause 46(1) of SPPRA Rules-2010, as per the detailed mentioned in **Annexure-A** of this Tender Form for use in Civil Hospital, Karachi.
2. The last date for submission of the Tender is fixed on **10-09-2014 upto 11.00 am**. The Tender should be dropped in the Tender Box kept for this purpose in the office of the Additional Medical Superintendent (Procurement), Civil Hospital, Karachi. This will be opened before the **HOSPITAL PROCUREMENT COMMITTEE** in presence of the bidders or their authorized representatives who wish to be present on the same date at **12.00 Noon**.
3. The Tender form should be completed by typing in both words and in figures against each item serially according to our Tender Serial Numbers. **The Tender filled up with hand and showing over writing will not be entertained / DISQUALIFIED.**
4. Offers should be inclusive of all Government Taxes applicable to Civil Hospital, Karachi.
5. NTN certificate should be attached with the tender documents.
6. Valid Drugs license should be attached with the tender documents.
7. An undertaking on Non-Judicial Stamp Paper for Rs. 50/- that the Medical Store remain open 24 hours / 7 days.
8. The undersigned reserves the right regarding rejection of bids subject to the relevant provision of SPPR-2010.
9. Original Receipt issued by the Accounts Branch, Civil Hospital, Karachi should be attached with bid documents.
10. The Chemist / Druggist should attach with the bid a **SECURITY DEPOSIT Rs. 100,000/-** in shape of Pay Order / Bank Draft issued from any scheduled Bank of Pakistan in favor of Medical Superintendent, Civil Hospital, Karachi.
11. **Only those Medical Stores are eligible to participate who are situated in proximity to this Hospital.**

CERTIFICATE

We guarantee to supply the store exactly in accordance with the requirement **(24 HOURS / 7 DAYS ON EMERGENCY BASIS)** as specified by the Medical Superintendent, Civil Hospital, Karachi.

Signature of the Chemists / Druggist:- _____

Name of Medical Store & Address:- _____

Telephone No. Shop: _____ Fax #. _____ Cell # _____

Email:- _____

Annexure-A

CIVIL HOSPITAL KARACHI

TENDER FOR THE SUPPLY OF LOCAL PURCHASE OF DRUGS / MEDICINES

(24 HOURS / 7 DAYS ON EMERGENCY BASIS)

SCHEDULE OF REQUIREMENT & PRICE FOR CIVIL HOSPITAL, KARACHI

DURING THE FINANCIAL YEAR 2014-2015

S #	Description	QUANTITY REQUIRED	Discount offered on % Retail Prices.
01)	Local Purchase of Drugs / Medicines (24 Hours / 7 Days on Emergency Basis)	As per requirement "daily 24 Hours on Emergency Basis "	

Signature of Chemists / Druggists: - _____

Name of Medical Store: - _____

Full Address: - _____

Telephone No. Shop:- _____ Cell No:- _____



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Baba-e-Urdu Road, Karachi Ph. No.99215759 – 99215727 Fax No. 99215733

Tender for the Supply Medical Gases
during the financial year 2014-2015 (Extendable a further 90 days)

Cost of Tender Documents:	Rs. 500/= (Non-Refundable)
Tender selling date:	From the date of publishing to 09-09-2014
Tender submission Date & Time:	On 10-09-2014 from 09.00 a.m. to 11:00 a.m.
Tender submission place:	Office of the A.M.S (Procurement) 1 st Floor Admin Block, Civil Hospital Karachi
Tender opening date & Time:	On 10-09-2014 at 12.00 Noon.
Tender opening place:	Committee Room 2 nd Floor, Admin Block, Civil Hospital, Karachi.

Note: No tender will be accepted after closing of the Tender box, what so ever reason may be.

TERMS AND CONDITIONS

1. Sealed Tenders are invited for the supply of:- **Medical Gases** during the financial year 2014-2015 (Extendable a further 90 days) **Single Stage One Envelope Procedure basis, as per Clause 46(1) of SPPRA Rules- 2010**, as per the detailed mentioned in **Annexure-A** of this Tender Form for use in Civil Hospital, Karachi.
2. The last date for submission of the Tender is fixed on **10-09-2014 upto 11.00 am**. The Tender should be dropped in the Tender Box kept for this purpose in the office of the Additional Medical Superintendent (Procurement), Civil Hospital, Karachi. This will be opened before the **HOSPITAL PROCUREMENT COMMITTEE** in the Committee Room in presence of the bidders or their authorized representatives who wish to be present on the same date at **12.00 Noon**.
3. The Tender form should be completed by typing in both words and in figures against each item serially according to our Tender Serial Numbers. **The Tender filled up with hand and showing over writing will not be entertained / DISQUALIFIED.**
4. Offers should be inclusive of all Government Taxes applicable to Civil Hospital, Karachi.
5. **Transport** in this regard will be the responsibility of the bidder.
6. NTN / GST certificate should be attached with the tender documents.
7. The firm will be responsible for supply of Medical Gases at consignee end / at Civil Hospital Karachi.
(If it fails the Security Deposit will be forfeited in Government treasury).
8. The undersigned reserves the right regarding rejection of bids subject to the relevant provision of SPPRA-2010
9. Original Receipt issued by the Accounts Branch, Civil Hospital, Karachi should be attached with bid documents.
10. The Contractors / Suppliers / Manufacturers / Authorized Distributors should attach with bid as **SECURITY DEPOSIT Rs. 275,000/-** in shape of Pay Order / Bank Draft issued from the any scheduled Bank of Pakistan in favor of Medical Superintendent, Civil Hospital, Karachi.
11. All Government Taxes will be deducted from the bills as per Government rules.
12. Preference will be given to the Manufacturer, who has their **PLANT in close proximity to Karachi**.

Mandatory Clauses for Technical Qualification:

1. Medical oxygen is life saving product for which reliability of supply is of utmost importance to Civil Hospital Karachi, thus preference will be given to suppliers with more than one manufacturing plant in Sindh.
2. Suppliers of medical gases would be required to demonstrate ability to manufacture/provide full range of medical gases i.e. compressed medical oxygen, nitrous oxide and/or Entonox in accordance with British/European Pharmacopoeia.
3. The VIE control equipment to control the pressure and flow of gas to the pipeline must be regulated by installing medical grade Duplex Pressure Reducing Set (EEC / USA origin) & valves. This regulating set must be capable of regulating low pressure, high flow of gas up to 4000 Liters per minute to avoid any pressure drop in the farthest areas of the hospital.
4. The VIE & vaporizer system must be equipped with independent, audible vessel content level and pressure alarms to capture & alert low/high level and low/high pressure at all times.
5. Medical Oxygen suppliers will be bound to certify complete VIE system installation by a qualified Authorized Person (Medical Gas Pipeline System) as per HTM standards.
6. In accordance with HTM standards, installation of Telemetry system capable of remotely monitoring supply conditions including vessel contents & pressure will be preferred.

CRETIFICATE

We guarantee to supply the store exactly in accordance with the requirement as specified by the Medical Superintendent, Civil Hospital, Karachi.

Signature of the Bidder: - _____

Name & Address in full: - _____

Telephone No.. Office: _____ Fax. _____ Cell # _____

Email _____

Annexure-A

CIVIL HOSPITAL KARACHI
TENDER FOR THE SUPPLY OF MEDICAL GASES
SCHEDULE OF REQUIREMENT & PRICE FOR CIVIL HOSPITAL, KARACHI
DURING THE FINANCIAL YEAR 2014-2015

S.NO	NAME OF ITEMS	QUANTITY REQUIRED	RATES
1	Compressed Medical Oxygen Capacity of Cylinders	As per Requirement	
a.	24 cft	-do-	Rs. _____
b.	43 cft	-do-	Rs. _____
c.	120 cft	-do-	Rs. _____
d.	220 cft	-do-	Rs. _____
e.	240 cft	-do-	Rs. _____
f.	280 cft	-do-	Rs. _____
2	Nitrous Oxide Capacity of Cylinder		
a.	800 Liters.	-do-	Rs. _____
b.	1620 Liters.	-do-	Rs. _____
c.	3240 Liters.	-do-	Rs. _____
d.	14000 Liters.	-do-	Rs. _____
e.	15000 Liters.	-do-	Rs. _____
f.	16200 Liters.	-do-	Rs. _____

S.NO	NAME OF ITEMS	QUANTITY REQUIRED	RATES
3	Entonox Capacity of Cylinder		
a.	500 Liters.	-do-	Rs. _____
b.	1000 Liters.	-do-	Rs. _____
c.	2000 Liters.	-do-	Rs. _____
4	Nitrogen	-do-	Rs. _____
5	Liquid Nitrogen	-do-	Rs. _____
6	Carbon dioxide (CO ₂)	-do-	Rs. _____
7	Liquid Medical oxygen in BOC VIE with Delivery Charges	-do-	Rs. _____
8	VIE Service Charges	-do-	Rs. _____
9	Acetylene Gas Dissolved	-do-	Rs. _____
	Cylinder Maintenance		
1	Medical Oxygen Cylinder Valve Replacement	-do-	Rs. _____
2	Medical Oxygen Cylinder Spindle Replacement	-do-	Rs. _____
3	Medical Oxygen Cylinder Hydraulic Pressure Testing	-do-	Rs. _____
4	Medical Oxygen Cylinder Painting	-do-	Rs. _____
5	Medical Oxygen Cylinder Ring	-do-	Rs. _____
6	Nitrous Oxide Cylinder Valve Replacement	-do-	Rs. _____
7	Nitrous Oxide Cylinder Spindle Replacement	-do-	Rs. _____
8	Nitrous Oxide Cylinder Hydraulic Pressure Testing	-do-	Rs. _____

S.NO	NAME OF ITEMS	QUANTITY REQUIRED	RATES
9	Nitrous Oxide Cylinder Painting	-do-	Rs. _____
10	Nitrous Oxide Cylinder Ring	-do-	Rs. _____
11	Nitrous Oxide Cylinder Drying Charges	-do-	Rs. _____

SIGNATURE OF CONTRACTOR / SUPPLIERS _____

NAME OF FIRM WITH FULL ADDRESS. _____

TELEPHONE NO. OFFICE _____ Fax # _____ Cell # _____

Email: - _____