NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

CATEGORY-C

TENDER FOR PROVISION OF LABORATORY/DIAGNOSIS TESTS/INVESTIGATIONS FOR DESERVING PATIENTS OUT OF ZAKAT FUNDS FOR NICH, KARACHI FOR THE YEAR 2015-16

S.#.	LABORATORY/ DIAGNOSIS TESTS/ INVESTIGATIONS	RATE PER TEST
1.	CT Scan Abdomen Plain	
2.	CT Scan Abdomen with Contrast	
3.	EMG/NCVs	
4.	Renal Biopsy Histopathology	
5.	AMD IF Microscopy	
6.	CT Chest HRCT	
7.	High Resolution CT for pituitary	
8.	CT IVU	
9.	Hbs Ag	
10.	Anti HCV Ab	
11.	HCV PCR Qualitative	
12.	HCV PCR Quantitative (Viral Load)	
13.	HBV PCR Qualitative	
14.	HBV PCR Qualitative (Viral Load)	
15.	HCV Genotype	
16.	HBe Ag	
17.	HBe Ab	
18.	HBc IgM	
19.	HBc Total	
20.	HBs Ab	
21.	Ca-125	
22.	Afp (Alpha Fetoprotein)	
23.	Delta PCR Viral Load	
24.	Serum Ammonium Level	
25.	Serum Lactic Acid Level	
26.	Gama GT, SGOT	

27.	S Complement C3	
28.	Antinuclear Antibiotics ANA , Anti DS DNA	
29.	d-Dimers	
30.	i PTH	
31.	S. Ia E Level	
32.	S. Magnesium Level	
33.	TORCH Serum	
34.	Thyroid Profile T4 TSH	
35.	S. Analyzer	
36.	T.B. Culture	
37.	Fungal Culture	
38.	17-OHP 17 Hydroxyprogesterane	
39.	Factor VIII level	
40.	S. Estradiol	
41.	S Hestrone	
42.	S Itesterone	
43.	S Insulin level	
44.	C-Peptide level	
45.	CPK	
46.	NS, Ag	
47.		

NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

CATEGORY-A

TENDER FOR SUPPLY OF DRUGS MEDICINES (DAILY PURCHASES FROM RETAINER SHOPS/MEDICAL STORE) FOR DESERVING PATIENTS OUT OF ZAKAT FUNDS FOR NICH, KARACHI FOR THE YEAR 2015-16

S.#.	NAME AND ADDRESS OF RETAINER SHOPS/ MEDICAL STORE	DISCOUNT OFFERED IN PERCENTAGE (%)

NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

CATEGORY-B

TENDER FOR SUPPLY OF DRUGS MEDICINES (IN BULK PURCHASE) FOR DESERVING PATIENTS OUT OF ZAKAT FUNDS FOR NICH, KARACHI FOR THE YEAR 2015-16

S.NO.	NAME OF ITEMS	QUANTITY	RATE PER VIAL/UNIT
1.	Inj. Ceftriaxone 500mg	500	
2.	Inj. Ceftazidime 500mg	500	
3.	Inj. Cefotaxime 500mg	500	
4.	Inj. Meropenem 500mg	1000	
5.	Inj. Vancomycin 500mg	1000	
6.	Inj. Tazobactum Pipercillin 4.5mg	500	
7.	Inj. Cloxacillin 250mg	100	
8.	Inj. Acyclovir 500mg	600	
9.	Inj. Tinem 500mg	100	
10.	Inj. Amikin 250mg	500	
11.	Inj. Cefoperazone (Cebec) 500mg	500	
12.	Inj. Gentamycin 40mg	100	
13.	Inj. Linzolid 400mg	400	
14.	Inj. Cyprofloxin 200mg	100	
15.	Inj. Levofloxacin 200mg	100	
16.	Inj. Omperazole 40mg	500	
17.	Inj. Ranitidine 20mg	100	
18.	Inj. Transamin 200mg	100	
19.	Inj. Lincomycin 250mg	100	
20.	Inj. Cefuroxime 500mg	100	
21.	Inj. Amoxil 250mg	200	
22.	Inj. Metromidazole	100	
23.	Inj. Provas	500	
24.	Inj. Zolendronate	200	
25.	Inj. Dormicum	200	
26.	Inj. Solumedrol	200	
27.	Inj. Zantac	200	
28.	Inj. Decadron	200	
29.	Inj. Lerace	200	
30.	Inj. Mg S04	200	

NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

CATEGORY-C

BID EVALUATION CRITERIA
(FOR LABORATORY AND DIAGNOSTIC CENTER)

Total Marks: 100
Qualifying marks: more than 75

Name of Company/ Firm: _____

S.#	Description	Total Marks	Obtained Marks
1.	NTN Number:	05	
2.	GST Number:	05	
3.	NTN Paid Challan copy for last 1 year	05	
4.	GST Paid Challan copy for last 1 year	05	
5.	Temperature Controlled Premises as per Rules/ Act	05	
6.	Year of establishment (more than 10 years 10 less 05 marks)	10	
7.	Qualified Pathologist FCPS/M.Phil /PhD with 10 years experience	10	
8.	Premises Documents (owned 10 marks /rented 05 marks)	10	
9.	Technical Staff list for ELISA Section	05	
10.	Availability of all concerned equipments particularly ELISA Section (list may be provided)	05	
11.	External quality control contact details	05	
12.	Availability of Air Condition	10	
13.	No of employees (more than 5 employees)	05	
14.	Similar type of Experience (more than 5 years)	05	
15.	Certificate from the Bank regarding financial soundness	05	
16.	Vehicle / Transport for collection and delievery of reports (own by contractor)	05	
	Total	**100**	

NO.HWC-SSMC/Tender-2015-16/NICH
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Category-A

BID EVALUATION CRITERIA (FOR RETAINER SHOP/MEDICAL STORE)

Total Marks: 100
Qualifying marks: more than 75

Name of Company/ Medical Store: _____

S.#	Description	Total Marks	Obtained Marks
1.	NTN Number:	05	
2.	GST Number:	05	
3.	NTN Paid Challan copy for last 1 year	05	
4.	GST Paid Challan copy for last 1 year	05	
5.	Drug Sales License (DSL)	10	
6.	Qualified Person (Pharm- D 10 Marks Dispenser 05 Marks)	10	
7.	Temperature Controlled Pharmacy as per Drugs Act	15	
8.	Cool Chain Fridge	10	
9.	Fridge	05	
10.	Availability of Air Condition	10	
11.	No of employees (more than 5 employees)	05	
12.	Similar type of Experience (more than 5 years) and details Supplies in Government department	05	
13.	Certificate from the Bank regarding financial soundness	05	
14.	Vehicle / Transport for delievery of store (own by contractor)	05	
	Total	**100**	

Annexure "A"

Manufacturer's Qualification

I. Company Profile.

1. Name of company : _____

Year established : _____

Form of company :
- [ ] Individual
- [ ] Partnership
- [ ] Corporation
- [ ] Other (specify)

Legal status : _____

Trade registers number : _____

NTN & Sales Tax number (If applicable):

_____

License Number : _____
(attach copy)

2. Address : _____

Country (For ICB) :

_____

Telephone : _____ Telefax: _____

Telex : _____ E-mail: _____

Please attach the company organizational chart

II. Product Information

1. Total number of drugs manufactured: _____
(Provide list of manufactured products)

2. Are all manufacturing operations (processing, packaging, labelling) carried out internally?

[ ] YES [ ] NO

If "No," attach a list of pharmaceuticals and/or raw materials manufactured by other companies and marketed by you. Please give the names of the companies, for each item.

Product	Manufacturer	Address
1)		
2)		
3)		

3. Provide details if pharmaceutical products and/or raw materials manufactured by your company are exported to other countries

Pharmaceutical product/raw material	Country	Generic Name	Trade Name
1)			
2)			
3)			

4. Does your company have Good Manufacturing Practices certification?
   [ ] Yes (attach a copy of the GMP certificate if any)
   Certified by: _____
   [ ] No

5. Has your company been inspected by other governments, organizations or clients?

Inspected by	Year	Outcome

6. Have products manufactured by your company been exported to other countries?
   [ ] YES [ ] NO

   If "Yes", supply details:
   [ ] Country or (countries): _____
   [ ] By public procurement organization
   [ ] By private Exporter(s)

7. A. Date, number and expiry date of manufacturing license or permit.
   Date : _____
   Number : _____
   Expiry Date : _____

   Manufacturer : _____
   Address : _____

   B. Are the products in the product list produced routinely by the company?
   [ ] YES [ ] NO

   C. Or only occasionally on request?
   [ ] YES [ ] NO

   D. Number of specialized personnel involved in the manufacture of pharmaceuticals (exclude administrative personnel).
   Pharmacists : _____
   Chemists : _____
   Others : _____

8. A. Are the products manufactured by your company, manufactured under contract by other companies or repackaged?

[ ] Manufactured

[ ] Repackaged

[ ] Manufactured under contract

B. If any products are manufactured under contract, attach a list of such products with the name and address of the manufacturer for each product.

Product	Manufacturer	Address
1)		
2)		
3)		

C. If any products are repackaged, attach a list of such products with the name and address of the manufacturer for each product.

Product	Manufacturer	Address
1)		
2)		
3)		

III. QUALITY INFORMATION

1. Do you maintain your own quality control laboratory?

   [ ] YES [ ] NO

2. Number of specialized personnel working in your quality control laboratory (excluding administrative personnel).

   Pharmacists : _____

   Chemists : _____

   Others : _____

3. List names and addresses of quality control laboratories used in addition to or in lieu of your own laboratory.

   _____

   _____

4. Are all raw materials completely tested prior to use or is a Certificate of Analysis accepted?

   [ ] YES [ ] NO [ ] Certificate of Analysis

5. Quality standards

   [ ] BP Edition [ ] USP Edition [ ] EP Edition [ ] IP Edition [ ] Other:

   Are all recommended tests carried out?

   [ ] YES [ ] NO

   If "No," state reason why not:

   _____

   _____

6. Are control samples of each batch retained?

   [ ] YES [ ] NO

7. Do you have written cleaning procedures?

   [ ] YES [ ] NO

8. Do you record the training of your employees according to a training programme?

   [ ] YES [ ] NO

9. Do you have a written recall procedure?

   [ ] YES [ ] NO

10. Do you have a written procedure on how to deal with complaints?

    [ ] YES [ ] NO

11. Name and title of the authorized person (s) responsible for batch release:

Name: _____

Title: _____

Experience in pharmaceuticals: _____ years

12. Name and qualification of the head of the Quality Control department:

Name: _____

Qualification: _____

Experience in pharmaceuticals: _____ years

13. Indicate if you perform quality tests conducted routinely:

[ ] active starting materials

[ ] non-active starting materials

[ ] packaging materials

[ ] intermediate products

[ ] bulk products

[ ] finished products

14. Are all quality control tests performed internally?

[ ] YES [ ] NO

If "No," list tests performed by external laboratories:

Tests	Laboratories	Address

15. Explain process of approving sources for starting materials and describe basis for approving specifications of starting materials.

_____

_____

_____

_____

16. Do you conduct tests on each container of the active starting material?

[ ] YES [ ] NO

If not, explain your way of sampling: _____

_____

17. Do you test each container of non-active starting materials?

[ ] YES [ ] NO

If "No," describe method of sampling: _____

_____

18. Are you willing to reveal the sources of starting material? (Information will be deemed confidential)

[ ] YES [ ] NO

19. Are stability tests routinely conducted for every product?

[ ] YES c [ ] NO

If "No," state reason why not: _____

_____

20. For each batch, check the procedures that are routinely done:

[ ] Batch numbers and control numbers of each component
[ ] Weighed quantities double checked and signed off for each component
[ ] Acceptance record of each component
[ ] Date and time of each stage of production
[ ] Identification of equipment used
[ ] Name of persons in charge at each stage
[ ] In-process control results
[ ] Environment control results
[ ] Remarks on production incidents
[ ] Comments on not following the master formula
[ ] Yield and reconciliation
[ ] Packaging material batch numbers
[ ] Line clearance sign off
[ ] Result of QC of end product
[ ] Inspection checks and test results, dates and signatures of inspecting

21. Explain procedure for releasing batches of finished products:

c _____

c _____

c _____

22. Do you keep samples of each batch?

[ ] YES [ ] NO

Indicate how long do you keep the samples:_____ years

23. Are these kept in the original containers?

[ ] YES [ ] NO

24. Attach a detailed account of the current quality assurance system in your company.

A Quality Assurance manual or handbook may be submitted.

25. Do you carry out inspections or quality audits of your own suppliers?

[ ] YES [ ] NO

If "Yes," describe audits in detail:

_____

_____

_____

_____

26. Describe your storage facilities:

Indicate % of annual turnover:

Pharmaceutical formulations : _____%

Bulk drugs : _____ %

Medical Supplies : _____ %

[ ] Products sold Public Sector

[ ] Sold only to the local market

[ ] Both

* 27. Annual sales turnover in the previous three years. Mention Private Sector and Public Sector sales separately (in Pak Rupees)

(In Million)

Annual turnover	Open market sales	Public Sector Sale	Year

* PA may fix minimum threshold in light of Guidance mention in qualification criteria.

Annexure "B"

Supplier's Qualification

I. Company Profile.

1. Name of company : _____

Year established : _____

Form of company : [ ] Individual
[ ] Partnership
[ ] Corporation
[ ] Other (specify)

Legal status : _____

Trade registers number : _____

NTN & Sales Tax number (If applicable):

_____

License Number : _____
(attach copy)

2. Address : _____

Country (For ICB) :

_____

Telephone : _____ Telefax: _____

Telex : _____ E-mail: _____

Please attach the company organizational chart

3. Type of activity carried out by the company(tick the appropriate catogry/ies)

[ ]	Manufacturer	[ ]	Wholesaler
[ ]	Branded products	[ ]	Branded products
[ ]	Generic products	[ ]	Generic products
[ ]	Medical supplies	[ ]	Medical supplies
[ ]	Laboratory reagents	[ ]	Laboratory reagents
[ ]	Other products (specify below)	[ ]	Other products (specify below)
	_____		_____

*Indicate % of annual turnover:

Pharmaceutical formulations : _____%

Bulk drugs : _____ %

Medical Supplies : _____ %

Category -A
For Retainer Shop

GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

TERMS AND CONDITIONS OF THE TENDER FOR THE RETAINER CHEMIST FOR THE SUPPLY OF DRUGS/MEDICINES, SURGICAL/DISPOSABLE ITEMS AGAINST DAILY PETTY PURCHASES OUT OF ZAKAT FUND .

a) The cost of the tender is Rs.1000/= (Rupees one thousand only) cash (nonrefundable).
b) The tender proforma with terms and conditions can be purchased from the office of Social Welfare Officer of this Institute from 07-11-2015 to 21-11-2015 during office hours.
3) The tender will be inserted in the Tender Box placed at Conference Room on 23-11-2015 from 09.30. a.m to 10.30 a.m Tender will be opened on 23-11-2015 at 11.30 a.m before the vendors(s)/ authorized representative(s).

TERMS AND CONDITIONS

1. Single stage two Envelope procedure as per Rule No.46 (2) SPPRA-2010 will be followed.

2. Only those Chemist are allowed to participate who have the facilities like telephone, refrigerator, temperature controlled storage, transportation, stand by generator, preference will be give to those who are vicinity of NICH.

3. The vendor should sign a contract with NICH for the supply of Drugs/Medicines, Surgical/Disposable Items on judicial stamp paper of Rs.100/=.

4. The Chemist must submit copy of last year paid Income Tax Return.

5. The Chemist must be registered with GST and copy of last year (month wise) paid challans are to be attached (if applicable) from July -2014 to June, 2015.

6. The approved chemist is supposed to open the shop/office on Sunday and other holidays, in emergency request **to supply the store and remain on call**.

7. The contract will be effective from 01-10-2015 to 30-06-2016.

8. The approved chemist will collect daily requisition from Incharge Social Welfare Officer of this Institute by 12.00 Noon and all the items will be supplied by the Chemist to the hospital till 1.30 p.m. on the same day. If the requested drugs are

not supplied within 24 hours. The drugs will be purchased from the market and cost will be recovered from their security money.

9. A penalty will be imposed from Rs.25,000/= to Rs.50,000/= if the chemist fail to supply any drug/item in emergency or at the time of mass emergency.

10. The tender addressed to the Director, NICH, Karachi in a sealed cover envelope to be inserted in the tender box placed at Administration block NICH on 23-11-2015 from 09:30 a.m. to 10:30 a.m. The tender will be opened on the same day before the vendors, at 11.30 a.m. The envelope should be marked "TENDER FOR RETAINER CHEMIST FOR THE SUPPLY OF DRUGS/MEDICINES, SURGICAL/DISPOSABLE ITEMS OUT OF ZAKAT FUND FOR NICH, KARACHI THE YEAR 2015-2016.

11. Any erasing/cutting/crossing etc., appearing in the offer, must properly be signed by the person signing the tender.

12. The vendor will have to submit Rs.10,000/= (Rupees ten thousand only) as earnest money in the shape of Pay Order in favour of Director, NICH, Karachi. If the vendor fails to deposit security money according to the condition No.14 the same will be forfeited to the Government accounts. It will be refunded if the tender is not awarded to them or submission of security money.

13. CDR/Bank guarantee or any other form as earnest money is not acceptable.

14. The approved Chemist must be licensed under Sindh Drugs Rules 1979 by way of retail sales photo copy should be attached.

15. As per drug registration rule of competent authority the sticker cutting/erasing of retail price on the outer/inner cover is not allowed, no escalation in price is allowed.

16. The stores will have to be delivered at Zakat Office of NICH at the supplier risk and cost. Any breakage or short of stock will be recovered from the supplier.

"NICH -ZAKAT PROPERTY NOT FOR SALE"

17. All drugs/medicines should be supply in conformity with the provision of the Drug Act 1976 and the rules made there under. Any violation of the Act will be dealt accordingly.

18. On any report/information received regarding the infringement of any clause of the tender/Agreement a Show Cause Notice will be served to the supplier.

19. Whatever brand of Medicines is written on indent they have to supply the same brand. If it is proved that the supplier have committed gross violation of any

clause of the tender/ Agreement, then one or more of the following penalties may be imposed as the matter.

(a) Loss will be recovered
(b) Security money will be forfeited to Government Account
(c) Firm may be black listed for a period decided by the Director, NICH
(d) The matter may be referred to Inspector of Drugs for further legal action.

20. NICH is exempted for GST.

21. Any conditional, ambiguous or incomplete offer in any respect shall be ignored.

22. Income Tax and stamp duty will be deducted from the bill according to Government rules.

23. The vendors should submit their tender on the enclosed proforma.

24. The Chairman Departmental Purchase Committee reserves the right to reject or accept any/all tender(s) under the relevant provisions of SPPRA Rules 2010 (Amended 2013).

25.

26. The decision of the Chairman Redressal Committee will be final under the rule # 31 of Sindh PPRA.

27. Following documents to be submitted along with tender:-

a) Original tender purchase receipt.
b) Earnest money as per condition
c) Original tender with terms and conditions duly signed and stamped.
d) Valid D.S.L (Drugs Sale License for retailer) The name of qualified person, along with his registration certificate with Sindh Medical Faculty / Sindh Pharmacy Council.
e) Sales Tax Registration Certificate (GST)
f) Last year paid Income Tax return and paid GST challan.
g) Name of the authorized person along with his N.I Card, residential address and Phone No. for emergency contact.

Certified that we have read all terms and conditions mentioned in the tender and we will abide them strictly.

Signature _____

Address & Stamp_____

Phone No._____

WITNESS:-

Name: _____N.I.Card _____

Signature _____

GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

TENDER FOR THE RETAINER CHEMIST FOR THE SUPPLY OF DRUGS/MEDICINES, SURGICAL/DISPOSABLE ITEMS AGAINST DAILY PETTY PURCHASES OUT OF ZAKAT FUND FROM APPROVED CHEMIST, TENDER DUE ON _____2015

I / We on behalf of M/s (full name/address/telephone Nos.) of the chemist_____

_____

have read all terms and conditions of the tender for rate contract for the supply of Drugs/Medicines, Surgical and Disposable Items against daily petty purchases for the period from 01-10-2015 to 30-06-2016 and are please to give a discount of _____ % (_____ percent) on retail price of Drugs/Medicines, Surgical and Disposable Items.

Signature _____

Address & Stamp _____

_____

Phone No._____

NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

Category-A

BID EVALUATION CRITERIA (FOR RETAINER SHOP/MEDICAL STORE)

Total Marks: 100
Qualifying marks: 60-75

Name of Company/ Medical Store: _____

S.#	Description	Total Marks	Obtained Marks
1.	NTN Number:	05	
2.	GST Number:	05	
3.	NTN Paid Challan copy for last 1 year	05	
4.	GST Paid Challan copy for last 1 year	05	
5.	Drug Sales License (DSL)	10	
6.	Qual fied Person (Pharm- D 10 Marks Dispenser 05 Marks)	10	
7.	Temperature Controlled Pharmacy as per Drugs Act	15	
8.	Cool Chain Fridge	10	
9.	Fridge	05	
10.	Availability of Air Condition	10	
11.	No of employees (more than 5 employees)	05	
12.	Similar type of Experience (more than 5 years) and details Supp ies in Government department	05	
13.	Certificate from the Bank regarding financial soundness	05	
14.	Vehicle / Transport for delievery of store (own by contractor)	05	
	Total	**100**	

Category -B
For Bulk Purchase

GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

TERMS AND CONDITIONS OF THE TENDER FOR THE SUPPLY OF DRUGS MEDICINES (IN BULK PURCHASE) FOR NEEDY PATIENTS OF NICH OUT OF ZAKAT FUND.

a) The cost of the tender is Rs.1000/= (Rupees one thousand only) cash (nonrefundable).
b) The tender proforma with terms and conditions can be purchased from the office of Social Welfare Officer of this Institute from 07-11-2015 to 21-11-2015 during office hours.
3) The tender will be inserted in the Tender Box placed at Conference Room on 23-11-2015 from 09.30. a.m to 10.30 a.m Tender will be opened on 23-11-2015 at 11.30 a.m before the vendors(s)/ authorized representative(s).

TERMS AND CONDITIONS

1. Only Pharmaceutical Companies/ Manufacturers/ Authorized Sole Agents/ Distributors are eligible to participate. The sole agent should submit photo copy of valid sole agency certificate and authorized agent should submit certificate in original with reference to this tender.
2. Latest certificate of Pharmaceutical product (GMP/Free sale certificate) Good Manufacturing practice issued by authorized authority in case of national manufacturers, Finished drugs importer from country of origin. Photo copy of Drug Manufacturing License (valid) Drug Sale License (valid) should be submitted along with the tender.
3. The bidder shall furnish copy of valid Professional Tax (Excise & Taxation) Certificate/Income Tax Certificate/GST Registration certificate and wholesale drug license.
4. Participants are required to comply with all the clauses mentioned in the terms and conditions of the tender, with all the relevant documents required any deviation like short of relevant documents/incomplete tenders will not be entertained.
5. Only one representative of the firm who has been authorized must be present at the time of opening of tender. No tender will be accepted after closing the tender box. No tender will be accepted through post or courier.
6. Interested bidders may be obtained further information from the Social Services Medical Project (Zakat Office) during office hours.
7. Bids shall remain open for 60 days from the date of opening. A bid valid for a shorter period shall be rejected as being non-responsive.
8. Tender is invited as per rule # 46(2) of SPPRA-2010(single stage two envelope bidding procedure).The vendor should prepare their tender I form of

TECHNICIAL and FINANCIAL PROPOSAL separately. The envelopes should be marked Technical Proposal and Financial Proposal as in bold and legible letters to avoid confusion. Both envelops should be stapled and addressed to the Director NICH, Karachi and inserted in the tender box on scheduled date and time.

9. The envelope/envelopes must be properly sealed and submitted in the name of Director, National Institute of Child Health, Karachi and should be marked at the top corner TENDER FOR THE SUPPLY OF DRUGS MEDICINES (IN BULK PURCHASE) FOR NEEDY PATIENTS OF NICH OUT OF ZAKAT FUND and must be inserted in the tender box in stipulated time. No tender will be accepted after closing of the tender box.
10. Financial Proposal, the vendor should only declare financial offer/rates of the quoted items, and original pay order of Rs.10,000/= as bid security in favor of the Director NICH, Karachi.CDR and Bank Guarantee is not acceptable.
11. In Technical Proposal, the vendor must provide all documents along with photo copy of bid security by hiding the amount.
12. The disclosure of rate/price at the time of opening of technical bid shall result in the rejection of the tender.
13. The successful vendor should submit performance security as per SPPR Rule # 39 equivalent to 2 ½ % of the contract amount in shape of pay order. The same will be refunded after 90 days of expiry of contract. In case of breach of contract same will be forfeited.
14. The bid security will be refunded after coming in force of the contract or no item of the vendor approved.
15. The suppliers/manufacturer/importers/ who are registered with Sales Tax Department are eligible to quote those items, which come under Sales Tax. Photocopy of Sales Tax Registration Certificate of Manufacturer/importers or supplier must be attached with the tender. The supplier will produce Sale Tax invoice at the time of supply/Bill, NICH will pay sale Tax on quoted price.
16. The successful vendor will sign a contract with NICH for the supply of their products on judicial stamp paper of RS.100/-
17. Quoted rates must be valid up to 30-06-2016. No typing mistake will be accepted after opening the tender.
18. Quoted rates of drugs must be less than existing Trade Price. The Quoted rates offered by firm(s) will not be changed during validity period.
19. The written assurance that the bidder does not have any pending litigation with any Government organization.
20. All Tablets/Capsules dosage form should be offered in the blister/strip pack where applicable.
21. All I/V Infusions should be quoted with I/V sets registered with Government along with registration certificate and authorization certificate from manufacture, failing of which item will not be accepted.
22. All Antibiotic injection (dry powder) should be quoted with solvent.
23. The products for which the bidders intend to quote shall be freely available in the Karachi market. Documentary evidence shall be submitted otherwise tender will be ignored.

24. The dosage form and strength for medicines, specification given in the tender list shall comply with the quoted items. Any other strength of medicine which is not mentioned in the specification will not be considered.
25. Drug registration number, name of the manufacturer and country of origin of the drugs must be mentioned against each item for which tender is given, otherwise it shall not be considered.
26. Any conditional, ambiguous or incomplete offer in any respect should be considered invalid. Any supplementary or revised offer after the opening of the tenders shall not be entertained.
27. Any erasing/cutting crossing etc, appearing in the offer must be properly signed by the person signing the tender. Moreover, all pages of the tender must be properly singed and numbered. Offers with any over writing shall not be accepted. No tender will be accepted if filled by hand.
28. One "SAMPLE TENDER PROFORMA" for each technical and commercial bid is supplied with the list of items to be purchased . All items have to be quoted on this performa duly typed in the same pattern. Only those items may be typed on the Performa for which the rates are to be quoted. In case of using more Performa's a photocopy can be used. Hand written offer will be rejected.
29. Financial position of the bidder (Gross annual sale of the firm shall not be less than Rs.5 million in the last year Annual Financial Report in case of local manufacturers and for imports shall not be less then Rs.10 million. Sealed letter from Bank shall be submitted otherwise tender will be rejected.
30. Generic names and technical specification are mentioned in the list. But the vendor must quote the BRAND NAME against the generic names in separate column, provided in the tender Performa. The brand name should be of the same generic name and strength mentioned in the list otherwise it will not be considered.
31. The supply should be executed in minimum no of batches.
32. The vendors, who quote dispensing items (Methylated spirit) must posses re-packing license issued by the competent authority.
33. No tender should be accepted in which a Government servant has directly or indirectly a share of interest. Such declaration should be submitted along with the tender.
34. The sample of all the drugs supplied by the tenderers will be drawn from this institute by the Federal/Provincial Inspector of Drugs for test and analysis of Central/Provincial Drugs Laboratory, Karachi. The vendor should provide extra quantity (batch wise) free of cost required for sample for test and analysis Inspector of Drugs for test and analysis at Central Drugs Laboratory, Karachi.
35. If a sample of a batch of drug or item is declared in contravention of section 5/23 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 and is injurious to the public health in the opinion of the competent authority (Director), the same will not be returned to the supplier. Those will be destroyed. The supplier will be responsible to provide the fresh stock of standard quality within 30 days against the rejected batch. Otherwise amount equivalent to supplied quantity of defective batch will be deducted from their bill and action will be initiated against the offending firm according to the

terms and condition of the tender. Further legal proceeding will be on the disposal of F.I.D.uder drugs act 1976.

36. 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 or as per judgment of the drug court or any other authority whose decision will be final and in accordance with the offense and hence their earnest money may not be released till the case is decided by the court or any other authority.

37. The Chairman Departmental Purchase Committee /purchaser reserves the right to accept or reject any bid, and to annual the bidding process and reject all bids at any time prior to award of contract under the relevant provisions of SPP Rules, 2010 without thereby incurring and liability to the affected bidder or any obligation to inform the affected bidder on bidders of the ground for the purchaser's action.

38. The decision of the Chairman Redressal Committee will be final under the rule # 45 of Sindh SPPRA.

39. The Director/ Convener NICH, Karachi reserve the right to increase or decrease the quantity mentioned in the tender and the decision will be final.

40. The Vendor should submit previous year income tax. Other wise tender will be rejected. Source of raw material for manufacturer with evidence.

41. The vendor shall submit an undertaking (on judicial stamp paper of Rs.100/- denomination) that they shall supply the stores within 20 days after issuing of purchase order, failing which penalty @ Rs.0.10% per day per item will be imposed, which will be deducted from their bill. However full quantity of the purchase order shall be completed within 45 days, failing that their security money will be forfeited to Government Accounts. The vendor shall submit fresh bid security 3% of the approved items (if any) for the rest of the period. If the vendor again failed to execute the supply order within the validity period, the bid security will be forfeited to the Government Account and they may be black listed by the competent authority without any further notice.

42. After the acceptance of the tender by the vendor/signing of the contract, a purchase order will be issued during the validity period and if purchase order is not executed by the vendor, the security money shall be forfeited to the Government Accounts without any notice.

43. If the acceptance of tender/purchase order is issued during the validity period and offer is not accepted by the Tenderer the earnest money shall be forfeited to the Government Account and item will be purchased from any other source at their risk and cost.

44. The purchaser reserves the right to claim compensation for the loss caused by the delay in the delivery of store.

45. The supplies should be in commercial pack as per drug act 1976.The supplies will have to be delivered at the premises of NICH at the supplier risk and cost. Any breakage or shortage of stock will be recovered from the supplier. No supply through courier will be accepted

46. At the time of delivery of medicines, the shelf life should be at least 70% for the National/Multinational manufacturer and 60% for imported items (wherever applicable).If shelf life is less than the prescribed limit then same

percentage of penalty will be imposed for every short shelf life of the item. No store will be accepted if shelf life is less than 50%.

47. The following words shall be printed/stamped with indelible ink prominently in English on outer cover , inner strip or bottle of each dosage form to be supplied (NICH ZAKAT PROPERTY-NOT FOR SALE).

48. The drugs shall be accompanied by the necessary warrantee in accordance with the provision of drugs Act 1976 and rules framed there under. The supplier should submit warrantee in triplicate on form 2A at the time of delivery. In case of imported items, license, Bill of landing may be submitted.

49. The purchaser reserves the right to purchase full or part of the store or ignore/scrap/cancel the tender without assigning any reason.

50. Only registered Disposable Syringe with Ministry of Health Government of Pakistan can be quoted in the tender.

51. All tenderers must accompany the samples of the quoted items as per specification mentioned in technical bid, (before submission of the tender). Any tender without sample will not be entertained. On each sample item code No. (Mention in the tender list) must be written. List of samples should also be attached and get acknowledged from Pharmacist office.Physician samples will not be acceptable. Only commercial packs will be accepted otherwise the item will not be considered.

52. The firm who supply the Antibiotic Drugs are also bound to supply the sufficient quantity of sensitivity disk of same item free of cost at the time of supply of Antibiotic according to purchase order.

53. An under taking containing below mentioned matter on stamp paper of Rs.100/- duly attested by Notary Public, to be submitted with the tender.

i. We hereby confirm to have read carefully the description of stores and all the terms and conditions of your tender inquiry due for opening on 23-11-2015 for the supply of Drug/Medicine.

ii. We also hereby categorically confirm that the stores offered by us are exactly to the particulars and specifications as laid down in your tender inquiry in all respects.

iii. We accept that if the required Earnest Money is not furnished or our offer is found lacking in any of the requirement of your tender inquiry, it shall be ignored.

iv. We hereby confirm that the supply be made available within 20 days of the placing order. Otherwise NICH reserve the right to take action as per term and conditions.

v. We certify that we will abide all terms and conditions of the tender infringement of any of the terms/conditions, will make the tender invalid as recommended by the competent authority.

vi. Certified that the prices quoted to this institute against tender are not more than the prices charged from any other purchasing agencies in the country and in case of any discrepancy, the Tenderer hereby under takes to refund the price charged in excess.

vii. We certify that prices quoted in the tender are less than Trade Price.

viii. Certify that no government servant has directly or indirectly a share or interest with our firm.

ix. I/ we understand and confirm the refund of cost difference if the same medicines drug is/was supplied at lower rates to any other Government, semi government, Institution, Armed force in the province in the same fiscal year or to any other province in case medicines is manufactured with in Sindh.

Name of Tenderer:_____

Signature of Tenderer:_____

Designation:_____

Seal:_____

Phone No._____ Fax No._____

WITNESS:-

Name:_____

Signature:_____

Full Address:_____

Date:_____

NO.HWC-SSMC/Tender-2015-16/NICH

GOVERNMENT OF SINDH

HEALTH WELFARE COMMITTEE

NATIONAL INSTITUTE OF CHILD HEALTH

KARACHI-75510

Category –B

For Bulk Purchase

BID EVALUATION CRITERIA TENDER FOR THE SUPPLY OF DRUGS MEDICINES (IN BULK PURCHASE) FOR NEEDY PATIENTS OF NICH OUT OF ZAKAT FUND.

Total Marks: 100

Qualifying marks: 60-75

Name of Company/ Firm: _____

Annexure A

Manufacturer's Qualification

I. Company Profile.

1. Name of company : _____

Year established : _____

Form of company :
- [ ] Individual
- [ ] Partnership
- [ ] Corporation
- [ ] Other (specify)

Legal status : _____

Trade registers number : _____

NTN & Sales Tax number (If applicable):

_____

License Number : _____
(attach copy)

2. Address : _____

Country (For ICB) :

_____

Telephone : _____ Telefax: _____

Telex : _____ E-mail: _____

Please attach the company organizational chart

II. Product Information

1. Total number of drugs manufactured: _____
(Provide list of manufactured products)
2. Are all manufacturing operations (processing, packaging, labelling) carried out internally?

[ ] YES [ ] NO

If "No," attach a list of pharmaceuticals and/or raw materials manufactured by other companies and marketed by you. Please give the names of the companies, for each item.

Product	Manufacturer	Address
1)		
2)		
3)		

3. Provide details if pharmaceutical products and/or raw materials manufactured by your company are exported to other countries

Pharmaceutical product/raw material	Country	Generic Name	Trade Name
1)			
2)			
3)			

4. Does your company have Good Manufacturing Practices certification?
   [ ] Yes (attach a copy of the GMP certificate if any)
   Certified by: _____
   [ ] No

5. Has your company been inspected by other governments, organizations or clients?

Inspected by	Year	Outcome

6. Have products manufactured by your company been exported to other countries?
   [ ] YES [ ] NO

   If "Yes", supply details:
   [ ] Country or (countries): _____
   [ ] By public procurement organization
   [ ] By private Exporter(s)

7. A. Date, number and expiry date of manufacturing license or permit.
   Date : _____
   Number : _____
   Expiry Date : _____

   Manufacturer : _____
   Address : _____

   B. Are the products in the product list produced routinely by the company?
   [ ] YES [ ] NO

   C. Or only occasionally on request?
   [ ] YES [ ] NO

   D. Number of specialized personnel involved in the manufacture of pharmaceuticals (exclude administrative personnel).
   Pharmacists : _____
   Chemists : _____
   Others : _____

8. A. Are the products manufactured by your company, manufactured under contract by other companies or repackaged?

[ ] Manufactured

[ ] Repackaged

[ ] Manufactured under contract

B. If any products are manufactured under contract, attach a list of such products with the name and address of the manufacturer for each product.

Product	Manufacturer	Address
1)		
2)		
3)		

C. If any products are repackaged, attach a list of such products with the name and address of the manufacturer for each product.

Product	Manufacturer	Address
1)		
2)		
3)		

III. QUALITY INFORMATION

1. Do you maintain your own quality control laboratory?

   [ ] YES [ ] NO

2. Number of specialized personnel working in your quality control laboratory (excluding administrative personnel).

   Pharmacists : _____

   Chemists : _____

   Others : _____

3. List names and addresses of quality control laboratories used in addition to or in lieu of your own laboratory.

   _____

   _____

4. Are all raw materials completely tested prior to use or is a Certificate of Analysis accepted?

   [ ] YES [ ] NO [ ] Certificate of Analysis

5. Quality standards

   [ ] BP Edition [ ] USP Edition [ ] EP Edition [ ] IP Edition [ ] Other:

   Are all recommended tests carried out?

   [ ] YES [ ] NO

   If "No," state reason why not:

   _____

   _____

6. Are control samples of each batch retained?

   [ ] YES [ ] NO

7. Do you have written cleaning procedures?

   [ ] YES [ ] NO

8. Do you record the training of your employees according to a training programme?

   [ ] YES [ ] NO

9. Do you have a written recall procedure?

   [ ] YES [ ] NO

10. Do you have a written procedure on how to deal with complaints?

    [ ] YES [ ] NO

11. Name and title of the authorized person (s) responsible for batch release:

Name: _____

Title: _____

Experience in pharmaceuticals: _____ years

12. Name and qualification of the head of the Quality Control department:

Name: _____

Qualification: _____

Experience in pharmaceuticals: _____ years

13. Indicate if you perform quality tests conducted routinely:

[ ] active starting materials
[ ] non-active starting materials
[ ] packaging materials
[ ] intermediate products
[ ] bulk products
[ ] finished products

14. Are all quality control tests performed internally?

[ ] YES [ ] NO

If "No," list tests performed by external laboratories:

Tests	Laboratories	Address

15. Explain process of approving sources for starting materials and describe basis for approving specifications of starting materials.

_____

_____

_____

_____

16. Do you conduct tests on each container of the active starting material?

[ ] YES [ ] NO

If not, explain your way of sampling: _____

_____

17. Do you test each container of non-active starting materials?

[ ] YES [ ] NO

If "No," describe method of sampling: _____

_____

18. Are you willing to reveal the sources of starting material? (Information will be deemed confidential)

[ ] YES [ ] NO

19. Are stability tests routinely conducted for every product?

[ ] YES c [ ] NO

If "No," state reason why not: _____

_____

20. For each batch, check the procedures that are routinely done:

[ ] Batch numbers and control numbers of each component
[ ] Weighed quantities double checked and signed off for each component
[ ] Acceptance record of each component
[ ] Date and time of each stage of production
[ ] Identification of equipment used
[ ] Name of persons in charge at each stage
[ ] In-process control results
[ ] Environment control results
[ ] Remarks on production incidents
[ ] Comments on not following the master formula
[ ] Yield and reconciliation
[ ] Packaging material batch numbers
[ ] Line clearance sign off
[ ] Result of QC of end product
[ ] Inspection checks and test results, dates and signatures of inspecting

21. Explain procedure for releasing batches of finished products:

c _____

c _____

c _____

22. Do you keep samples of each batch?

[ ] YES [ ] NO

Indicate how long do you keep the samples:_____ years

23. Are these kept in the original containers?

[ ] YES [ ] NO

24. Attach a detailed account of the current quality assurance system in your company.

A Quality Assurance manual or handbook may be submitted.

25. Do you carry out inspections or quality audits of your own suppliers?

[ ] YES [ ] NO

If "Yes," describe audits in detail:

_____

_____

_____

_____

26. Describe your storage facilities:

Indicate % of annual turnover:

Pharmaceutical formulations : _____%

Bulk drugs : _____ %

Medical Supplies : _____ %

[ ] Products sold Public Sector

[ ] Sold only to the local market

[ ] Both

* 27. Annual sales turnover in the previous three years. Mention Private Sector and Public Sector sales separately (in Pak Rupees)

(In Million)

Annua turnover	Open market sales	Public Sector Sale	Year

* PA may fix minimum threshold in light of Guidance mention in qualification criteria.

Annexure "B"

Supplier's Qualification

I. Company Profile.

1. Name of company : _____

Year established : _____

Form of company : [ ] Individual
[ ] Partnership
[ ] Corporation
[ ] Other (specify)

Legal status : _____

Trade registers number : _____

NTN & Sales Tax number (If applicable):

_____

License Number : _____
(attach copy)

2. Address : _____

Country (For ICB) :

_____

Telephone : _____ Telefax: _____

Telex : _____ E-mail: _____

Please attach the company organizational chart

3. Type of activity carried out by the company(tick the appropriate catogry/ies)

[ ]	Manufacturer	[ ]	Wholesaler
[ ]	Branded products	[ ]	Branded products
[ ]	Generic products	[ ]	Generic products
[ ]	Medical supplies	[ ]	Medical supplies
[ ]	Laboratory reagents	[ ]	Laboratory reagents
[ ]	Other products (specify below)	[ ]	Other products (specify below)
	_____		_____

*Indicate % of annual turnover:

Pharmaceutical formulations : _____%

Bulk drugs : _____ %

Medical Supplies : _____ %

[ ] Products sold Public Sector
[ ] Sold only to the local market
[ ] Both

4. Names and addresses of international pharmaceutical companies, parent companies and/or subsidiaries and associated companies with whom there is collaboration or joint venture, if any:

Company	Address

5. Employees:

Total:	
Management:	
R&D	
Sales	
Administrative	
Others (specify):	

6. Capital value of the company (specify currency)

(a) Authorized capital: _____

(b) Paid up capital: _____

(c) Administration: _____

* 7. Annual sales turnover in the previous three years. Mention Private Sector and Public Sector sales separately (in Pak Rupees)

(In Million)

Annual turnover	Open market sales	Public Sector Sale	Year

* PA may fix minimum threshold in light of Guidance mention in qualification criteria.

NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

CATEGORY-B

TENDER FOR SUPPLY OF DRUGS MEDICINES (IN BULK PURCHASE) FOR DESERVING PATIENTS OUT OF ZAKAT FUNDS FOR NICH, KARACHI FOR THE YEAR 2015-16

S.NO.	NAME OF ITEMS	QUANTITY	RATE PER VIAL/UNIT
1.	Inj. Ceftriaxone 500mg	500	
2.	Inj. Ceftazidime 500mg	500	
3.	Inj. Cefotaxime 500mg	500	
4.	Inj Meropenem 500mg	1000	
5.	Inj. Vancomycin 500mg	1000	
6.	Inj. Tazobactum Pipercillin 4.5mg	500	
7.	Inj. Cloxacillin 250mg	100	
8.	Inj. Acyclovir 500mg	600	
9.	Inj. Tinem 500mg	100	
10.	Inj. Amikin 250mg	500	
11.	Inj. Cefoperazone (Cebec) 500mg	500	
12.	Inj. Gentamycin 40mg	100	
13.	Inj. Linzolid 400mg	400	
14.	Inj. Cyprofloxin 200mg	100	
15.	Inj. Levofloxacin 200mg	100	
16.	Inj. Omperazole 40mg	500	
17.	Inj. Ranitidine 20mg	100	
18.	Inj. Transamin 200mg	100	
19.	Inj. Lincomycin 250mg	100	
20.	Inj. Cefuroxime 500mg	100	
21.	Inj. Amoxil 250mg	200	
22.	Inj. Metromidazole	100	
23.	Inj. Provas	500	
24.	Inj. Zolendronate	200	
25.	Inj. Dormicum	200	
26.	Inj. Solumedrol	200	
27.	Inj. Zantac	200	
28.	Inj. Decadron	200	
29.	Inj. Lerace	200	
30	Inj. Mg S04	200	

NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

Category-A

BID EVALUATION CRITERIA (FOR RETAINER SHOP/MEDICAL STORE)

Total Marks: 100
Qualifying marks: more than 75

Name of Company/ Medical Store: _____

S.#	Description	Total Marks	Obtained Marks
1.	NTN Number:	05	
2.	GST Number:	05	
3.	NTN Paid Challan copy for last 1 year	05	
4.	GST Paid Challan copy for last 1 year	05	
5.	Drug Sales License (DSL)	10	
6.	Qualified Person (Pharm- D 10 Marks Dispenser 05 Marks)	10	
7.	Temperature Controlled Pharmacy as per Drugs Act	15	
8.	Cool Chain Fridge	10	
9.	Fridge	05	
10.	Availability of Air Condition	10	
11.	No of employees (more than 5 employees)	05	
12.	Similar type of Experience (more than 5-years) and details Supplies in Government department	05	
13.	Certificate from the Bank regarding financial soundness	05	
14.	Vehicle / Transport for delievery of store (own by contractor)	05	
	Total	100	

Category -C

For Laboratory/
Diagnosis Tests/
Investigations

GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

TERMS AND CONDITIONS OF THE TENDER FOR THE PROVISION OF LABORATORY/DIAGNOSIS TESTS/INVESTIGATIONS FOR DESERVING PATIENTS OUT OF ZAKAT FUND FOR NICH KARACHI FOR THE YEAR 2015-16.

a) The cost of the tender is Rs.1000/= (Rupees one thousand only) cash (nonrefundable).

b) The tender proforma with terms and conditions can be purchased from the office of Social Welfare Officer of this Institute from 07-11-2015 to 21-11-2015 during office hours.

3) The tender will be inserted in the Tender Box placed at Conference Room on 23-11-2015 from 09.30. a.m to 10.30 a.m Tender will be opened on 23-11-2015 at 11.30 a.m before the vendors(s)/ authorized representative(s).

TERMS AND CONDITIONS

Tender is invited as per rule # 46(2) of SPPRA-2010(single stage two envelope bidding procedure).The vendor should prepare their tender TECHNICIAL and FINANCIAL PROPOSAL separately. The envelopes should be marked Technical Proposal and Financial Proposal as in bold and legible letters to avoid confusion. Both envelops should be stapled and addressed to the Director/Convener HWC NICH Karachi and inserted in the tender box on scheduled date and time.

The tender addressed to the Director/Convener HWC NICH Karachi in a sealed cover envelope to be inserted in the tender box placed at Administration block NICH on 23-11-2015 by 10.30 A.M. The tender will be opened on the same day before the vendors at 11.30 p.m. The envelope should be marked "TENDER FOR THE PROVISION OF LABORATORY/DIAGNOSIS TESTS/INVESTIGATIONS FOR DESERVING PATIENTS OUT OF ZAKAT FUND FOR NICH KARACHI FOR THE YEAR 2015-16".

Any erasing/cutting/crossing etc., appearing in the offer, must properly be signed by the person signing the tender.

The vendor will have to submit Rs.10,000/= as earnest money in the shape of Pay Order in favour of Director/Convener HWC, NICH Karachi. If the vendors fail to deposit security money their earnest money will be forfeited to the Government accounts.

Money will be refunded if the tender is not awarded to them or submission of ity money. CDR/Bank guarantee or any other form as earnest money is not ceptable.

Any conditional, ambiguous or incomplete offer in any respect shall be ignored. The approved firm must be licensed under Sindh Governments Rules. Photo copy should be attached.

Income Tax and stamp duty will be deducted from the bill according to Government rules.

The Chairman Procurement Committee reserves the right to reject or accept any/all tender(s) under the relevant provisions of SPPRA Rules 2010 (Amended 2013).

The decision of the Chairman Redressal Committee will be final under the rule # 31 of Sindh PPRA

Period of contract-one year which can be extended for further period mutually agreed by the both parties subject to satisfactory performance.

The contract can be terminated by giving one month notice from either side.

In case the Diagnostic Centre is temporary unable to conduct the investigation for one reason or the other it will be the responsibility y of the centre to make alternative arrangement for getting the investigation done. Otherwise, the Director/Convener Health Welfare Committee will be free to get the investigation done from any source and deduct the charges from the amount payable to the centre.

The Diagnostic Centre will collect the sample from the Concerned Wards/ Laboratory/ Zakat Office of the NICH on day to day basis. The report (s) thereof must be handed over the hospital as follows:

i. For OPD Patients : Within 24 hours
ii. For Emergency Patients: To be intimated telephonically immediately and printed report to follow within 6-12 Hrs.

In case of emergency, facility should be provided for emergency collection of samples beyond regular OPD hours. Slides/cards printout/graphs etc of tests done should be sent along with reports.

Investigations which are not on panel if required should be done at or below charges rates.

ollection bottles/ containers with the reagent in them to be provided by the ostic centre.

The payment will be made on monthly basis only against those patients whose requisition/referral has been signed by concerned doctor and countersigned by the HOD/ Incharge Lab/authorized signatories and Director/Convener. In the evening and night (emergency hours) signature of the CMO /doctor on duty with the stamp are required.

Bills should be submitted in triplicate and address in the name of Director/Convener HWC, NICH Karachi. The bill statement should be in the following format.

S.#	Date	Patient and Father's Name	Particulars/Name of test done	Ward	Amount

In case of dispute, the decision of Director/Convener HWC, NICH, Karachi will be final. Director/Convener HWC, NICH, Karachi has right to reject and accept any or all offers under the SPP Rules, 2010 (Amended 2013).

Director/Convener HWC, NICH, Karachi has right to empanel more than one panel/ centre at the same rates if required to ensure continuous availability of services.

Doctor in the Lab (Pathologist/Microbiologist/Biochemist) should be available and should co-operate for discussion regarding any patients when ever required.

The Lab should depute their person/employee for sample collection in NICH if so required.

No subletting of tender is allowed.

Transport of patients to and from will be done by the centre. In case of transport delay patient may be sent to the other centre. Failure to provide transport will result in deduction of Rs.500/- from the bill of each case.

Contrast media: ONLY NON-IONIC contrast will be used.

Centre should have adequate facilities (trained medial doctor, nurse and para-medical staff) for resuscitation of the patient in case of any reaction /anaphylaxis. Immediate required management in the centre should be done in case of any reaction/emergency.

All facilities that are include in the list will be provided round the clock (24 hours) particularly CT, USG etc. Refusal to provide any service any time will be taken as breach of agreement of terms and condition and the entire contract can be terminated. Centre will also hold the responsibility of any complication arising out of not doing required investigation of the patient as per terms and condition.

d investigations will be performed by specialist Doctors and reporting for the will be signed by only those specialists whose name have been submitted with the der documents or whose intimation has been given to the hospital.

Successful tenderer will have to enter into agreement with Director/Convener HWC, NICH Karachi. State of art machinery equipments and instruments should be used.

It shall be the duty and responsibility of the diagnostic centre at all times, to obtain, maintain and sustain the valid registration and high quality and standard of its services and healthcare and to have all statutory mandatory licenses, permits or approval of concerned authorities as per the existing laws/rules.

In case of violation of the provisions of the agreement by the centre there will be forfeiture of payment of the incoming /pending bills and earnest/security money. For over billing and unnecessary procedures the extra amount so charged will be deducted from the pending/future bills of the centre and Director/Convener HWC, NICH Karachi shall have the right to issue a written warning to the centre not to do so in future. The recurrence, in any will lead to the stoppage of referral cases to that centre/ termination of contract.

If centre fails to provide any or all of the services for which it has been recognized within the period(s) specified in the agreement, or within any extension period thereof if granted by the Director/Convener HWC, NICH Karachi pursuant to condition of agreement.

If centre is found to be involved in or associated with any unethical illegal or unlawful activities, agreement will summarily suspended by Director/Convener HWC, NICH Karachi without any notice and thereafter may terminate the agreement, after giving a show cause notice and considering its reply, if any received within 7 days of the receipt of show cause notice.

On any report/information received regarding the infringement of any clause of the tender / Agreement a Show Cause Notice will be served to the firm..

If it is proved that the firm have committed gross violation of any clause of the tender / Agreement, then one or more of the following penalties may be imposed as the matter.

(a) Loss will be recovered
(b) Security money will be forfeited to Government Account
(c) Firm may be black listed for a period decided by the Director, NICH
(d) The matter may be referred to the competent authority for further legal action.

Following documents to be submitted along with tender:-

a) Original tender purchase receipt.
b) Earnest money as per condition

Original tender with terms and conditions duly signed and stamped.

d) Valid License as per rules. The name of qualified person, along with his registration certificate.
e) Sales Tax Registration Certificate (GST)
f) Last year paid Income Tax return and paid GST challan.
g) Name of the authorized person along with his N.I Card, residential address and Phone No. for emergency contact.

-.-.-.-.-.-.-.-.-.-.-.-.-.-.-

NOTE

Only one authorized representative of the firm can attend the opening of tender.

TERMS AND CONDTIONS ACCEPTANCE CERTIFICATE

I /We, M/s. _____ is hereby confirmed that we have carefully read all terms and condition of the tender and agreed to abide by these during the validity of the tender.

I/We are legally bound to provide uninterrupted services to NICH beneficiaries as per agreement.

Signature of Vendor: _____

Name of signing person: _____

Designation :_____

Seal and Address _____

Tel No._____ Fax No._____

Witness

1) Name _____ Signature _____

CNIC Number: _____

2) Name _____ Signature _____

CNIC Number: _____

NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

CATEGORY-C

TENDER FOR PROVISION OF LABORATORY/DIAGNOSIS TESTS/INVESTIGATIONS FOR DESERVING PATIENTS OUT OF ZAKAT FUNDS FOR NICH, KARACHI FOR THE YEAR 2015-16

S.#.	LABORATORY/ DIAGNOSIS TESTS/ INVESTIGATIONS	RATE PER TEST
1.	CT Scan Abdomen Plain	
2.	CT Scan Abdomen with Contrast	
3.	EMG/NCVs	
4.	Renal Biopsy Histopathology	
5.	AMD IF Microscopy	
6.	CT Chest HRCT	
7.	High Resolution CT for pituitary	
8.	CT IVU	
9.	Hbs Ag	
10.	Anti HCV Ab	
11.	HCV PCR Qualitative	
12.	HCV PCR Quantitative (Viral Load)	
13.	HBV PCR Qualitative	
14.	HBV PCR Qualitative (Viral Load)	
15.	HCV Genotype	
16.	HBe Ag	
17.	HBe Ab	
18.	HBc IgM	
19.	HBc Total	
20.	HBs Ab	
21.	Ca-125	
22.	Afp (Alpha Fetoprotein)	
23.	Delta PCR Viral Load	
24.	Serum Ammonium Level	
25.	Serum Lactic Acid Level	
26.	Gama GT, SGOT	

	S Complement C3	
28.	Antinuclear Antibiotics ANA , Anti DS DNA	
29.	d-Dimers	
30.	i PTH	
31.	S. Ia E Level	
32.	S. Magnesium Level	
33.	TORCH Serum	
34.	Thyroid Profile T4 TSH	
35.	S. Analyzer	
36.	T.B. Culture	
37.	Fungal Culture	
38.	17-OHP 17 Hydroxyprogesterane	
39.	Factor VIII level	
40.	S. Estradiol	
41.	S Hestrone	
42.	S Itesterone	
43.	S Insulin level	
44.	C-Peptide level	
45.	CPK	
46.	NS, Ag	
47.		

NO.HWC-SSMC/Tender-2015-16/NICH
GOVERNMENT OF SINDH
HEALTH WELFARE COMMITTEE
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-75510

CATEGORY-C

BID EVALUATION CRITERIA
(FOR LABORATORY AND DIAGNOSTIC CENTER)

Total Marks: 100
Qualifying marks: more than 75

Name of Company/ Firm: _____

S.#	Description	Total Marks	Obtained Marks
1.	NTN Number:	05	
2.	GST Number:	05	
3.	NTN Paid Challan copy for last 1 year	05	
4.	GST Paid Challan copy for last 1 year	05	
5.	Temperature Controlled Premises as per Rules/ Act	05	
6.	Year of establishment (more than 10 years 10 less 05 marks)	10	
7.	Qualified Pathologist FCPS/M.Phil /PhD with 10 years experience	10	
8.	Premises Documents (owned 10 marks /rented 05 marks)	10	
9.	Technical Staff list for ELISA Section	05	
10.	Availability of all concerned equipments particularly ELISA Section (list may be provided)	05	
11.	External quality control contact details	05	
12.	Availability of Air Condition	10	
13.	No of employees (more than 5 employees)	05	
14.	Similar type of Experience (more than 5 years)	05	
15.	Certificate from the Bank regarding financial soundness	05	
16.	Vehicle / Transport for collection and delievery of reports (own by contractor)	05	
	Total	100	