GOVERNMENT OF SINDH
CIVIL HOSPITAL, KARACHI

TENDER NO.MS/CHK/2015-2016/6258.

TENDER FOR THE PURCHASE OF DRUGS / MEDICINES ETC.
FOR THE FINANCIAL YEAR 2015 – 2016, DUE ON 08th SEPTEMBER, 2015

COST OF TENDER DOCUMENTS:	**Rs. 1,000/= Rupees One Thousand Only (Non-Refundable)**
TENDER SELLING DATE:	**From the date of publishing to 07-09-2015**
TENDER SUBMISSION DATE AND TIME:	**On 08-09-2015 from 09.00 a.m. to 11:00 a.m.**
TENDER SUBMISSION PLACE:	**Office of the A.M.S (Procurement) 1st Floor Civil Hospital Karachi.**
TENDER OPENING DATE AND TIME:	**On 08-09-2015 at 12.00 Noon.**
TENDER OPENING PLACE:	**Committee Room 2nd Floor Administration Block Civil Hospital, Karachi.**

Bidders are required to comply with all the clauses mentioned in the Terms and Conditions of the Bid Documents and any deviation will forbid them from competing in the tender.

TERMS & CONDITIONS

Bid will be valid for 90 days from the date of opening for technical and financial evaluation. The bidders shall quote their prices inclusive of all applicable duties and Taxes / Logistic Charges etc. and all other expenses on free delivery to Consignee's end at Civil Hospital, Karachi basis. Price should be quoted in Figures & Words both, failing which the offer will be ignored.

ITEM #	NOMENCLATURE / PRODUCT NAME	QUANTITY DEMANDED		PRICE PER UNIT
	DETAILS OF ITEMS & QUANTITY ATTACHED ANNEXURE "B"			

DELIVERY PERIOD ..... VALIDITY .....

1. GENERAL CONDITIONS & INSTRUCTIONS:

1.1. The quoted rates must be valid up to 30th June, 2016 or till the finalization of next tender. Orders will be placed as per requirement after receiving of the budget from Health Department, Government of Sindh.

1.2. The tender shall be submitted with all documents in sealed envelopes. The envelope must contain tender inquiry No. on the top, the name of the Bidder should be affixed on the face of the envelope on the left side. The Bidder should prepare the Tender in form of Technical and Financial proposals separately. The envelope should be marked Technical Proposal and Financial Proposal in BOLD and legible letters to avoid confusion. Envelopes should be sealed and addressed to Medical Superintendent, Civil Hospital Karachi and inserted in Tender box by hand or mail on the scheduled date and time, else tender will not be entertained and would be returned unopened to the bidders.

1.3. **Technical Proposal should have the following documents:**

I. Pay order of Tender Fee amounting to Rs. 1000/- (Non-Refundable) must be attached with Technical Proposal (In Original), else the bids will be rejected. For alternate offer a separate Pay order of Tender Fee amounting to Rs. 1000/- (Non-Refundable) shall be submitted, otherwise both Proposals will be ignored.

II. Photocopy of Pay Order / Demand Draft of Security Deposit should be attached after hiding the amount in figure and words of the Pay Order / Demand Draft, otherwise the bid will not be considered.
III. Copy of the Bid offer without showing the rates.
IV. Valid Manufacturing License, Valid Drug Sales License whichever is applicable.
V. N.T.N / Income Tax Certificate
VI. FDA Certificate
VII. Valid Professional Tax Certificate.
VIII. GST Registration Certificate (if applicable).
IX. Bidder should submit a sealed letter from Bank that they can perform business of more than / equal to **Rs. 100 Million**.

1.4. Financial Proposals should have the following documents:

I. Original Pay Order / Demand Draft of Security Deposit
II. Original copy of the Financial Proposals with Quoted price.
III. Printed Price List of the Manufacturer / Importer indicating Trade Price and Retail Price which should be duly signed and stamped by the Authorized person of the Firm.

1.5. Only Manufacturers / Importers or their authorized distributors can participate in the Tender. The Distributor should submit authorization letter in Original (as per specimen) addressed to Medical Superintendent Civil Hospital Karachi with reference to this Tender.

1.6. (A) For Manufacturer:

All the Bidders (Manufacturers or their Distributors) should fill the Company Profile Performa which should be filled by the Manufacturer, duly signed and stamped and should be submitted at the specified time of Tender submission along with the relevant certificate and documents otherwise the bid offer will be ignored. The Company Profile Proforma should have the following documents:

I. Photocopy of Drug Registration Certificate issued by Ministry of Health Islamabad.
II. Manufacturing license of the drug.
III. GMP and CGMP Certificate issued by Ministry of Health Islamabad during last 03 years.
IV. The Bio-availability / Bio-equivalence report should be submitted or a certificate of analysis carried by the Sindh Provincial Drugs Testing Laboratories and if that is not available then the Federal Drugs Testing Laboratories certificate be submitted. The consignee shall carry out the physical examination after receipt of supplies and standard test / analysis report of the laboratory as mentioned above.(Copy of quality assurance certificate for each batch must be provided along with supplies)
V. Federal Drug Inspector report of the Manufacturer for last 03 years.
VI. Other relevant documents as required in Company Profile Proforma.

1.6. (B) For Importer:

All the bidders (Importer or their authorized distributors) should fill the Sole Agent Proforma duly signed and stamped and should be submitted at the specified time of tender submission along with the relevant documents as required in the Proforma otherwise the bid offer will be ignored.

1.7. Tenders must be completed by typing in the column provided / on separate Letter Head duly signed. Soft copies of tender form, Company profile and Sole Agent Proforma may be obtained from the office of the AMS (Procurement), CHK.

1.8. The tender must be free from erasing, cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial it duly stamped, else the offer will not be entertained.

1.9. The rates of each item should be written in figures as well as in words. Arithmetical errors will be rectified on this basis. If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and the quantity, the unit price shall prevail and the total price shall be corrected. In case of discrepancy the price in words will be authenticated and final.

1.10. Conditional Tenders against the Govt. Rules / policy will not be considered / entertained / accepted.

1.11. Tenders shall be accompanied by Bid Security @ 2.5 % of the value of store(s) quoted by them in form of Pay Order / Demand Draft in favor of Medical Superintendent, Civil Hospital Karachi.

1.12. All Bidders should provide at least six samples free of cost of the quoted products.

1.13. The following words shall be printed and stamped with indelible ink prominently in English **"CIVIL HOSPITAL, KARACHI" & "NOT FOR SALE"** outside and inside the Packing on all goods.

1.14. The tendered rate should be inclusive of all applicable taxes to Federal & Provincial Govt. or local bodies and will be deducted from the bill of the contractors / suppliers.

1.15. All the (applicable) Government taxes (Income Tax / Sindh Sales Tax (if applicable) / 0.30% Stamp Duty of the value of the contract amount will be deducted from the bills of the Contractors /Suppliers.

1.16. If the Contractors / Suppliers require Tax exemption facility regarding non deduction of Advance Income Tax vide CR No. 1(10)WHT/2001, dated 11th April, 2002, the required documents shall be submitted. The exemption certificate issued by the concerned authority must be attached and on C.I.F basis a copy of Bill of Entry & Tax paid Challan copy should be attached with the bill.

1.17. One **"SAMPLE TENDER PROFORMA"** is supplied with the list of items to be purchased. The items have to be quoted on the Proforma; duly filled stamped & signed by the authorized bidder. Only those items shall be typed on the Proforma / separate letter head (as per serial of Proforma) for which the rates are to be quoted. Any alteration / correction must be initialed and each page is to be signed and stamped at the bottom.

1.18. Schedule is prepared with the generic name; however the bidder may also mention the brand name against the generic name.

1.19. The dosage form, strength and pack size offered for bidding in the tender shall be those which are registered / approved by the Ministry of Health. The dosage form, strength and pack size quoted by the bidder shall confirm to the ones mentioned in the tender form, dosage should be submitted for quoted items.

1.20. Registration number, make or origin of the country of the drug must be mentioned for each item, for which quotation is given, otherwise it will not be considered. The bidder will also provide original warranty of Manufacturer / Importer with Batch number and Quantity at the time of supply of medicines.

1.21. The quoted rates once offered by the firms will not be changed during the contract period.

1.22. It is mandatory that drugs quoted are registered with the Federal Ministry of Health.

1.23. The supplies should be in commercial pack as per drug act 1976 and delivered at the designated place of Civil Hospital Karachi by the authorized representative of the firm at the risk and cost of the supplier. Any breakage or shortage of stock will be recovered from the supplier.

1.24. **All documents should be submitted duly paginated / flagged and the detailed of the documents should also be mentioned in front of the Index.**

2. SPECIAL CONDITIONS:

2.1. Stores are required as early as possible. The bidder may, however, give their short guaranteed delivery period by which the supply will be completed positively.

2.2. The bidders shall quote their firm and final price both in figure and in words on free delivery basis to Civil Hospital Karachi.

2.3. Distributor once nominated by the manufacturer / importer will be for the whole contract period and manufacturer / importer cannot change its distributor during the year in any case. In exceptional cases the tendering authority may approve changes.

2.4. No manufacturer / importer shall authorize their distributor / agent / any firm or person to quote the same item, which the manufacturer is quoting itself in any tender. Failing those offers of both the manufacturer as well as other bidder shall be ignored.

2.5. The manufacturer / importer of sub-standard adulterated spurious, counterfeit, misbranded or contaminated medicine(s) item(s) etc, may be black listed by the competent authority as per judgment of the drugs court or any other authority whose decision will be final and in accordance with the offence and hence their earnest money may not be released till the case is decided by the court or any other authority.

2.6. If goods are declared sub-standard the Manufacturer and their Distributor are equally responsible and are bound to supply additional quantity of whole batch free of cost.

2.7. The successful bidder shall pay the testing fees directly to the Provincial Drug Testing Lab. for the batches to be supplied and should supply extra quantity of drug / drugs used for testing purpose.

2.8. The drugs shall be accompanied by the necessary warranty on Form 2-A (on non-judicial stamp paper) in accordance with the provision of the Drugs Act 1976 and rules framed there under.

2.9. The sample of the drugs supplied by the vendors will be drawn from this hospital by the concerned Inspector of Drugs for test and analysis purpose under Drugs Act 1976.

2.10. The supply should be executed in minimum number of batches.

2.11. The vendors who quote dispensing items (Methylated spirit, paraffin etc.) must possess re-packing License issued from Ministry of Health Islamabad or their offer will be ignored.

2.12. The Technical evaluation carried out by the Formulary Committee Civil Hospital Karachi will be final, which will be assessed on clinical experience basis of the consultant (s) in the relevant specialty.

2.13. Only items approved by the Formulary Committee will be considered by the Hospital Procurement Committee.

2.14. Only those item's Financial offer will be announced / considered which were technically qualify by the Formulary Committee, If any firm wants to give the separate item wise financial bid they are advised to give separate item wise sealed envelope (s) of every item and should mention the name of the item and tender serial number on the front in **BOLD and legible letters** to avoid confusion, else the Financial Proposal Envelope will be opened on qualified item basis and it will not be challenged by the Suppliers / Contractors to open the Financial Proposal of the disqualified items.

2.15. If a sample of a batch of drug or item is declared in contravention of section 3 / 23 of drugs act 1976 on the basis of test analysis report of CDL, Karachi or on presence of any foreign particle seen by the competent authority, those will be destroyed and payment will not be made to the supplier. The supplier will be responsible to provide the fresh stock of standard quality within 45 days against the rejected batch. Otherwise amount equivalent to the supplied quantity of defective goods will be deducted from their bill and action will be initiated against the offending firm according to the Drugs Act. 1976 on terms and condition of the tender, whichever is applicable.

2.16. Manufacturer / Importer will issue an authorization letter as per attached sample proforma along with technical proposal.

2.17. Manufacturer / Importer of vaccines, Sera and recombinant DNA products should submit Lot Release certificate issued by Federal Government Analyst National Control Laboratory for Biologicals (NCLB), WHO approved vaccines, will be considered only.

2.18. Manufacturers & Importers will directly supply as per supply order along with Bill of Warranty and Quality Certificate of each batch.

3. PURCHASER'S RIGHT TO VARY QUANTITIES

The Hospital Authority reserves right to increase / decrease or delete the quantities of Drugs / Medicines etc. at the time of award of contract and also reserves the right to enhance the quantity of goods / services originally specified in the schedule of requirement without any change in unit price or other terms and conditions of goods at any time during contract period.

4. PURCHASER'S RIGHT TO ACCEPT ANY BID AND REJECT ANY OR ALL BIDS:

The Hospital Authority reserves the right to purchase full or part of the store or ignore / scrap / cancel the tender as per relevant rules of SPPRA-2010 (Amended 2013/14).

5. PERFORMANCE SECURITY:

The successful bidders will have to deposit the requisite security in the shape of a Pay Order / Demand Draft at 2.5% value of the order amount. The same will be released after successful completion of stores. After the acceptance of the Tender by the Vendor, a purchase order may be issued during the validity period and if offer is not accepted by the Vendor, the Bid Security shall be forfeited to the Government Treasury.

6. SHELF LIFE REQUIRED:

No supply will be accepted having expiry date less than 80% of shelf life for the National manufacturer and 70% for imported items (wherever applicable).

7. **REDRESSAL:**

Redressal of Grievances & settlement of dispute will be as per SPPRA Rule-2010 (Amended - 2013/14).

8. **BID EVALUATION (T.E.R):**

Bid evaluation will be considered on following grounds for approval of company.

(i)

CRITERIA FOR EVALUATION OF THE BID LABORATORY ITEMS

CRITERIA	YES	NO
Copy of Registration National Tax Number (NTN) (Mandatory) / General Sale Tax (GST) (If applicable)		
Copy of Undertaking regarding supply of required items within stipulated time with quality certificate from the authorized Laboratory.		
Financial Turn-over for the last three years with bank certificate regarding financial soundness of the firm		
Relevant experience (Documentary Evidence should be attached) for the last three years with large Hospitals.		

NOTE: The offer will not be entertained if the required documents have not been found attached.

(ii)

FOR PHARMACEUTICALS	FOR IMPORTERS
Previous performance in the Hospital (last three years)	Previous performance in the Hospital (last three years)
Federal Drug Inspector / Drug licensing Board (Rating) of last three years	Company agreement with principal duly countersigned by Pakistan Embassy/Consulates (If applicable)
Financial Soundness of the Company	Financial Soundness of the Company
Assay procedure / References Standard / Evidence of Bio-availability / Bio Equivalence	Assay procedure / References Standard / Evidence of Bio-availability / Bio Equivalence
Quality Control Department Assessment	Quality Control Department Assessment
Warehouse assessment as per attached Performa	Warehouse assessment as per attached Performa
Market Share more than 50% of the product in comparison to Government	Market Share more than 50% of the product in comparison to Government
Government Share more than 50% of the product in comparison to market	Government Share more than 50% of the product in comparison to market
Source of Raw Material	Source of Raw Material

Technical evaluation of the products will be assessed on clinical experience of the consultant (s) of the relevant specialty.

9. **UNDERTAKING on Rs.100/- Non Judicial Stamp Paper**

9.1. I/we read / understand the conditions specified in the tender inquiry and undertake:

9.2. That I / we will remain bound to supply any item as an additional quantity at the same rate on which said item I/ we have supplied during the contract period.

9.3. That I / we agree whether our tender accepted for total, partial or enhanced quantity for all or any single item.

9.4. I / we also agree to supply and accept the said item at the rates for the supply of contracted quantity within the stipulated period shown in the contract.

9.5. I / we understand and ensure for the supply of quality medicines. I/ we also agree to supply the 100% additional quantity without any additional charges, if the supplies/part of the supplies declared sub standard.

9.6. I / we undertake that, if any of the information submitted in accordance to this tender inquiry found incorrect, our contract may be cancelled at any stage on our cost and risk.

9.7. I / we undertake to deposit the Drug Testing fees per batch to the Provincial/Central Drugs Testing Laboratories, the said-fees will be deposited directly to POL / CDL, if the assignment given to the said laboratories.

9.8. I/we undertake that, I/we will replace the drugs three month before its expiry.

9.9. I/we undertake that, I/we have never been black listed.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ **Fax #** _____ **Cell #** _____

10. TERMS AND CONDITIONS ACCEPTANCE CERTIFICATE

I / We, M/s._____ is hereby confirmed that we have carefully read all terms and conditions of the tender and also agreed to abide SPPR-2010 (Amended 2013/14) for procurement of Drugs / Medicines etc. during the validity of the tender.

Signature of Vendor _____

Name of Authorized Person _____

Designation _____

Seal and Address _____

Tel No._____ Fax No. _____ E-mail address _____

Witness

1) Name_____ Signature _____

2) Name_____ Signature _____

3)

11. Specimen for Authorization letter by Manufacturer/Importer for their Distributor:

I/We, M/s._____ hereby authorize M/s. _____

Address: _____ as our authorized Distributor for Civil Hospital Karachi for the financial year of 2015-2016 or till the finalization of the next tender.

We give undertaking that if there is any sub-standard spurious, counterfeit, misbranded or contaminated and short supply of item(s) by our Distributor, we will be responsible for the same. We also undertake that we have read and understood the terms and conditions of the tender enquiry.

Signature of Manufacturer / Importer _____

Name & Designation._____

Address: _____

Note:

i) **All the above said instructions must be read carefully for compliance; else the offer will be ignored / rejected.**

ii) **Department reserves the right to ask and verify any document from the participants related with Manufacturer / Importer of item, to assess the quality.**

"ANNEXURE – "A"

Contract Form

THIS AGREEMENT made the _____ day of _____ 2015_____ between [name of Procuring Agency] of [country of Procuring agency] (here in after called "the Procuring agency") of the one part and [name of Supplier] of [city and country of Supplier] (here in after called "the Supplier") of the other part:

WHEREAS the Procuring agency invited bids for certain goods and ancillary services, viz. [brief description of goods and services] and has accepted a bid by the Supplier for the supply of those goods and services in the sum of [contract price in words and figures] (here in after called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz:

    (a) The Bid Form and the Price Schedule submitted by the Bidder;
    (b) The Schedule of Requirements;
    (c) The Technical Specifications;
    (d) The General Conditions of Contract;
    (e) The Special Conditions of Contract; and
    (f) The Procuring agency's Notification of Award.

3. In consideration of the payments to be made by the Procuring agency to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Procuring agency to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
4. The Procuring agency hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the times and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, sealed, delivered _____ by _____ the (for the Procuring Agency)

Signed, sealed, delivered _____ by _____ the (for the Supplier)

CIVIL HOSPITAL KARACHI
HEALTH DEPARMENT

PHARMACEUTICAL COMPANIES PROFILE

Note.

a Please fill in the correct information carefully, submission of wrong/ vague information may lead to disqualification of the firm.
b Each page of the Proforma must be duly signed & stamped.
c Provide a soft copy (CD) along with duly filled Proforma in triplicate.

GENERAL INFORMATION

1.	**Name of the company**				
1.a	**Year of establishment**				
1.b	**Form of the company Annex copy of registration** • Individual • Private limited • Public limited • Partnership • Corporation • Other (specify)				
1.c	**Address of the firm** • Registered office, • Telephone no. • Fax No. E mail address etc.				
1.d	**Location of the firm** Annex certificate • Industrial • Commercial • Residential • Agricultural • Other (specify)				
1.e	**Enlistment with any stock exchange** (in Pakistan / overseas. If any. Annex details)				
1.f	**Blacklisting / complaint against the firm** (by any govt. or other org. if any)				
2.	**Drugs manufacturing license number** (Annex copy of Drugs manufacturing License)				
2.a	**Type of activity being carried out by the company:-** • Formulation • Repacking • Other (specify)				
2.b	**Name & Address of the companies / subsidiaries** and associated companies, **if any,** With whom there is collaboration or joint venture	1 2 3			
2.c	**Annual sales turnover of the firm in the previous 3 years** (In millions)	year	Domestic sales	Export	Govt Sector
	• **1.**				
	• **2.**				
	• **3.**				
2.d	• **Certificate from bank that manufacturer is capable of doing business up to and** • **financial worth of company**				

3.	**Total area of the unit** (in sq ft)	
3.a	**Total Covered Area** (in sq ft) Annex copy of approved lay out plan by Ministry of Health, Islamabad)	
3.b	**Total covered Area of production** (in sq ft)	
3.c	**Total covered area of quality control department**(Sq ft)	
3.d	**Total covered area of administration block (in Sq ft)**	
3.e	**Plant layout, design & finishes** • Enable avoidance of cross contamination • Enable proper cleaning, drainage, sanitization as per written sanitation program • Enable proper ventilation, air conditioning and maintenance.	
4.	**Income Tax no (NTN)** • Attach copy of certificates, • Attach details of tax paid during past 3 years • Attach copy of last annual income tax return	
5.	**Sales Tax Registration No. (if any. Applicable)** **Attach copy of certificate, and details of sales tax Paid during past 3 years**	
6.	**G M P compliance certificate** **& GMP audit report (attach report/ certificate)**	
7.	• **Assay procedure of all product** • **Reference Standard** • **Bio-availability/ Bio-equivalence report of all product**	
8..	**Technical personnel involved in Manufacture of pharmaceutical products** (Attach section wise list with qualification & experience)	
8.a	**Production**	
	• Pharmacist	
	• Chemist	
	• Other technical persons	
8.b	**Quality Control**	
	• Pharmacist	
	• Chemists/ biochemist/ microbiologist	
	• Other Technical Persons	
8.c	**Product/ formulation Development Section**	
	• **Pharmacist/chemist/other**	
9	**Total Employees (including Technical staff)**	
	Management	
	Production	
	Quality control	
	Research & Development Sales and Marketing Administration	
	Others	
	Total Head Count	
10	**Training of personnel** • On job training schedule • Schedule/program for training of technical staff • Schedule/program for training of worker (Including GMP and hygiene)	

11	**Medical checkup of worker:-** • Prior to induction • Annual • Periodic (worker doing optical checking)		
12	**Manufacturing information**		
12. a	**No of registered drugs**		
12.b	**No of drugs being manufactured (active)**		
12.c	**No of PV listed items (Attach list)**		
13.	**Raw materials (Active ingredients)** (Name of the source companies along with country of origin)		
14.	**Dosage form and production capacity**		
	Dosage Forms 1. Solid 2. Liquid 3. Inject able (liquid) 4. Inject able (Dry powder) 5. Ointments/ Creams/ Gels 6. Capsules 7. I V infusions 8. Dialysis solutions 9. Repacking / External preparations Etc		**Production capacity (per 8 hours)** 1 2 3 4 5 6 7 8 9
15	**Cleanliness & maintenance of :**		
	• Equipments – List		
16	**Emergency power supply arrangements** (For at least critical areas of the unit)		
17	**Drug recalls system (volunteer) & SOPs for recall** (Annex details)		
18	**Inspection record of the company**		
	Years	**Inspecting Authority**	**Brief remarks of the inspecting authority**
	1		
	2		
	3		
19	**Market Availability and Since when (mention year)** • Products routinely manufactured • Only occasionally / on request (Annex six batches certificates)		
20	**Number of distributors/ authorized Agents** (Attach list indicating name, address / approx sales range of each)		
21	**Source of Raw Material**		

MANUFACTURING INFORMATION
STORES / WARE HOUSES

Covered area _____ (Annex details of each store)

S. #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	Separate stores for: • Raw material • Labels & packaging material and • Finished products				
ii.	Separate quarantine facilities for :- Incoming raw material Packaging materials				
Iii	Cold rooms facility for: • Vaccines, biological and other controlled temperature products • Cold chain facility				
Iv	Temperature & humidity control facility in the stores.				
v.	Identification slips for raw material: • Approved • Rejected • Quarantine				
Vi	Source of raw materials • Active and • Inactive (Annex list of the source companies with countries of their origin, as at SR No 16)				
Vii	Separate dispensing area & equipment				
Viii	Proper storage of materials as per storage instructions on the label				
Ix	Adequate space for the orderly storage of all materials				
X	Segregation of material as; • Quarantine • Approved, • Rejected • Recalled • Expired material/ drugs				
Xi	Storage of materials:- • On pallet, stands • Shelves / racks • Off the floor, • Off the walls (in all stores)				
Xii	Safe/ separate storage of inflammable / hazardous materials / chemicals				
Xiv	Separate storage facility for expired raw/ other materials				
Xv	Dispensing of materials according to prescribed SOP & GMP requirements				
Xvi	Traceability of specific batch from the distribution / sale records of finished good.				

SYRUPS / LIQUID SECTION

(Please gi ve make, model, type, no & value of the equipment along with availability status, attach complete list)
Total cov ered area of the section _____ Batch capacity

S. #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
I .	Wat r source City water supply/ deep-well other				
ii.	Wat r treatment plant Multi effect, fabricated with GMP standard lines, de-ioniz ed water				
iii.	Trea ed water storage capacity				
iv.	Equi pments washing/ cleaning facility				
V	Mixi ng equipments				
Vi	Heat source (Elec tricity, gas o r oil)				
Vii	Stor ge capacity (No of containers with capacity)				
Viii	In-p ocess production & quality control records				
Ix	Filtr tion equipment				
X	Wat r outlets system (con ealed or open drain system)				
Xi	Bott es De-Carton ing Room				
Xii	Faci ity for Bottles; • Washing • Drying • Blowing				
xiii.	Aut matic Filling Line & Machines (No. Type & Capacity				
xiv.	Cap s Sealing Machines (No. Type & Capacity)				
xv.	Mod e of Labeling (Manual / Automatic)				
xvi.	In Process Filling and QC Record				
xvii.	Tran sfer & Filling Lines Pipes (SS or Other)				
Xviii	Q C Release Certificate				

TABLETS SECTION

(Please give make, model, type, No and value of the equipment along with availability status, attach complete list)

Total covered Area _____ Batch Capacity

S #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not Availabl e	Remarks
I	Mixer (wet and Dry) (type / Capacity)				
Ii	Granulator (wet and Dry) (No, Type / Capacity)				
Iii	Dryers (FB / Tray) (No, Type / Capacity)				
Iv	Quarantine: • Facility and Procedures for storing of granules prior to QC release for compression • Facility and procedures for storing of tables prior to QC release for packing				
V	Compression machines (No, Type & Number)				
Vi	In process QC and compression record [Weight variation / Hardness]				
Vii	Mode of Coating being done (Film / Sugar/ Automatic/ manual				
Viii	Film Coating Machine, if available (Number / capacity)				
iX	Coating pans (Film & sugar) (Number / capacity)				
X	Ventilation & Exhaust system for film coating section [for coating section]				
Xi	Batch Coating Capacity (In consistent with batch capacity				
Xii	Strip Packing Machines (Number / Capacity)				
Xiii	Blister Packing Machines (Number / Capacity)				
Xiv	Printing Machines (Inject / Laser/ Other)				
Xv	QC Batch Release Certificate (prior to packing)				

CAPSULES SECTION

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area_____ Batch Capacity

S. #	Criteria	Available as per GMP, cGMP &SOPs	Partial	Not available	Remarks
I	Powder Mixer No, Type & Capacity				
Ii	Capsule filling Machine (Auto / semi Auto No, Type, Capacity)				
Iii	Temperature and humidity Control (HV AC System)				
Iv	Dehumidifiers for capsules filling (if being used, type)				
V	In processing filling & QC record				
Vi	Blister packing Machines Number / capacity, Make				
Vii	Blister Batch & Expiry Date Printing Facility (inject, Laser / Other)				
Viii	Quarantine Facility • For storing of material prior to QC release for filling • For storing of Capsules prior to QC release for packing				

DRY POWDER (ORAL)

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Covered area_____ Batch Capacity

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not available	Remarks
I	Powder Mixer No, Type & Capacity				
Ii	Temperature and Humidity Control (HV AC System)				
Iii	Filling Machine Manual / Automatic/ Semi				
Iv	Bottles: • De Cartooning • Washing Facility • Drying Facility • Blowing Facility				
V	In process Filling and QC Record				
Vi	Labeling & Packing Manual/ Automatic				
Vii	Quarantine Facilities In process / Finished				
Viii	Maintenance and Cleanliness				

OINE MENTS / CREAMS / GELS/

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area_____ Batch Capacity

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not available	Remarks
i.	Homogenizer / Mixing equipments (Type / capacity)				
ii.	Preparation & Mixing Equipments (Type / Capacity)				
iii.	Tube Filling / Sealing Equipments [Manual / Semi Automatic/ Automatic]				
iv.	Temperatures / Humidity Control				
V.	Type of preparation being produced [Crams, Ointment, Gels]				
vi.	Batch printing Facility (Laser/ Inject / Other)				
vii.	In process Filling Record & QC Record				
viii.	Equipment washing facility				
ix.	Batch Record				
x.	Quarantine Facility				
xi.	Maintenance of the area				

STERILE AREA
(DRY POWDERS VIALS)

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)
Total covered area_____ Batch Capacity

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not available	Remarks
i.	Dedicated Air Handling Unit (HV AC System) as per requirement of the area				
ii.	Positive Pressure (positive Pressure maintained in each filling room <0.05 inch of water column, Manometer				
iii.	Area. • Sterilization record • Fumigation record • Mopping Record				
iv.	Vials Washing Drying Blowing & Sterilization Facilities (washing with filtered water under HEPA filter, if being washed)				
v.	Laminar Flow Hood (Over the filling machine)				
vi.	Change Rooms Air Lock & Buffers (Before filling / processing room)				
vii.	Nitrogen / Inert gas flushing of the vials/ ampoules, if required so				
viii.	Vials Filling Machine [Number, Type and capacity , & Make]				
ix.	Vials sealing Machine Number type, Capacity Make flip off cap or other				
x.	Written procedure for handling of rejected vials				
xi.	Vials batch over printing facility (Laser, Inject / Other)				
xii.	Labeling & Packing (Automatic semi automatic Manual)				
xiii.	SOPs for the sterile area				
Xiv.	Equipment Cleaning Facility / Scheme				

GENERAL / ANTIBIOTIC
(LIQUID INJECTABLE)

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)
Total covered area_____ Batch Capacity_____

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not available	Remarks
i.	**Dedicated Air Handling Unit HVAC System** (As per requirement of the area)				
ii.	**Positive pressure** Positive Pressure maintained in each filling room <).05 inch of water col. Manometer installed				
iii.	**Water Treatment Plant** Multi effect Multi col, Fabricated with GMP standard SS lines & pyrogen free water				
iv.	**Water Storage Facility & Capacity, If stored** (SS storage tank, with sufficient capacity, kept at 80c with 24 hrs circulation through loop under UV light)				
v.	**Filtration of solution** (aseptically, through recommended filter				
vi.	Laminar Flow Hood for filling Machine				
vii.	**Change Rooms & Buffers** (Change Room, air lock and buffer room prior to filling room)				
viii.	Sterilization and de-hydrogenation of filling equipment & their parts (In autoclave prior to use)				
ix.	Bulk Solution held under positive pressure during filling				
x.	Ampoules Filling Machines (Number, Type, Capacity & Make)				
xi.	Equipment cleaning with treated water				
xii.	Aseptic batching area sterilization Facilities / Mechanism				
xiii.	Environmental monitoring program for the aseptic batching area, sterile filling room and filling line				
xiv.	Integrity monitoring System for laminar flow hood and HVAC, serving sterile area				
xv.	Ampoules Batch Printing Facility (Laser / Inject / Other)				
xvi.	Labeling & Packing (Automatic / Manual)				
xvii.	Equipment cleaning Facility/ Scheme				
Xviii	Biological indicators used in sterilization process				
Xix	Record of sterilization cycle (Temp / time)				
Xx	Optical Checking Room Facility				
Xxi	Eye Examination Record of Optical Inspectors				
Xxii	Rejection Record				

Xxiii	Ampoule Printing Facility (overprinting)				
Xxiv	**Area and Environment Monitoring Record & SOPs** • installation, Operational & Performance of all equipments being conducted & maintained • Aseptic filling process monitoring through media fill and broth fill trial performed (biannually minimum) • sterilizers integrity checked and maintained • Calibrations of all measuring and monitoring devices being conducted / maintained regularly				
Xxv	Class of the Sterile Area (As per std requirement of the areas)				
Xxvi	Quarantine for the product waiting QC release				

QUALITY CONTROL / QUALITY ASSURANCE

Equipments

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)
covered area_____

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not Available	Remarks
1	UV , Spectrophotometer				
2	HPLC				
3	Moisture Analyzer				
4	PH Meter				
5	Disintegration Apparatus				
6	Dissolution Apparatus				
7	Friability Testing Apparatus				
8	Hardness tester				
9	Melting point apparatus				
10	Electric Ovens				
11	Digital balance				
12	Gas Chromatography				
13	Floury Meter				
14	Refract meter				
15	Polari meter				
16	I R Spectrophotometer				
17	Micro Lab				
18	Pyrogen Testing Apparatus / Facility				
19	Laminar Flow Hood & Sterility Testing Facility				
20	Particle Counter				
21	Colony Counter				
22	Incubators Hot & cool				
23	Electric Ovens				
24	Quality Control Procedures and Analytical Methods				

25	Analytical Record Of: • Active Raw Material • Inactive Material • In process products • packing & Packaging Materials • Finished Products				
26	Shelf Life / Stability Studies				
27	Complete Batch History and Record				
28	Batch Release Certificates Record				
29	In process Q C Inspector [Appointed or Not]				
30	No of Technical personal working in the Lab with qualification (attach list) • Chemist • pharmacists • Biochemist • Microbiologist • Others				
31	Quality Standards being followed • United State Pharmacopoeia • British Pharmacopoeia • Japanese Pharmacopoeia • Pakistan Pharmacopoeia • Chinese Pharmacopoeia • Any other / Own specifications				
32	Retention samples of each batch in its original container				
33	Quality Control tests invariably conducted for: • Active • Non Active and • Packaging Materials • In process / Intermediate • Bulk and • Finished products				
34	SOPs / Prescribed procedure for approval of vendor / source of starting materials				
35	Testing from each container of active starting material or other random sampling				
36	Procedures for releasing finished products SOP's				
37	Person responsible for release of batch (qualification & experience)				
38	Time period for retention of control samples (till expiry or one year after expiry)				
39	Other details of quality assurance/ QC procedures, if any (Annex Details)				
40	Stability tests and shelf life studies (for each products)				
41	Testing from each container of active starting material or other random sampling				

Signature_____
(With name and Designation)
Stamp of Company

CIVIL HOSPITAL KARACHI
HEALTH DEPARMENT

IMPORTER / SOLE AGENT

Note.

a. Please fill in the correct information carefully, submission of wrong/ vague information may Lead to black listing of the firm.
b. Each page of the Performa must be duly signed & stamped.
c. Provide a soft copy (CD) along with duly filled Performa in triplicate.
d. Company/firm agreement with principle duly signed by embassy is mandatory.

GENERAL INFORMATION

1.	**Name of the company**			
2.	**Year of establishment**			
3.	**Address of the firm** • Registered office, • Telephone no. • Fax No. E mail address etc.			
4.	**Location of the Company** • Industrial • Commercial • Residential			
5.	**Form of the company Annex copy of MOA/ registration** • Individual • Private limited • Public limited • Partnership • Corporation • Other (specify)			
6.				
7.	**Blacklisting / Complaint / Litigation against the firm** (By any govt. or other org. if any)			
8.	**Drugs sale license number, if applicable** (Annex copy License)			
9.	**Type of activity being carried out by the company:-** • Manufacturing • Assembly /Repacking • Import • Other (specify)			
10.	**Name & Address of the Principal(s) companies**			
11.	**Capital value of the firm/sole agent;** • Authorized Capital • Paid up capital			
12	**Annual sales turnover of the firm in the previous 3 years** (In millions)	Year	Market Sale	Govt. Sector
	• **1.**			
	• **2.**			
	• **3.**			
13.	**Income Tax no (NTN)** • Attach copy of certificates, • Attach details of tax paid during past 3 years • Attach copy of last annual income tax return			

14.	**Sales Tax Registration No. (if any. Applicable)** Attach copy of certificate, and details of sales tax Paid during past 3 years	
15.	**G M P compliance certificate & GMP audit report of the Principal(s)** (Attach report/ certificate) (if applicable)	
16.	**Free Sale Certificate of the items in the country of origin**	
17.	**Registration with MOH, Islamabad where applicable** Drugs/Surgical Disposable, attach separate sheet	
18.	List of Technical personnel with qualification (Attach List)	
19.	Total Employees (Including Technical staff)	
	Administration	
	Technical	
	Management	
	Sales / Marketing	
20.	**Market Availability** • Products routinely manufactured/imported Only occasionally / on request	
21.	**No of registered / items of the principals** (In case of drugs only)	
22.	**No of Thermo labile drugs** (if any)	
23.	**Storage Facilities** [For thermo labile drugs]	
24.	**Storage Facilities** [For the drugs to be stored at room temperature]	
25.	**Cold Chain Facility including cold room / storage and during transport**	
26.	GMP Certificate of the Principals, from the country of origin	
27.	**Export of the products to the countries other than Pakistan**	
28.	**Drug registration Certificate in the country of origin** (In case of drugs only)	
29.	**Emergency power supply arrangements** (For at least critical area)	

Signature_____
(With name and Designation)
Stamp of Company

Annexure "B"

CIVIL HOSPITAL KARACHI

TENDER FOR THE SUPPLY OF DRUGS / MEDICINES
SCHEDULE OF REQUIREMENT & BILL OF QUANTITIES (BOQ) PRICES FOR CIVIL HOSPITAL, KARACHI
DURING THE FINANCIAL YEAR 2015-2016
Estimated Cost: Rs. 150.00 (M)

INJECTIONS:

S #	Drug	Name of items	Required Quantity	Trade Price	Rates
1	Inj.	Vancomycin 500mg	25000		Rs._____
2	Inj.	Ciprofloxacin 200 mg/100ml	40000		Rs._____
3	Inj.	Levofloxacin Infusion 500mg/100ml	15000		Rs._____
4	Inj.	Recombinant Factor VII 1.2 mg	20 Nos.		Rs._____
5	Inj.	Antihaemophilic Factor-VIII (Human) 250 iu	20 nos.		Rs._____
6	Inj.	Trastuzumab 440mg/50ml	12 Nos.		Rs._____
7	Inj.	Rituximab 500mg/50ml	10 Nos.		Rs._____
8	Inj.	Rituximab 100mg/10ml	10 Nos.		Rs._____
9	Inj.	Anti-D (Rho) Immunoglobulin	500		Rs._____
10	Inj.	Potassium Chloride 7.4% I.V 20ml.	30000		Rs._____
11	Inj.	Sodium Bicarbonate 0.7% I.V	20000		Rs._____
12	Inj.	Beractant 4ml	50 No.		Rs._____
13	Inj.	Dextrose 5% + Sodium Chloride 0.9% 1000 ml. (Drip with mono cap)	20000		Rs._____
14	Inj.	Dextrose Saline 1/2 Strength 500ml. (Drip with mono cap)	5000		Rs._____
15	Inj.	Dextrose Saline 1/5 Strength 500ml. (Drip with mono cap)	8000		Rs._____
16	Inj.	Dextrose Water 5% 1000 ml (Drip with mono cap)	20000		Rs._____
17	Inj.	Dextrose Water 5% 500 ml (Drip with mono cap)	30000		Rs._____
18	Inj.	Ketamine	10000		Rs._____
19	Inj.	Labetolol	3000		Rs._____
20	Inj.	Leuprorelin Acetate 3.75mg	10		Rs._____
21	Inj.	Mannitol 20 % 500 ml. (Drip with mono cap)	7000		Rs._____
22	Inj.	Metronidazole 100 ml.	200000		Rs._____
23	Inj.	Naloxon 0.4 mg	3000		Rs._____
24	Inj.	Ringer Lactate 1000 ml (Drip with mono cap)	120000		Rs._____
25	Inj.	Ringer Lactate 500 ml. (Drip with mono cap)	50000		Rs._____

S #	Drug	Name of items	Required Quantity	Trade Price	Rates
26	Inj.	Sodium Chloride 0.9% 1000ml (Drip with mono cap)	110000		Rs._____
27	Inj.	Sodium Chloride 0.9% 500ml (Drip with mono cap)	50000		Rs._____
28	Inj.	Infliximab 100mg	12 Nos.		Rs._____
29	Inj.	Folinic Acid (Leucovorin) 50mg	1000 Vials		Rs._____
30	Inj.	Cyclophosphamide 1gm	400 Vials		Rs._____
31	Inj.	Inj. Tirofiban Hydrochloride MS 0.25mg / 50ml (USA/EEC/Japan or equivalent)	300 Vials		Rs._____

SURGICAL SUNDRIES (DISPOSABLE ITEMS):

S #	Name of items	Required Quantity	Rates
1	Surgical Gloves (Sterile) (Assorted Sizes)	200000	Rs._____
2	Surgical Gloves (Sterile) Powder Free (Assorted Sizes)	10000	Rs._____
3	Dual Protection Double Gloves set Assorted sizes	15000	Rs._____
4	I.V Cannula with Heparin lock of same origin triple faceted needle tip with back cut bevel long indwelling period Size 14 & 16 G (F.E.P upgraded material)	5000 Nos.	Rs._____
5	I.V Cannula with Heparin lock of same origin triple faceted needle tip with back cut bevel long indwelling period Size 18, 20, 22 G (F.E.P upgraded material)	250000 Nos.	Rs._____
6	I.V Cannula with Heparin lock of same origin triple faceted needle tip with back cut bevel long indwelling period Size 24 G (F.E.P upgraded material)	50000 Nos.	Rs._____
7	Butterfly Needles (Assorted Sizes)	50000	Rs._____
8	Disposable Syringe with Needle Insulin 100 i.u	75000 Nos.	Rs._____
9	Disposable Syringe with Needle 2.5 cc / 3 cc	700000 Nos.	Rs._____
10	Disposable Syringe with Needle 5 cc	1000000 Nos.	Rs._____
11	Disposable Syringe with Needle10 cc	600000 Nos.	Rs._____
12	Disposable Syringe with Needle 20 cc	15000 Nos.	Rs._____
13	Disposable Syringe with Needle 30 cc	15000 Nos.	Rs._____
14	Disposable Syringe with Needle 50 cc	15000 Nos.	Rs._____
15	Disposable Syringe Catheter Tip 60 cc	40000 Nos.	Rs._____

S #	Name of items	Required Quantity	Rates
16	Paediatric I.V. Chamber 100ml	40000 Nos.	Rs._____
17	Radium Bulb 24 x 25 W	200 Nos.	Rs._____
18	Radium Bulb 24 x 50 W	200 Nos.	Rs._____
19	Halogen Bulb 12 x 150 W	100 Nos.	Rs._____
20	Mount Catheter	500 Nos.	Rs._____
21	Silk Reel Size 0,1,2/0,3/0 & 4/0	250 Dozens	Rs._____

OTHER DRUGS / MEDICINES:

S #	Drug	Name of items	Required Quantity	Trade Price	Rates
1	Sol.	Hard Surface Cleaner 5 Liters Packing	300 Cans		Rs._____
2	Tr.	Benzion Co 450 ml	2000		Rs._____
3	Lotion	Benzyl Benzoate 25% Lotion 60 ml	15000		Rs._____
4	Pow.	Neomycin, Bacitracin and Aminoacids 20gm	1000		Rs._____
5	Liquid	Diatrizoate Meglumine and Diatrizoate Sodium 100ml	300 Botts.		Rs._____

Signature of Contractor / Supplier_____

Name of Firm with full Address _____

E mail Address._____

Office Telephone # _____ **Fax #** _____ **Cell #** _____