



Ph: 99215759
Fax: 99215733

NO. MS/CHK/2016-2017/ 14049
Civil Hospital,
Baba-e-Urdu Road, Karachi
Dated: 15/12, 2016

The Director of Information (Advertisement)
Information Department
Government of Sindh
Karachi

Subject: **NOTICE INVITING TENDER**

A notice (7 copies) is sent herewith with the request that the same may please be published in prominent news papers i.e. The Daily Dawn, Daily JANG & Daily Kawish for one day under intimation to this office.

MEDICAL SUPERINTENDENT
CIVIL HOSPITAL KARACHI

Encl: - As Above:

A copy is forwarded for information to the:

1. PS to Secretary Health, Government of Sindh, Karachi.
- ✓ 2. Director (A&F), SPPRA, Government of Sindh Karachi with the request to hoist this tender notice on authority's website.

Encl:

- (i) Standard Bidding Documents (SBDs)
- (ii) Notification of Hospital Procurement Committee
- (iii) Notification of Complaint Redressal Committee (CRC)
- (iv) Copy of Procurement Plan (FY 2015-16)

MEDICAL SUPERINTENDENT

2647
21-12-16



Ph: 99215759
Fax: 99215733

NO. MS/CHK/2016-2017/ 14050
Civil Hospital,
Baba-e-Urdu Road, Karachi
Dated: 15/12, 2016

NOTICE INVITING TENDER

Civil Hospital Karachi invites sealed bids from Manufacturers / Importers / Authorized Distributors for the supply of the following categories of items during the financial year 2016-2017 on **Single Stage-Two Envelopes Procedure** basis as per Clause 46(2) of SPP Rules, 2010 (Amended 2013/14)

The bids must be delivered by hand / mail on **10-01-2017 by 11.00 am.** along with pay order of the Tender Fee in favor of the undersigned, which will be open ed publically by Hospital Procurement Committee in the Committee Room, 2nd Floor Admin Block of this Hospital in presence of bidders or their authorized representatives, who choose to attend at **12.00 Noon** on the same date.

S #	NAME OF TENDERS	Bid Security @ 2.5% of the offered value	Tender Fee	Time & Date of Opening
1	Purchase of Instrument (Minor / General): i. Endoscopy, Esophageal & Anorectal Motility Acquisition Items ii. Laparoscopic Instrument for O.T Complex iii. Surgical Instrument for Neurosurgery O.T iv. Instrument for Eye O.T v. Instrument for Elective Gynae O.T vi. Laparoscopic Instruments Elective Gynae O.T vii. Hysteroscopy Instruments viii. Instruments For Emergency Gynae O.T ix. Instruments For Labour Room x. Instrument for Robotic Surgery System	2.5%	Rs. 1,000/-	10-01-2017 @ 12:00 Noon
2	Purchase of Drugs / Medicines: Drugs / Medicines / Surgical Sundries (Disposable Item etc.)	2.5%	Rs. 1,000/-	10-01-2017 @ 12:00 Noon

N.B:-

1. The Standard Bidding Documents (SBDs) can be downloaded from Authority's website. Also it can be obtained from Office of the Addl. Medical Superintendent (Procurement), 1st Floor, Admin Block of this Hospital, from the date of Publication upto **04:00 pm 09-01-2017** on production of Pay Order of Tender Fee along with an application on company letter head.
2. Any bid received after the deadline for submission of bid prescribed in NIT then Bid Documents shall not be entertained and returned un-opened to the bidder(s).
3. **Technical & Financial Proposals** should be submitted in separate envelopes.
4. In case of announcement of Public Holiday or any unfavorable circumstance, the tenders / bids will be opened on next working day. Other terms & conditions, venue and time for drop and opening will remain same as advertised in this Notice.
5. All bids shall include Government Taxes / Sindh Sales Tax (SST) (if applicable) and will be deducted from the bills according to Government Rules.
6. Bids must be in Pak Rupees.
7. In case of imported items, both C & F & D.D.P prices should be quoted.
8. Bid security @ 2.5% of total value of the quoted items by the firms in shape of Pay Order / Demand Draft must be attached with **Financial Bid** in favor of the undersigned.
9. The undersigned reserves the right to reject any tender subject to the relevant provision of SPPRA-2010 (Amended 2013/14).

Note: The required items quality will be approved only CE / FDA marked as well as best quality basis.


MEDICAL SUPERINTENDENT
CIVIL HOSPITAL KARACHI

DAWN

DAWN MONDAY DECEMBER 19, 2016

 Civil Hospital, Baba-e-Urdu Road, Karachi Ph: 99215759 — Fax: 99215733					
NO. MS/CHK/2016-2017/14050 Dated: 15/12/2016					
Say No to Corruption مہر و پھروڑی کے خلاف تھمیں۔					
<h2>NOTICE INVITING TENDER</h2>					
Civil Hospital Karachi invites sealed bids from manufacturers / importers / authorized distributors for supply of the following categories of items during the financial year 2016-2017 on Single Stage — Two Envelopes Procedure basis as per Clause 46(2) of SPP Rules, 2010 (Amended 2013-14). The bids must be delivered by hand / mail on 10-01-2017 by 11:00 am , along with pay order of tender fee in favour of the undersigned, which will be opened publicly by Hospital Procurement Committee in the Committee Room, 2nd Floor, Admin Block of this Hospital in presence of bidders or their authorized representatives who choose to attend at 12:00 noon on the same date.					
S. #.	NAME OF TENDERS	Bid Security	Tender Fee	Opening Time & Date	N.B:-
1.	Purchase of Instrument (Minor / General): i. Endoscopy, Esophageal & Anorectal Motility Acquisition Items ii. Laparoscopic Instrument for O.T. Complex iii. Surgical Instrument for Neurosurgery O.T. iv. Instrument for Eye O.T v. Instrument for Elective Gynae O.T. vi. Laparoscopic Instruments Elective Gynae O.T. vii. Hysteroscopy Instruments viii. Instruments for Emergency Gynae O.T. ix. Instruments for Labour Room x. Instrument for Robotic Surgery System	2.5% of offered value	Rs. 1,000/-	10-01-2017 at 12:00 Noon	<ol style="list-style-type: none"> 1. The Standard Bidding Documents (SBDs) can be downloaded from Authority's website. It can also be obtained from Office of the Addl. Medical Superintendent (Procurement), 1st Floor, Admin Block of this Hospital from date of publication of this notice upto 04:00 pm of 09-01-2017 on production of pay order of tender fee along with application on company letterhead. 2. Any bid received after the deadline for submission of bid prescribed in NIT then the bid documents shall not be entertained and returned unopened to the bidder(s). 3. Technical & Financial Proposals should be submitted in separate envelopes. 4. In case of announcement of public holiday or any unfavorable circumstance, the tenders / bids will be opened on the next working day. Other terms & conditions, venue and time for dropping and opening will remain the same as advertised in this notice. 5. All bids shall include Government Taxes / Sindh Sales Tax (SST) (if applicable) and will be deducted from the bills according to Government Rules. 6. Bids must be in Pak Rupees. 7. In case of imported items, both C&F & D.D.P prices should be quoted. 8. Bid security @2.5% of total value of the quoted items by the firms in shape of Pay Order / Demand Draft must be attached with the Financial Bid in favour of the undersigned. 9. The undersigned reserves the right to reject any tender subject to the relevant provisions of SPPRA-2010 (Amended 2013-14). <p>Note: The required items quality will be approved only CE / FDA marked as well as best quality basis.</p>
2.	Purchase of Drugs / Medicines: Drugs / Medicines / Surgical Sundries (Disposable Item etc.)	2.5%	Rs. 1,000/-	10-01-2017 at 12:00 Noon	
					MEDICAL SUPERINTENDENT CIVIL HOSPITAL KARACHI INF-KRY No. 4803/16

ڪاوش

روزانه

(جلد 27) آچر 18 ڊسمبر 2016 ع بمطابق 18 ربيع الاول 1438 هـ (شمارو 134) قيمت 15 روپيا



Ph: 99215759
Fax: 99215733

No. MS/CHK/2016...
2017/14050
Civil Hospital,
Baba... Urdu Road, Karachi
Dated: 15/12/2016

ٿيندڙ گهرائڻ لاءِ نوٽيس

ترميمي 14/2013 ع ڪلاز 46(2) ايس پي پي رولز 2010 ع تحت سنڪل اسٽيج 2 لغات طريقيڪار جي بنياد تي مالي سال 17-2016 ع دوران هيٺين ايشن جي ڪمپيٽريز تحت سڀلا لاءِ مينو فيڪچرز/ امپورٽرز/ انورٽيزر ڊسٽريبيوٽرز وٽان سول هاسپيٽل ڪراچي پاران مهربند واکه گهرائڻ ٿا.

واڪه هٿوٿ/ ميل ذريعي 2017-10-01 صبح 11:00 وڳي سان ٿيندڙ في جو پي آرڊر هيٺ صحيح ڪندڙ جي نالي هجڻ گهرجي. جيڪو کلي عام هاسپيٽل پروڪيورمينٽ ڪميٽي سامهون هن هاسپيٽل جي ڪميٽي روبرو سيڪنڊ فلور ايڊمن بلاڪ و واکه ڏيندڙن يا سندن اهل نمائندن آڏو جيڪي حاضر ٿين جا خواهشمند هوندا. جي منجهند 12:00 هين وڳي ساڳي تاريخ تي ڪوليو ويندو.

سريبل نمبر	ٿيندڙ جو نالو	بڊ سيڪٽورس جيڪي 2.5 سيڪٽورس جيڪا اپيل آهن.	ٿيندڙ في وقت	ڪران جي تاريخ
01	(مگيٽر/ جنرل/ گورنر جي حوالي ۽) (i) آفيسر اسڪول، اسپورٽس ۽ اٽارنيڪل موزيٽي اسڪورنگ ايشن (ii) آرٿس ۽ ماسٽرڪس، لا، لپيئر اسڪورنگ فورم (iii) امپورٽر سرجري ٽي. لا، سرجهيل ٽورز (iv) اڪيڊمي ٽي. لا، ٽورز (v) ايڪسپرٽ گائڊي ٽي. لا، ٽورز (vi) ايڪسپرٽ گائڊي ٽي. لا، لپيئر اسڪورنگ فورم (vii) هائيسٽر اسڪورنگ فورم (viii) پروسيس گائڊي ٽي. لا، ٽورز (ix) امپورٽر ٽورز (x) رويٽس سرجري سسٽم ٽورز (xi) ڊرگ ميسٽر جي حوالي ڊرگ ميسٽر، سرجهيل سنڌي ڊسپينسري ٽورز وغيره	2.5 سيڪٽور	10/01/2017 @ 12:00 Noon	10/01/2017 @ 12:00 Noon
02	مگيٽر/ جنرل/ گورنر جي حوالي ۽ (i) آفيسر اسڪول، اسپورٽس ۽ اٽارنيڪل موزيٽي اسڪورنگ ايشن (ii) آرٿس ۽ ماسٽرڪس، لا، لپيئر اسڪورنگ فورم (iii) امپورٽر سرجري ٽي. لا، سرجهيل ٽورز (iv) اڪيڊمي ٽي. لا، ٽورز (v) ايڪسپرٽ گائڊي ٽي. لا، ٽورز (vi) ايڪسپرٽ گائڊي ٽي. لا، لپيئر اسڪورنگ فورم (vii) هائيسٽر اسڪورنگ فورم (viii) پروسيس گائڊي ٽي. لا، ٽورز (ix) امپورٽر ٽورز (x) رويٽس سرجري سسٽم ٽورز (xi) ڊرگ ميسٽر جي حوالي ڊرگ ميسٽر، سرجهيل سنڌي ڊسپينسري ٽورز وغيره	2.5 سيڪٽور	10/01/2017 @ 12:00 Noon	10/01/2017 @ 12:00 Noon

N.B

1. ڊي اسٽينڊرڊ بڊنگ ڊسٽروٽرز (ايس پي ڊي) اٿارٽي، جي ويب سائيٽ تان ڊائون لوڊ ڪري سگهجن ٿا. اهي پڻ آفيس آف ڊي ايڊيشنل ميڊيڪل سپرنٽينڊنٽ (پروڪيورمينٽ) فرسٽ فلور، هن اسپتال جي ايڊمن بلاڪ وٽان اشاعت جي تاريخ کان 09-01-2017 منجهند 4:00 وڳي تائين ڪميٽي، جي لپيئر هيٺ تي حاصل ڪري سگهجن ٿا.
 2. ڪو به ٻڌ آخري تاريخ کانپوءِ جيڪا اين آءِ ٽي وڌي وڃي آهي، جي وصول ٿيندو ته ٻڌ ڊسٽروٽرز شامل نه ڪيا ويندا ۽ بنا ڪوئن جي بدو ڪري واپس ڪيا ويندا.
 3. ٽيڪنيڪل ۽ فائنانشل تجزيوون الڳ لغاتن وٽ جمع ڪرايون وڃن.
 4. عام موڪل جي اعلان يا ڪنهن ٽرنڊنڊ صورتحال سبب ٿيندڙ / بدو وڃي وڌندڙ ڪم ڊاري ڏينهن ڪوليو ويندو. بيا شرط ۽ ضابطا، اڃا تڏهن لاءِ هنڌ، وقت ۽ ڪوئن جي تاريخ ساڳي رهندي.
 5. سمورا ٻڌڻ گورنمينٽ ٽيڪسٽ/ سنڌ سٽيل ٽيڪسٽ (ايس ايس ٽي) اچي ضروري ٿيا ته شامل هوندا ۽ سرڪاري رولز تحت ٻڌڻ مان ڪٽيا ويندا.
 6. ٻڌڻ پاڪستاني ريزين وٽ هجڻ گهرجن.
 7. امپورٽر ائٽر هجڻ جي صورت وٽي سي ۽ ايف ۽ ڊي ڊي پي ٽيمٽن جو حوالو ڏنو وڃي.
 8. ٻڌ سيڪٽور تي حوالو ڏنل مڪمل ائٽر جي واپس وٺڻ جي 2.45 سيڪٽور جيڪا فورم پاران ڏني ويندي. اها پي آرڊر / ڊمانڊ ڊرافٽ جي صورت وٽ فائنل ٻڌڻ سان گڏ هيٺ صحيح ڪندڙ جي حق وٽ گهٽڻ ضروري آهي.
 9. هيٺ صحيح ڪندڙ ڪو به ٿيندڙ سپرا 2010 ع رولز (ترميمي 14/2013 ع جي مليل اختيارن تحت رد ڪرڻ جو حق محفوظ رکي ٿو.
- نوٽ: گهريل ائٽر جي ڪوالٽي فقط سي.اي / ايف ڊي اي پاران تصديق ٿيل هجي. جنهن کي سٺي ڪوالٽي جي مارڪ ڪيو وڃي.

ميڊيڪل سپرنٽينڊنٽ
سول هاسپيٽل ڪراچي

INF-KRY-4803/16

THE DAILY JANG KARACHI

روزنامہ جنگ

جنگ سرپرستی

بانی میر خلیل الرحمن

19 ربيع الاول 1438ھ 19 دسمبر 2016ء نمبر 348

85-825
54711
54719

سول اسپتال

پلائے اردو ڈاکرچی ٹیون: 99215733، فیکس: 99215733
NO: MS/CHK/2016-2017/14050، تاریخ: 15-12-2016

نوٹس طلبی ٹینڈر

سول اسپتال کراچی کو SPP ریز 2010 (ترمیم شدہ 14-2013) کی شیٹ (2) کے مطابق ایک مرحلہ دو لغات پر پریکٹس بنیاد پر مالی سال 2016-17 کیلئے آٹومیٹک رینڈم لکچر کی فراہمی کے لئے نیٹو کٹ پر رازہ اسپتال رازہ ڈائری سے سرپرستی طلب ہے۔

ڈیٹیکٹس لازماً قیود پر بذریعہ ڈاک 10-01-2017 دن کے 11:00 بجے تک فراہم کر کے پے آرڈر میں زیر درجہ کی فراہمی کے لئے پورے وقت کے ذریعہ اسپتال ہذا کے کئی ممبروں اور سول اسپتال ایجنٹس جاک میں ہی روز دو ہر 12:00 بجے موقع پر حاضری کے خواہشمند ڈیٹیکٹس دہندگان یا ان کے مجاز نمائندوں کی موجودگی میں سامعہ لیا جائے گا۔

نمبر شیٹ	ٹینڈر کے نام	بڈ سکیم کی شرح ڈیٹیکٹس (روپے)	ٹینڈر کی مدت (روپے)	مکمل کی تاریخ اور وقت
01-	خریداری آسٹرومنٹ (چھوٹے موٹے/موبی) (i) 20 اسکواٹری، ایڈجسٹ ایبل اور کھل اسکواٹری (ii) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس (iii) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس (iv) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس (v) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس (vi) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس (vii) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس (viii) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس (ix) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس (x) ایڈجسٹ ایبل آئیڈیو ڈیٹیکٹس	2.5%	1000/-	10-01-2017 دو ہر 12:00 بجے
02-	ڈرگز / اوریجینل خریداری / ڈرگز / اوریجینل / سونڈریس (ڈیپازٹ / اوریجینل / اوریجینل / اوریجینل)	2.5%	500/-	10-01-2017 دو ہر 12:00 بجے

ضروری نوٹ:

- 1) اسپتال رازہ ڈیک و سٹارڈ (SBDs) اعداد کی ویب سائٹ میڈیکل ایڈجسٹ ایبل سپرٹنڈنٹ (پریڈیکٹ) فرسٹ فورڈ ایڈجسٹ ایبل اسپتال ہذا کی ویب سائٹ سے ڈاؤن لوڈ کی جاسکتی ہیں۔ تاریخ اشاعت سے 09-01-2017 کو شام 4:00 بجے تک کوئی کے لیے ہیلڈ پر ایک درخواست کے فراہم کنندہ نہیں کا پے آرڈر پیش کر کے بھی حاصل کی جاسکتی ہیں۔
- 2) NIT میں درج آخری تاریخ اور وقت کے بعد موصول ڈیٹیکٹس پر نوٹس ہوگا اور یہ ڈیٹیکٹس دہندگان کو بھیجے گئے ہیں اور یہ بھیجی گئی۔
- 3) ڈیٹیکٹس اور مالیاتی تھابہ جہاں گانہ لائنوں میں پیش کی جائیں۔
- 4) تمام ڈیٹیکٹس کے اعلان یا کسی دیگر سادہ حالات کی صورت میں ٹینڈر ڈاؤن ڈیٹیکٹس میں کرانے / مکمل کا شیڈول کام کا اعلان ہوگا۔ دیگر شرائط و ضوابط میں کرانے اور مکمل کا تمام اور وقت حسب سابق ہیں گے جیسا کہ نوٹس ہذا میں مشتمل کیا گیا ہے۔
- 5) تمام ڈیٹیکٹس میں سرکاری ٹیکس سٹامپ (SST) (مطلوبہ 5%) شامل ہونا چاہئیں اور یہ سرکاری قواعد کے مطابق ہرے انہا کے لئے جائیں گے۔
- 6) ڈیٹیکٹس لازماً پاکستانی روپوں میں ہوں۔
- 7) رازہ ڈیک و سٹارڈ آئیڈیو ڈیٹیکٹس میں C&F اور DDP پر ڈیٹیکٹس درج کی جائیں۔
- 8) بڈ سکیم کی شرح درج کردہ آٹومیٹک مالیات 2.5% ذریعہ فراہم ہوگی ہے آرڈر ڈیٹیکٹس ڈرافٹ لازماً قیود کے ساتھ ساتھ ذریعہ ڈیٹیکٹس کی جائے۔
- 9) ذریعہ ڈیٹیکٹس کا یہ قیود کو ملحوظ ہے کہ SPPRA-2010 (ترمیم شدہ 14-2013) کے متعلقہ مندرجات سے شراکتی بھی ٹینڈر کو سامعہ کرے۔

دستخط میڈیکل سپرنٹنڈنٹ (INF-KRY-4803/16)

سول اسپتال، کراچی

SAY NO TO CORRUPTION



GOVERNMENT OF SINDH
HEALTH DEPARTMENT
(PROCUREMENT MONITORING & INSPECTION CELL)

NOTIFICATION

No. SO(PM&I)2-1/2016-17/PM-04/(CHK): As many as Eight (08) Procurement Committees under Rules-7 of Sindh Public Procurement Rules 2010 are hereby constituted comprising the following officers for purchase of various health items details of which are mentioned against each in Civil Hospital, Karachi during the financial year 2016-17.

1- Instruments Coronary Angiography and Angioplasty, Endoscopy, Esophageal & Anorectic Motility, Ophthalmic, Orthopaedic & oral Maxillofacial Implants

i	Medical Superintendent Civil Hospital – Karachi.	Chairman
ii	Head of Cardiology, Dow University of Health Sciences - Karachi.	Member
iii.	Head of Ophthalmology Unit-I, Dow University of Health Sciences, Kye	Member
iv	Head of Orthopaedic Unit – I & II, Dow University of Health Sciences	Member
v	Head of Surgical Unit – VI, Dow University of Health Sciences – Kye	Member
vi.	Addl. Medical Superintendent (Procurement), Civil Hospital – Karachi.	Member
vii.	Accounts Officer, Civil Hospital – Karachi.	Member

2- Local Purchase of Drugs / Medicines , Medical Gases, Diet Enteric (Food Supliments), Other (Misc) General Stores Articals, Uniform / Protective Clothing.

i	Addl. Medical Superintendent (Procurement), Civil Hospital – Karachi.	Chairman
ii	Assistant Professor Surgical-IV, Dow University of Health Scien Karachi	Member
iii.	Assistant Professor, Medical-III, Dow University of Health Karachi.	Member
iv	Addl. Medical Superintendent (Stores), Civil Hospital – Karachi.	Member
v	Accoutns Officer, Civil Hospital Karachi.	Member

3- Consumable (Laboratory Kits / Chemicals).

i	Addl. Medical Superintendent (Procurement), Civil Hospital – Karachi.	Chairman
ii	Head of Medical Unit – V, Dow University of Health Scienc Karachi.	Member
iii.	Assistant Professor of Gynae & Obs. Dow University of Health Karachi	Member
iv	Senior Pathologist, Civil Hospital Karachi.	Member
v	Accoutns Officer, Civil Hospital Karachi.	Member

4- Stationary / Printing / Petty Articles / Hardware /Software / I.T Equipment.

i	Addl. Medical Superintendent (Procurement), Civil Hospital – Karachi.	Chairman
ii	Head of Medical Unit-V, Dow University of Health Sciences - Karachi.	Member
iii.	Assisstant Professor of Gynae & Obs. Dow University of Health Karachi	Member
iv	Incharge (I.T Department), Civil Hospital Karachi.	Member
v	Accoutns Officer, Civil Hospital Karahci.	Member

5- Janitorial Services.

i	Addl. Medical Superintendent (General), Civil Hospital – Karachi.	Chairman
ii	Professor of Dermatology, Dow University of Health Sciences Kara	Member
iii.	Assistant Professor of Gynae & Obs. Dow University of Health Sciences – Karachi.	Member
iv	Addl. Medical Superintendent (HWMS), Civil Hospital Karachi.	Member
v	Accoutns Officer, Civil Hospital Karahci.	Member

6- Security Services.

i	Addl. Medical Superintendent (General), Civil Hospital - Karachi.	Chairman
ii	Professor of Dermatology, Dow University of Health Karachi.	Member
iii.	Assistant Professor of Gynae & Obs. Dow University of Health	Member
iv	Addl. Medical Superintendent (Security), Civil Hospital Karachi.	Member
v	Accounts Officer, Civil Hospital Karachi.	Member

7- Repair of Medical Equipment / Transport / Hospital Equipment.

i	Addl. Medical Superintendent (General), Civil Hospital - Karachi.	Chairman
ii	Assistant Professor of Cardiology, Dow University of Health - Karachi.	Member
iii.	Assistant Professor of Surgery Unit-IV Dow University of Health Kar.	Member
iv	Addl. Medical Superintendent (Technical), Civil Hospital Karachi.	Member
v	Accounts Officer, Civil Hospital Karachi.	Member

8- Maintenance & Repair works (Building).

i	Addl. Medical Superintendent (General), Civil Hospital - Karachi.	Chairman
ii	Deputy Director - I (Dev), Health Department Government of Sindh.	Member
iii.	D.M.S / Incharge (M & R) Civil Hospital Karachi.	Member
iv	Representative of Accountant General Sindh.	Member
v	Representative of Commissioner Karachi.	Member

The TORs / Functions / Responsibilities of the Procurement committee in accordance with Rule-8 of SPP Rules 2010 shall be as under:

- a) Preparing bidding documents;
- b) Carrying out technical as well as financial evaluation of the bids;
 - a) Preparing evaluation report as provided in Rule-45;
 - b) Making recommendations for the award of contract to the competent authority;
- c) Perform any other function ancillary and incidental to the above.


SECRETARY HEALTH

No. SO(PM&I)2-1/2016-17/PM-04/(CHK):

Karachi, dated the 14th June 2016

A copy is forwarded for information & necessary action to:-

1. The Managing Director, Sindh Public Procurement Regulatory Authority, Karachi.
2. The M.S. Civil Hospital, Karachi w/r to his letter.
3. Chairman and all members of the Committee.
4. The P.S. to Minister Health Sindh.
5. The P.S. to Secretary Health.


SECTION OFFICER (PM&I)



Phone # 99203108, 99204203
99212097 99212088

No. SO (M&I) 2-1/2013 (CRC)
GOVERNMENT OF SINDH
HEALTH DEPARTMENT
(PROCUREMENT MONITORING & INSPECTION CELL)
Karachi, Dated: 18th Feb 2016

NOTIFICATION

In supersession of this Department's notification of even number dated: 29th July, 2013 and 28th March 2015 and in pursuance of Rules-31 and 32 of Sindh Public Procurement Rules 2010, the Government of Sindh, Health Department re-constitutes Complaint Redressal Committee (CRC) comprising of the following officers for scrutinizing the complaints of aggrieved bidders against tender invited by Health Institutions / Hospitals / Programmes / Projects in Sindh.

01	Special Secretary(Admn), Health Department, Sindh	Chairman
02	Additional Secretary(PM&I), Health Department, Sindh	Member
03	Professor Khalida Soomro, Professor of Cardiology, Dow University of Health Sciences / Civil Hospital, Karachi.	Member
04	Dr. Syed Khalid Hussain, Procurement Executive, N.I.C.V.D., Karachi.	Member
05	Representative from Accountant General Sindh, Karachi	Member

TORs

- To scrutinize the complaints from the aggrieved bidders and decide the cases strictly in accordance with SPP Rules 2010.

SECRETARY HEALTH

No. S.O.(PM&I) 2-1/2011(CRC)

Karachi, dated, the 18th Feb 2016

C.C to:

1. The P.S.to Chief Secretary Sindh, Karachi.
2. The Managing Director, Sindh Public Procurement Regulatory Authority, Karachi.
3. The Executive Director, NICVD, Karachi.
4. The Director General Health Services Sindh, Hyderabad.
5. The Additional Secretary (Admn/Development/Public Health), Health Department.
6. The Chairman & all members of the Committee.
7. The P.S. to Secretary Health Sindh.

(RASHID HUSSAIN)
SECTION OFFICER (PM&I)

[Handwritten signature]
19-2-16



CIVIL HOSPITAL KARACHI
REVISED PROCUREMENT PLAN FOR THE FINANCIAL YEAR 2016-17

Sr. #	Description of procurement	Funds allocated	Source of fund	Proposed procurement method	Tentative / Timing of procurement				Remarks
					1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
1	Purchase of Instrument (Minor / General): i. Endoscopy, Esophageal & Anorectal Motility Acquisition Items ii. Laparoscopic Instrument for O.T Complex iii. Surgical Instrument for Neurosurgery O.T iv. Instrument for Eye O.T v. Instrument for Elective Gynae O.T vi. Laparoscopic Instruments Elective Gynae O.T vii. Hysteroscopy Instruments viii. Instruments For Emergency Gynae O.T ix. Instruments For Labour Room	38,954 (M)	Non-ADP	Single Stage Two Envelope			✓		Rule 46 (2)
2	Instrument for Robotic Surgery System	5,000 (M)	Non-ADP	Single Stage Two Envelope			✓		Rule 46 (2)
3	Purchase of Drugs / Medicines: Drugs / Medicines / Surgical Sundries (Disposable Item etc.)	100,000 (M)	Non-ADP	Single Stage Two Envelope			✓		Rule 46 (2)


MEDICAL SUPERINTENDENT
 CIVIL HOSPITAL KARACHI

STANDARD BIDDING DOCUMENTS (SBDs)

SUPPLY OF INSTRUMENTS (Minor / General)

DURING FINANCIAL YEAR 2016 - 17
@ CIVIL HOSPITAL - KARACHI

COST OF TENDER DOCUMENTS:	Rs. 1,000/= Rupees One Thousand Only (Non-Refundable)
TENDER PROCEDURE:	Single Stage - Two Envelope / SPP Rule 46(2)
TENDER SELLING DATE :	From the date of publishing up to 04:00pm 09-01-2017
TENDER SUBMISSION DATE AND TIME:	On 10 th January, 2017 from 09:00 am to 11:00 am
TENDER SUBMISSION PLACE :	Office of the A.M.S (Procurement) 1 st Floor Admin Block, Civil Hospital - Karachi
TENDER OPENING DATE AND TIME :	On 10 th January, 2017 at 12.00 Noon
TENDER OPENING PLACE :	Committee Room, 2 nd Floor Admin Block, Civil Hospital - Baba - e - Urdu Road - Karachi

Note:

- 1) No tender will be accepted after closing of the Tender box, what so ever reason may be.
- 2) All the participants must be signed each & every page of bid documents, else offer will be rejected.



CIVIL HOSPITAL, BABA E URDU ROAD – KARACHI
Ph: 99215740 - 5 Fax: 99215733

BIDDING DATA

Procuring Agency	:	Medical Superintendent Civil Hospital Karachi
Address	:	Baba – e – Urdu Road – Karachi
Name of Item	:	Supply of Instrument (Minor / General) @ CHK
Bid Validity	:	90 days (As per SPP Rules – 2010 (Amended 2013/14)
Amount of Bid Security	:	2.5% of Bid Quoted Price
Date of Submission	:	As per Tender Enquiry
Date of Opening	:	As per Tender Enquiry
Performance Security	:	2.5% of the Contract Value
Language of Bid	:	English
Bidding Procedure	:	Single Stage – Two Envelope Procedure
Eligibility Criteria / Technical Evaluation Criteria	:	As per Annexure – A
Advance Payment	:	No Advance Payment
Inspection Authority	:	AMS (Stores) & Chief/Senior Pharmacist/End User
Place of Inspection	:	Medical Stores, Civil Hospital Karachi
Place of Delivery	:	Medical Stores, 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 / transportation etc. and all other expenses on free delivery basis to Consignee's end at Civil Hospital, Karachi. 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 " C "		

DELIVERY PERIOD

VALIDITY

1. GENERAL CONDITIONS & INSTRUCTIONS:

- 1.1. Sealed bids are invited from Manufacturers / Importers / Authorized Distributors, for the financial year 2016-2017 on **Single Stage-Two Envelopes Procedure** basis as per Clause 46(2) of SPPRA Rules, 2010 (Amended 2013/14) i.e. **TECHNICAL** and **FINANCIAL PROPOSAL** will be submitted in separate sealed envelopes
- 1.2. The quoted rates will remain valid up to 30th June 2017 or till the finalization of the next tender for 15% additional quantity as per SPPR Rule 2010 (Amended 2013/14). Orders will be placed as per financial releases and policy of Health Department, Government of Sindh Karachi.
- 1.3. 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 on the scheduled date and time.
- 1.4. **Technical Proposal** should have the following documents:
 - I. Pay order of Tender Fee amounting to Rs. 1,000/- (Non-Refundable) must be attached with offer (In Original). If bid has been dropped by mail, else the bids will be rejected. For alternate offer a separate Pay order of Tender Fee amounting to Rs. 1,000/- (Non-Refundable) shall be submitted, otherwise both offers will be ignored.
 - II. Photocopy of Pay Order / Demand Draft of Bid Security in which amount should not be readable, otherwise the bid ignored.
 - III. Copy of the Bid offer without showing the rates.
 - IV. Registration certificate with Ministry of Health (if applicable).
 - V. FDA / IEC certificate
 - VI. NTN / Income Tax Certificate
 - VII. 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. 50 Million**.



1.5. **Financial Proposal** should have the following documents:

- I. Original Pay Order / Bank Draft of Bid Security
- II. Original copy of the Bid offer with Quoted price.
- III. Printed Price List of the Manufacturer(s) / Importer(s) indicating Trade Price and Retail Price, which should be duly signed and stamped by the Authorized person of the firm.

1.6. Only Manufactures / 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.

1.7. **(A) For Manufacturer:**

All the Bidders (Manufacturer or their Distributor) should fill the Company Profile Proforma 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 Registration Certificate issued by Ministry of Health Islamabad (if applicable)
- II. Other relevant documents as required in Company Profile Proforma.

1.6. **(B) For Importer:**

All the bidders (Importers 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 stores quoted by them in form of Pay Order / Demand Draft in favor of Medical Superintendent, Civil Hospital Karachi, else the offer will be rejected.

1.12. All Bidders should provide samples (where required in Annexure – C) 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”** (as where applicable) 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 / 0.35% Stamp Duty of the value of the contract amount will be deducted at source in office of the Accountant General Sindh from the bills of the Contractors / Suppliers.

1.16. If the Contractors / Suppliers require Tax exemption facility regarding non-deduction of Advance Income Tax. The exemption certificate issued by the concerned authority must be attached duly signed / stamped of the firm concerned and on C&F basis a copy of Bill of Entry (In Original) & Tax paid Challan copy duly attested should be attached with the bill along with an undertaking on Company Letter Head.



- 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. Registration number (if applicable), make or origin of the country of the **Instrument (Minor / General)** must be mentioned for each item, for which quotation is given, otherwise it will not be considered.
- 1.19. The quoted rates once offered by the firms will not be changed during the contract period.
- 1.20. The supplies should be in commercial pack 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.
- 1.21. **All documents should be submitted duly paginated / flagged and the detailed of the documents should also be mentioned in front of the Index, else Hospital Procurement Committee reserve the right to accept or reject.**

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(s) / importer(s) will be for the whole contract period and manufacturer(s) / importer(s) 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 / importer is quoting itself in any tender. Failing those offers of both manufacturer(s) / importer(s) as well as other bidder shall be ignored.
- 2.5 The manufacturer / importer of sub-standard quality spurious, counterfeit, misbranded or contaminated item(s) etc. may be black listed by the competent authority or any other authority whose decision will be final and in accordance with the offence and hence their Bid Security may not be released & forfeited.
- 2.6 If goods are declared sub-standard the Manufacturer(s) / Importer(s) and their Distributor are equally responsible and are bound to supply additional quantity of whole supply free of cost otherwise bids shall be treated as rejected.
- 2.7 The supply should be executed in minimum number of batches.
- 2.8 The Technical evaluation carried out by the Technical Committee, Civil Hospital Karachi will be final, which will be assessed on clinical experience basis of the consultant(s) in the-relevant specialty.
- 2.9 Only items approved by the Technical Committee will be considered by the Hospital Procurement Committee.
- 2.10 Only those item(s)'s Financial(s) offer will be announced / considered which were technically qualified by the Technical 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.
- 2.11 If a sample of a batch / Lot Number of item(s) is declared sub-standard, not as per specification, 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 supplies. Otherwise amount equivalent to the supplied quantity of defective goods will be deducted from their bill and legal action will be initiated against the offending firm accordingly.
- 2.12 Manufacturer / Importer will issue an authorization letter as per attached sample Proforma along with technical proposal.
- 2.13 Manufacturer(s) & Importer(s) will directly supply as per supply order along with Bill of Warranty and Quality Certificate of each batch issued by the authorized Drugs Testing Laboratory of Government (If applicable)



3. PURCHASER'S RIGHT TO VARY QUANTITIES

The Hospital Authority reserves right to increase / decrease or delete the quantities of **Instrument (Minor / General)** 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 Accounts.

6. REDRESSAL:

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

7. UNDERTAKING on Rs. 100/- Non Judicial Stamp Paper

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

7.2. 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.

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

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

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

7.6. 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.

7.7. I / we undertake that, I / we will replace the items three month before its expiry.

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

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ Fax # _____ Cell # _____



8. 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 Laboratory Items 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 _____

9. 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 2016-2017.

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 Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ Fax # _____ Cell # _____



Annexure "A"

CRITERIA FOR EVALUATION OF THE BID ENDOSCOPY, ESOPHAGEAL & ANORECTAL MOTILITY ACQUISITION ITEMS

CRITERIA	YES	NO
Copy of Registration National Tax Number (NTN) / General Sale Tax (GST) (Mandatory)		
Company Agreement with principal duly countersigned by Pakistan Embassy / Consulates / duly attested Notary Public		
The required documents according to the Terms & Conditions mentioned in the Bid Form.		
Copy of Undertaking regarding supply of required items within stipulated time with quality certificate from the authorized Authority.		
Financial Turn-over for the last three years with bank certificate regarding financial soundness of the firm, as per Bid Documents		
Relevant experience / Previous Performance for the last three years (Documentary Evidence should be attached)		
Provision of samples (the Hospital Procurement Committee reserve the right to collect sample or visit the company business / manufacturer site)		
An undertaking regarding that the Firm shall not be black listed / involve in any litigation with Government Institutions		

NOTE:

The offer will not be entertained if the required documents have not been found attached. The final decision for qualification shall be on the basis of provision of all documents and approval of samples by the Committee.



Annexure "B"

Contract Form

THIS AGREEMENT made the ____ day of _____ 201 ____ 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 DEPARTMENT**

IMPORTER / SOLE AGENTS

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, else the offer will be rejected.
- 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 <ul style="list-style-type: none"> • Registered office, • Telephone no. • Fax No. E mail address etc. 			
4.	Location of the Company <ul style="list-style-type: none"> • Industrial • Commercial • Residential 			
5.	Form of the company Annex copy of MOA/ registration <ul style="list-style-type: none"> • 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:- <ul style="list-style-type: none"> • Manufacturing • Assembly /Repacking • Import • Other (specify) 			
10.	Name & Address of the Principal(s) companies			
11.	Capital value of the firm/sole agent; <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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. Attach copy of certificate, and details of Sales Tax paid during past 3 years	
15.	GMP 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	
20.	Market Availability	
	<ul style="list-style-type: none"> • Products routinely manufactured/imported • Only occasionally / on request 	

Signature _____
(With name and Designation)
Stamp of Company



CIVIL HOSPITAL KARACHI

(i)

REQUIREMENT OF ENDOSCOPY, OESOPHAGEAL & ANORECTAL MOTLITY ITEMS

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Triple Lumen Sphincterotome 30mm (Short) (USA/EEC/JAPAN)	80	Nos.	Rs. _____	Rs. _____
2	Triple Lumen Needle Knife (USA/EEC/JAPAN)	25	Nos.	Rs. _____	Rs. _____
3	One Action Stent Introducer (USA/EEC/JAPAN)	25	Nos.	Rs. _____	Rs. _____
4	TTS Esophageal Balloon Dilator (USA/EEC/JAPAN)	5	Nos.	Rs. _____	Rs. _____
5	TTS Pyloric Balloon Dilator (USA/EEC/JAPAN)	5	Nos.	Rs. _____	Rs. _____
6	TTS Colonic Dilator (USA/EEC/JAPAN)	5	Nos.	Rs. _____	Rs. _____
7	Esophageal Stents (Self Expanding Metallic Coated) (USA/EEC/JAPAN)	30	Nos.	Rs. _____	Rs. _____
8	Biliary Stents (Self Expanding Metallic) (USA/EEC/JAPAN)	10	Nos.	Rs. _____	Rs. _____
9	Savary Gilliard Wire (USA/EEC/JAPAN)	2	Nos.	Rs. _____	Rs. _____
10	Hydrophilic coated guide wires 460cms, 0.035inc (straight) (USA/EEC/JAPAN)	100	Nos.	Rs. _____	Rs. _____
11	Capsule Endoscopy Complete Set (USA/EEC/JAPAN)	3	Sets	Rs. _____	Rs. _____
12	Capsule Endoscopy Battery (USA/EEC/JAPAN)	1	Set	Rs. _____	Rs. _____
13	Oesophageal Variceal Band Ligators (Wilson-Cook/Boston Scientific) (USA/EEC/JAPAN)	1000	Nos.	Rs. _____	Rs. _____
14	EUS aspiration Needle 19G & 22G	100	Nos.	Rs. _____	Rs. _____
15	Channel Cleaning Brush	25	Nos.	Rs. _____	Rs. _____
16	ERCP Plain Catheter	25	Nos.	Rs. _____	Rs. _____
17	Injector Enteroscope	2	Nos.	Rs. _____	Rs. _____
18	Suction Buttons (Compatible with Olympus)	15	Nos.	Rs. _____	Rs. _____
19	Air / Water Container Endoscope (compatible with Olympus)	3	Nos.	Rs. _____	Rs. _____
20	CRE Gun (Inflation Device)	1	No.	Rs. _____	Rs. _____
21	Stone Crushing Basket (Large size)	8	Nos.	Rs. _____	Rs. _____
22	Grasping Forceps Basket for Emergency Lithotripter	5	Nos.	Rs. _____	Rs. _____
23	Disposable Polypectom Snare (Large) Upper	5	Nos.	Rs. _____	Rs. _____
24	Disposable Polypectom Snare (Large) Lower	5	Nos.	Rs. _____	Rs. _____
25	Hemostatisis Clip for Lower G.I	20	Nos.	Rs. _____	Rs. _____
26	Air / Water Auxiliary button for Video / Flexible Endoscope	30	Nos.	Rs. _____	Rs. _____
27	Snare for Enteroscope length 2800mm	2	Nos.	Rs. _____	Rs. _____
28	Biopsy Forceps for Enteroscope length 2800mm	1	No.	Rs. _____	Rs. _____



S. #	Description	Qty	A/U	Unit Rate	Total Amount
29	Diathermic Forceps for Enterscope length 2800mm (Hot)	1	No.	Rs. _____	Rs. _____
30	Rat tooth Forceps (Upper)	1	No.	Rs. _____	Rs. _____
31	Rat tooth Forceps (Lower)	5	Nos.	Rs. _____	Rs. _____
32	Crocodile Forceps (Upper)	5	Nos.	Rs. _____	Rs. _____
33	Crocodile Forceps (Lower)	5	Nos.	Rs. _____	Rs. _____
34	Direct Visualization Probe Spyglass	10	Nos.	Rs. _____	Rs. _____
35	Spyscope Access and Delivery Catheter	10	Nos.	Rs. _____	Rs. _____
36	Spyglass Biopsy Forceps	10	Nos.	Rs. _____	Rs. _____
37	EHL Probe for Spyglass	10	Nos.	Rs. _____	Rs. _____
38	Silicon Oil	5	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

DISPOSABLE ITEMS FOR OESOPHAGEAL AND ANORECTAL MOTILITY

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Minisart Single use filter unit	24	Nos.	Rs. _____	Rs. _____
2	Disposable Catheter Unisensor pHTip (1pH,8E)	20	Nos.	Rs. _____	Rs. _____
3	Transducer DTXPlus Argon Medical Devices	10	Nos.	Rs. _____	Rs. _____
4	Flow restrictor 0.15ml/min T-coupler	2	Pkts.	Rs. _____	Rs. _____
5	pH Solution pH	5	Bott.	Rs. _____	Rs. _____
6	7 Mettler Toledo	5	Bott.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE:

- The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.
- The required items quality will be approved only CE / FDA marked as well as quality basis.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ Fax: _____ Res: _____ Mobil: _____



(ii)

LAPAROSCOPIC INSTRUMENTS FOR OT COMPLEX – CHK

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Re-usable / Auto-cleavable Trocar & Pyramidal Tip Cannula 5.5mm	10	Nos.	Rs. _____	Rs. _____
2	Re-usable / Auto-cleavable Maryland Dissector 5mmx330mm	10	Nos.	Rs. _____	Rs. _____
3	Re-usable / Auto-cleavable Maryland Dissector 5mmx330mm Rotatable	10	Nos.	Rs. _____	Rs. _____
4	Re-usable / Auto-cleavable 2x3 Teeth Grasping Forceps 5mmx330mm	10	Nos.	Rs. _____	Rs. _____
5	Gallbladder Extracting Forceps 2x3 Teeth Grasping Forceps 10mmx330mm	10	Nos.	Rs. _____	Rs. _____
6	Atraumatic Grasping Forceps 5mmx330mm	10	Nos.	Rs. _____	Rs. _____
7	Diathermic Hook Electrode with Suction 5x330mm	10	Nos.	Rs. _____	Rs. _____
8	Diathermic Spatula with Suction 5x330mm	10	Nos.	Rs. _____	Rs. _____
9	Re-usable Suction Probe 5x330 (with Suction and irrigation tubing set)	10	Nos.	Rs. _____	Rs. _____
10	Long Johann Grasping Forceps 5x330mm	10	Nos.	Rs. _____	Rs. _____
11	Clip Applicator 10mm for Medium Large Clips	0	Nos.	Rs. _____	Rs. _____
12	Grasping Forceps Alligator Jaw Type 5x330mm	10	Nos.	Rs. _____	Rs. _____
13	Scissors Curved 5x330mm	10	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE: The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ Fax: _____ Res: _____ Mobil: _____



(iii)

SURGICAL INSTRUMENTS FOR NEUROSURGERY OT – CHK

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Karrisan Bone Punch 2mm	10	Nos.	Rs. _____	Rs. _____
2	Karrisan Bone Punch 3mm	10	Nos.	Rs. _____	Rs. _____
3	Penny Backer Bone Nibbler	10	Nos.	Rs. _____	Rs. _____
4	Brain Needles	10	Nos.	Rs. _____	Rs. _____
5	Needle Holder (Fine Tip)	10	Nos.	Rs. _____	Rs. _____
6	Needle Holder 6"	10	Nos.	Rs. _____	Rs. _____
7	Tooth Forceps 6"	10	Nos.	Rs. _____	Rs. _____
8	Dissecting Scissor (Fine Tip)	10	Nos.	Rs. _____	Rs. _____
9	Rose Burr	10	Nos.	Rs. _____	Rs. _____
10	Under Cut Burr	5	Nos.	Rs. _____	Rs. _____
11	Conical Burr	5	Nos.	Rs. _____	Rs. _____
12	VP Shunt Passer (Adult)	1	No.	Rs. _____	Rs. _____
13	VP Shunt Passer (Small)	1	No.	Rs. _____	Rs. _____
14	Durrel Forceps Tooth	5	Nos.	Rs. _____	Rs. _____
15	Durrel Forceps Non – Tooth	5	Nos.	Rs. _____	Rs. _____
16	Knife Handle # 4	10	Nos.	Rs. _____	Rs. _____
17	Knife Handle # 5	10	Nos.	Rs. _____	Rs. _____
18	Burr Perforator	10	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE: The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ **Fax:** _____ **Res:** _____ **Mobil:** _____



(iv)

INSTRUMENTS FOR EYE OT @ CHK

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Needle Holder 10/0	20	Nos.	Rs. _____	Rs. _____
2	Needle Holder 4/0	20	Nos.	Rs. _____	Rs. _____
3	Plain Forceps	20	Nos.	Rs. _____	Rs. _____
4	Universal Speculum	10	Nos.	Rs. _____	Rs. _____
5	Squint Scissor	20	Nos.	Rs. _____	Rs. _____
6	Corneal Forceps	20	Nos.	Rs. _____	Rs. _____
7	Mechpherson Forceps	20	Nos.	Rs. _____	Rs. _____
8	Simco Cannula	20	Nos.	Rs. _____	Rs. _____
9	Chopper	10	Nos.	Rs. _____	Rs. _____
10	Corneal Scissor	20	Nos.	Rs. _____	Rs. _____
11	Vannas Scissor	20	Nos.	Rs. _____	Rs. _____
12	Utrata Forceps	20	Nos.	Rs. _____	Rs. _____
13	Westcott	20	Nos.	Rs. _____	Rs. _____
14	Caliper	8	Nos.	Rs. _____	Rs. _____
15	Wire Vectis	8	Nos.	Rs. _____	Rs. _____
16	Muscle Hook	8	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE: The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ Fax: _____ Res: _____ Mobil: _____



(v)

INSTRUMENTS FOR ELECTIVE GYNAE OPERATION THEATRE

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Plain Dissecting Forceps 10"	12	Nos.	Rs. _____	Rs. _____
2	Plain Dissecting Forceps 8"	12	Nos.	Rs. _____	Rs. _____
3	Plain Dissecting Forceps 6"	12	Nos.	Rs. _____	Rs. _____
4	Tooth Forceps 10"	12	Nos.	Rs. _____	Rs. _____
5	Tooth Forceps 8"	12	Nos.	Rs. _____	Rs. _____
6	Tooth Forceps 6"	12	Nos.	Rs. _____	Rs. _____
7	Fine D F Tooth Forceps 7"	24	Nos.	Rs. _____	Rs. _____
8	Towel Clips 5"	24	Nos.	Rs. _____	Rs. _____
9	Met Scissor (Straight) 8"	36	Nos.	Rs. _____	Rs. _____
10	Met Scissor (Curved) 8"	36	Nos.	Rs. _____	Rs. _____
11	Fine Scissor (Straight) 6"	6	Nos.	Rs. _____	Rs. _____
12	Fine Scissor (Curved) 6"	6	Nos.	Rs. _____	Rs. _____
13	Spenser Artery Forceps (Straight) 8"	12	Nos.	Rs. _____	Rs. _____
14	Fine Spenser Artery Forceps 8"	12	Nos.	Rs. _____	Rs. _____
15	Fine Spenser Artery Forceps (Curved) 8"	12	Nos.	Rs. _____	Rs. _____
16	Kocher Artery Forceps St. Small 6.5"	24	Nos.	Rs. _____	Rs. _____
17	Kocher AF St. (Large) 8"	60	Nos.	Rs. _____	Rs. _____
18	Kocher AF St. (Curved) 8"	36	Nos.	Rs. _____	Rs. _____
19	Alley Tooth Forceps (Small) 6"	36	Nos.	Rs. _____	Rs. _____
20	Alleys T/F (Large) 8"	60	Nos.	Rs. _____	Rs. _____
21	Babcock T/F (Small) 6.5"	12	Nos.	Rs. _____	Rs. _____
22	Babcock T/F (Large) 8"	12	Nos.	Rs. _____	Rs. _____
23	Valslam 9.5"	36	Nos.	Rs. _____	Rs. _____
24	Heavy Tooth Toniculum 9.5"	24	Nos.	Rs. _____	Rs. _____
25	Green Armitage 8"	40	Nos.	Rs. _____	Rs. _____
26	Needle Holder 8"	36	Nos.	Rs. _____	Rs. _____
27	Needle Holder 7"	36	Nos.	Rs. _____	Rs. _____
28	Sponge Holder (Assorted Sizes) 10"	12	Nos.	Rs. _____	Rs. _____
29	Metallic Catheter	24	Nos.	Rs. _____	Rs. _____
30	Morris Ret	2	Nos.	Rs. _____	Rs. _____
31	Kelly Ret	2	Nos.	Rs. _____	Rs. _____
32	Vacuum Cup	4	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE: The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

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Ph. Office: _____ Fax: _____ Res: _____ Mobil: _____



(vi)

LAPAROSCOPIC INSTRUMENTS FOR ELECTIVE GYNAE O.T

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Uterine Manipulator (Proper by Size)	4	Nos.	Rs. _____	Rs. _____
2	Myomectomy Screw	4	Nos.	Rs. _____	Rs. _____
3	Needle Holder	4	Nos.	Rs. _____	Rs. _____
4	Grasping Forceps	8	Nos.	Rs. _____	Rs. _____
5	Colpotomy Cup	4	Nos.	Rs. _____	Rs. _____
6	Trocar & Canula	8	Nos.	Rs. _____	Rs. _____
7	Harmonic Hand Piece	8	Nos.	Rs. _____	Rs. _____
8	Laparoscope 5mm	1	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

(vii)

HYSTEROSCOPY INSTRUMENTS

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Hysteroscopic Forceps	1	No.	Rs. _____	Rs. _____
2	Hysteroscopic Scissor	1	No.	Rs. _____	Rs. _____
3	Resectoscope	1	No.	Rs. _____	Rs. _____
4	Roller Balls	1	No.	Rs. _____	Rs. _____
5	Wire Loops	1	No.	Rs. _____	Rs. _____
6	Operative Hysteroscope	1	No.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE: The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ **Fax:** _____ **Res:** _____ **Mobil:** _____



(viii)

LIST OF INSTRUMENTS FOR EMERGENCY GYNAE OPERATION THEATRE

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Mosquito Artery Forceps	20	Nos.	Rs. _____	Rs. _____
2	Robert Artery Forceps	20	Nos.	Rs. _____	Rs. _____
3	Plain D / Forceps	20	Nos.	Rs. _____	Rs. _____
4	Tooth D / Forceps	20	Nos.	Rs. _____	Rs. _____
5	Needle Holder	20	Nos.	Rs. _____	Rs. _____
6	Scissor (Straight)	20	Nos.	Rs. _____	Rs. _____
7	Scissor (Curved)	20	Nos.	Rs. _____	Rs. _____
8	Sum Suction Nozzle	10	Nos.	Rs. _____	Rs. _____
9	Non - Crushing Clamp	20	Nos.	Rs. _____	Rs. _____
10	Babcock Forceps	20	Nos.	Rs. _____	Rs. _____
11	Bowel (Small)	10	Nos.	Rs. _____	Rs. _____
12	Touch Forceps	10	Nos.	Rs. _____	Rs. _____
13	Instrument Hanger	100	Nos.	Rs. _____	Rs. _____
14	Fine Long Artery (Curved) 10"	15	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

(ix)

LIST OF INSTRUMENTS FOR LABOUR ROOM

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Plain Scissor	50	Nos.	Rs. _____	Rs. _____
2	EPI Scissor	50	Nos.	Rs. _____	Rs. _____
3	Needle Holder	50	Nos.	Rs. _____	Rs. _____
4	Sponge Forceps	50	Nos.	Rs. _____	Rs. _____
5	Kookier Forceps	50	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE: The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ **Fax:** _____ **Res:** _____ **Mobil:** _____



(x)

INSTRUMENT / DRAPES FOR ROBOTIC SURGERY SYSTEM

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Monopolar Curved Scissor	02	Nos.	Rs. _____	Rs. _____
2	Permanent Cautery Hook	02	Nos.	Rs. _____	Rs. _____
3	Maryland Bipolar Forceps	02	Nos.	Rs. _____	Rs. _____
4	Harmonic Curved Shears	02	Nos.	Rs. _____	Rs. _____
5	Large Needle Driver	02	Nos.	Rs. _____	Rs. _____
6	Cadiere Forceps	02	Nos.	Rs. _____	Rs. _____
7	Tip Cove Accessory (Box of 10's)	02	Boxes	Rs. _____	Rs. _____
8	Harmonic Curved Shears (Box of 5's)	02	Boxes	Rs. _____	Rs. _____
9	5mm Canula Seal (Box of 20's)	02	Boxes	Rs. _____	Rs. _____
10	Instrument Arm Drape (Box of 20's)	02	Boxes	Rs. _____	Rs. _____
11	Camera Arm Drape (Box of 20's)	02	Boxes	Rs. _____	Rs. _____
12	Camera Head Drape (Box of 20's)	02	Boxes	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE:

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- The required items quality will be approved only CE / FDA marked as well as quality basis.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

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Ph. Office: _____ Fax: _____ Res: _____ Mobil: _____



GENERAL INSTRUMENTS

S. #	Description	Qty	A/U	Unit Rate	Total Amount
1	Bending Iron for Reconstruction Plates 3.5 and 4.5, length 190 mm	01	No.	Rs. _____	Rs. _____
2	Shortcut 2.7 to 4.5, with rapes, for Reconstruction Plates 2.7 to 4.5, required in pairs	01	No.	Rs. _____	Rs. _____
3	Shortcut 2.7 to 4.5, without rapes, for Reconstruction Plates 2.7 to 4.5, required in pairs	01	No.	Rs. _____	Rs. _____
4	Quick Coupling for DHS / DCS Triple Reamers for Trauma Recon System	06	Nos.	Rs. _____	Rs. _____
5	Power Module for Trauma Recon System	02	Nos.	Rs. _____	Rs. _____
6	Saw Blade 46/25 x 10 0.6/0.4 mm, for Oscilating Saw with AO/ASIF Coupling or Equivalent	30	Nos.	Rs. _____	Rs. _____
7	Saw Blade 70/49 x 10 0.6/0.4 mm, for Oscilating Saw with AO/ASIF Coupling or Equivalent	30	Nos.	Rs. _____	Rs. _____
8	Saw Blade 70/49 x 20 0.6/0.4 mm, for Oscilating Saw with AO/ASIF Coupling or Equivalent	30	Nos.	Rs. _____	Rs. _____
9	Saw Blade 70/49 x 14 0.6/0.4 mm, for Oscilating Saw with AO/ASIF Coupling or Equivalent	30	Nos.	Rs. _____	Rs. _____
10	Saw Blade 90/69 x 27 1.0/0.8 mm, for Oscilating Saw with AO/ASIF Coupling or Equivalent	30	Nos.	Rs. _____	Rs. _____
11	Saw Blade 1.9 / 90 / 12.5, for Oscilating Saw with AO/ASIF Coupling or Equivalent	30	Nos.	Rs. _____	Rs. _____
12	Saw Blade 1.9 / 95 / 19.0, for Oscilating Saw with AO/ASIF Coupling or Equivalent	30	Nos.	Rs. _____	Rs. _____
13	Saw Blade 1.9 / 95 / 25.0, for Oscilating Saw with AO/ASIF Coupling or Equivalent	30	Nos.	Rs. _____	Rs. _____
14	Wire Cutter, large, with multiplication, length 220 mm	02	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE: The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ Fax: _____ Res: _____ Mobil: _____



STANDARD BIDDING DOCUMENTS (SBDs)

SUPPLY OF DRUGS / MEDICINES

DRUGS / MEDICINES / SURGICAL SUNDRIES (DISPOSABLE ITEM ETC.)
DURING FINANCIAL YEAR 2016 - 17
@ CIVIL HOSPITAL - KARACHI

COST OF TENDER DOCUMENTS:	Rs. 1,000/= Rupees One Thousand Only (Non-Refundable)
TENDER PROCEDURE:	Single Stage - Two Envelope / SPP Rule 46(2)
TENDER SELLING DATE :	From the date of publishing up to 04:00pm 09-01-2017
TENDER SUBMISSION DATE AND TIME:	On 10 th January, 2017 from 09:00 am to 11:00 am
TENDER SUBMISSION PLACE :	Office of the A.M.S (Procurement) 1 st Floor Admin Block, Civil Hospital - Karachi
TENDER OPENING DATE AND TIME :	On 10 th January, 2017 at 12.00 Noon
TENDER OPENING PLACE :	Committee Room, 2 nd Floor Admin Block, Civil Hospital - Baba - e - Urdu Road - Karachi

Note:

- 1) No tender will be accepted after closing of the Tender box, what so ever reason may be.
- 2) All the participants must be signed each & every page of bid documents, else offer will be rejected.



CIVIL HOSPITAL, BABA E URDU ROAD – KARACHI

Ph: 99215740 - 5 Fax: 99215733

BIDDING DATA

Procuring Agency	:	Medical Superintendent Civil Hospital Karachi
Address	:	Baba – e – Urdu Road – Karachi
Name of Item /	:	Purchase of Drugs / Medicines: (Drugs / Medicines Surgical Sundries (Disposable Item etc.) @ CHK
Bid Validity	:	90 days (As per SPP Rules – 2010)
Amount of Bid Security	:	2.5% of Bid Quoted Price
Date of Submission	:	As per Tender Enquiry
Date of Opening	:	As per Tender Enquiry
Performance Security	:	2.5% of the Contract Value
Language of Bid	:	English
Bidding Procedure	:	Single Stage – Two Envelope Procedure
Eligibility Criteria / Technical Evaluation Criteria	:	As per Annexure – A
Advance Payment	:	No Advance Payment
Inspection Authority	:	AMS (Stores) & Chief / Senior Pharmacist
Place of Inspection	:	Medical Stores, Civil Hospital Karachi
Place of Delivery	:	Medical Stores, 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 will remain valid up to 30th June, 2017 or till the finalization of next tender for 15% additional quantity as per SPPR Rule 2010 (Amended 2013/14). 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. 1,000/- (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. 1,000/- (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 (Food Drug Administration) 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. 75 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 Proforma 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 (Good Manufacturing Practices) 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.
 - VII. Any other Documents / Information (as mentioned in Evaluation Criteria)
- 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 and any other Documents / Information (as mentioned in Evaluation Criteria).
- 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**" (as where applicable) 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) / 0.35% 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 duly attached of Bill of Entry & Tax paid Challan copy duly attested should be attached with the bill along with an undertaking on Company Letter Head.
- 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, else Hospital Procurement Committee reserve the right to accept or reject.**

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 Rule-35 and relevant rules / regulations / polices / instructions of SPPRA)
- 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. (in case of failure the contract will be terminated as per relevant rules / conditions etc.)
- 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 / Surgical Sundries (Disposable Items 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 as per SPP Rules, 2010 (Amended 2015).
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 and if offer is not accepted by the Vendor, the Bid Security shall be forfeited to the Government Treasury as per SPP Rules, 2010 (Amended 2013/14).
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 comp



(i)

CRITERIA FOR EVALUATION OF THE BID LABORATORY ITEMS**Section-A**

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.		
Provision of Samples (the Hospital Procurement Committee reserve the right to collect sample or visit the company business / manufacturer site)		
An undertaking regarding that the Firm shall not be black listed / involve in any litigation with Government Institutions		

Section-B

FOR PHARMACEUTICALS	FOR IMPORTERS	Yes	No
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		
Assay procedure / References Standard / Evidence of Bio-availability / Bio Equivalence	Assay procedure / References Standard / Evidence of Bio-availability / Bio Equivalence		
Quality Control Department	Quality Control Department		
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.

NOTE:

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

However any document missing as mentioned in Section-B the bidder shall submit the same within 24-hours, otherwise his bid treated as rejected.

The final decision for qualification shall be on the basis of provision of all documents and approval of samples by the committee.



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 2016-2017 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 _____ 201 ____ 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 DEPARTMENT**

**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 <ul style="list-style-type: none"> • Individual • Private limited • Public limited • Partnership • Corporation • Other (specify) 				
1.c	Address of the firm <ul style="list-style-type: none"> • Registered office, • Telephone no. • Fax No. E mail address etc. 				
1.d	Location of the firm Annex certificate <ul style="list-style-type: none"> • 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:- <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Pharmacist • Chemist • Other technical persons 				
8.b	Quality Control <ul style="list-style-type: none"> • Pharmacist • Chemists/ biochemist/ microbiologist • Other Technical Persons 				
8.c	Product/ formulation Development Section <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> 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:- <ul style="list-style-type: none"> 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	Production capacity (per 8 hours)	
	1. Solid	1	
	2. Liquid	2	
	3. Inject able (liquid)	3	
	4. Inject able (Dry powder)	4	
	5. Ointments/ Creams/ Gels	5	
	6. Capsules	6	
	7. I V infusions	7	
	8. Dialysis solutions	8	
	9. Repacking / External preparations Etc	9	
15	Cleanliness & maintenance of :		
	<ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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: <ul style="list-style-type: none">• Raw material• Labels & packaging material and• Finished products				
ii.	Separate quarantine facilities for :- Incoming raw material Packaging materials				
iii.	Cold rooms facility for: <ul style="list-style-type: none">• Vaccines, biological and other controlled temperature products• Cold chain facility				
iv.	Temperature & humidity control facility in the stores.				
v.	Identification slips for raw material: <ul style="list-style-type: none">• Approved• Rejected• Quarantine				
vi.	Source of raw materials <ul style="list-style-type: none">• 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; <ul style="list-style-type: none">• Quarantine• Approved,• Rejected• Recalled• Expired material/ drugs				
xi.	Storage of materials:- <ul style="list-style-type: none">• 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 give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area of the section

Batch capacity

S. #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
I	Water source City water supply/ deep-well other				
ii.	Water treatment plant Multi effect, fabricated with GMP standard lines, de-ionized water				
iii.	Treated water storage capacity				
iv.	Equipments washing/ cleaning facility				
V	Mixing equipments				
Vi	Heat source (Electricity, gas or oil)				
Vii	Storage capacity (No of containers with capacity)				
Viii	In-process production & quality control records				
Ix	Filtration equipment				
X	Water outlets system (concealed or open drain system)				
Xi	Bottles De-Carton ing Room				
Xii	Facility for Bottles; <ul style="list-style-type: none"> • Washing • Drying • Blowing 				
xiii.	Automatic Filling Line & Machines (No, Type & Capacity)				
xiv.	Caps Sealing Machines (No, Type & Capacity)				
xv.	Mode of Labeling (Manual / Automatic)				
xvi.	In Process Filling and QC Record				
xvii.	Transfer & 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 Available	Remarks
I	Mixer (wet and Dry) (type / Capacity)				
li	Granulator (wet and Dry) (No, Type / Capacity)				
lii	Dryers (FB / Tray) (No, Type / Capacity)				
lv	Quarantine: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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				



OINEMENTS / 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. <ul style="list-style-type: none"> • 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 <0.05 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 <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Chemist • pharmacists • Biochemist • Microbiologist • Others 				
31	Quality Standards being followed <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 DEPARTMENT**

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 <ul style="list-style-type: none"> • Registered office, • Telephone no. • Fax No. E mail address etc. 			
4.	Location of the Company <ul style="list-style-type: none"> • Industrial • Commercial • Residential 			
5.	Form of the company Annex copy of MOA/ registration <ul style="list-style-type: none"> • 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:- <ul style="list-style-type: none"> • Manufacturing • Assembly /Repacking • Import • Other (specify) 			
10.	Name & Address of the Principal(s) companies			
11.	Capital value of the firm/sole agent; <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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



CIVIL HOSPITAL KARACHI

TENDER FOR THE SUPPLY OF DRUGS / MEDICINES (DRUGS / MEDICINES / SURGICAL
SUNDRIES (DISPOSABLE ITEMS ETC.)SCHEDULE OF REQUIREMENT & BILL OF QUANTITIES (BOQ) PRICES
DURING THE FINANCIAL YEAR 2016-2017

Estimated Cost: Rs. 100.00 (M)

"INJECTION"

S. #	Drug	Descriptions	Qty	A/U	Unit Rate	Total Amount
1	Inj	Amino Acid 500ml	5,000	Bottles	Rs. _____	Rs. _____
2	Inj	Amphotericin B 50 mg	3,000	Vials	Rs. _____	Rs. _____
3	Inj	Bupivacain HCL Plain (10ml)	10,000	Amps	Rs. _____	Rs. _____
4	Inj	Calcium + Vitamin C 500mg/10ml	5,000	Amps	Rs. _____	Rs. _____
5	Inj	Calcium Gluconate 10% 10ml Ampoule	25,000	Amps	Rs. _____	Rs. _____
6	Inj	Chloroquine Phosphate 40 mg/ml 5ml	2,000	Amps	Rs. _____	Rs. _____
7	Inj	Clarithromycin 500mg	6,000	Vials	Rs. _____	Rs. _____
8	Inj	Cyclizine 50 mg / ml	2,000	Amps	Rs. _____	Rs. _____
9	Inj	Destrose Water 5% 1000ml	30,000	Bottles	Rs. _____	Rs. _____
10	Inj	Destrose Water 5% 500ml	20,000	Bottles	Rs. _____	Rs. _____
11	Inj	Dextrose + Sodium Chloride 1/2 Strength 500ml (0.45%)	10,000	Bottles	Rs. _____	Rs. _____
12	Inj	Dextrose 25% (20ml)	100,000	Amps	Rs. _____	Rs. _____
13	Inj	Dextrose 5% + Sodium Chloride 0.9% 1000ml	30,000	Bottles	Rs. _____	Rs. _____
14	Inj	Dextrose 5% + Sodium Chloride 0.9% 500ml	20,000	Bottles	Rs. _____	Rs. _____
15	Inj	Diazepam 10mg 2ml	50,000	Amps	Rs. _____	Rs. _____
16	Inj	Digoxin 0.5mg 2 ml	2,000	Amps	Rs. _____	Rs. _____
17	Inj	Ephedrine sulphate 50 mg	2,000	Amps	Rs. _____	Rs. _____
18	Inj	Fluconazole 50ml	10,000	Amps	Rs. _____	Rs. _____
19	Inj	Flumazenil 100 mcg (10 ml)	2,000	Amps	Rs. _____	Rs. _____
20	Inj	Isosorbide Dinitrate 10mg/10ml	2,000	Amps	Rs. _____	Rs. _____
21	inj	Levofloxacin Infusion 500mg/100ml	5,000	Bottles	Rs. _____	Rs. _____
22	Inj.	Levetiracetam 500ml/5ml	5000	Vials	Rs. _____	Rs. _____
23	Inj	Leuprolone Acetate 3.75mg (Lectrum)	200	Amps	Rs. _____	Rs. _____
24	Liq	Megalumine Diatrizoe 100ml	500	Bottles	Rs. _____	Rs. _____
25	Inj	Magnesium Sulphate 1gm 2ml	100,000	Amps	Rs. _____	Rs. _____
26	Inj	Magnesium Sulphate 500mg 2ml	50,000	Amps	Rs. _____	Rs. _____
27	Inj	Meglumine Diatrizoae 76% 20ml	5,000	Amps	Rs. _____	Rs. _____
28	Inj	Methyl Ergometrin 1 ml	5,000	Amps	Rs. _____	Rs. _____
29	Inj	Methyldopa 250 mg	1,000	Amps	Rs. _____	Rs. _____
30	Inj	Metronidazole 500mg/100ml	100,000	Bottles	Rs. _____	Rs. _____
31	Inj	Pneumococcal Vaccine	50	Amps	Rs. _____	Rs. _____
32	Inj	Polymixine B	5,000	Amps	Rs. _____	Rs. _____
33	Inj	Potassium Chloride 7.4% I.V 25ml	50,000	Amps	Rs. _____	Rs. _____
34	Inj	Ringer Lactate 1000ml	100,000	Bottles	Rs. _____	Rs. _____
35	Inj	Ringer Lactate 500ml	50,000	Bottles	Rs. _____	Rs. _____
36	Inj	Sodium Bicarbonate 0.7% I.V 50 ml.	30,000	Bottles	Rs. _____	Rs. _____



S. #	Drug	Descriptions	Qty	A/U	Unit Rate	Total Amount
37	Inj	Sodium Chloride 0.9% 1000ml	100,000	Bottles	Rs. _____	Rs. _____
38	Inj	Sodium Chloride 0.9% 100ml	50,000	Bottles	Rs. _____	Rs. _____
39	Inj	Sodium Chloride 0.9% 500ml	50,000	Bottles	Rs. _____	Rs. _____
40	Inj	Sodium Valproate 5ml I.V	20,000	Amps	Rs. _____	Rs. _____
41	Inj	Tetanus Toxoid Vaccine 0.5ml	30,000	Amps	Rs. _____	Rs. _____
42	Inj	Tetanus Immunoglobulin	5,000	Amps	Rs. _____	Rs. _____
43	Inj	Tigecyclin 50 mg / ml	1,000	Vials	Rs. _____	Rs. _____
44	Inj	Tirofiban Hydrochloride (12.5 mg / 50 ml)	300	Vials	Rs. _____	Rs. _____
45	Inj	Verapamil 2.5 mg 2ml	1,000	Amps	Rs. _____	Rs. _____
46	Inj	Verapamil 5 mg 2ml	1,000	Amps	Rs. _____	Rs. _____
47	Inj	Vesopressor	5,000	Amps	Rs. _____	Rs. _____
					Total Amount Rs.	Rs. _____

ANTI CANCER MEDICINES

S. #	Drug	Descriptions	Qty	A/U	Unit Rate	Total Amount
1	Inj	Calcium Folate 100mg	1,000	Vials	Rs. _____	Rs. _____
2	Inj	Cyclophosphomide 1gr	500	Vials	Rs. _____	Rs. _____
3	Inj	Dacarbazine 200 mg	500	Vials	Rs. _____	Rs. _____
4	Inj	Donorubicin 20 mg	300	Vials	Rs. _____	Rs. _____
5	Inj	Methotrexate 1 gr	200	Vials	Rs. _____	Rs. _____
6	Inj	Methotrexate 50 mg	100	Vials	Rs. _____	Rs. _____
7	Tab	Tamoxifen 10 mg	5,000	Tabs	Rs. _____	Rs. _____
8	Inj	Vincristine 2 mg	200	Vials	Rs. _____	Rs. _____
9	Tab	Ceritinib 150mg	100	Tabs	Rs. _____	Rs. _____
					Total Amount Rs.	Rs. _____



TABLET / CAPSULE

S. #	Drug	Descriptions	Qty	A/U	Unit Rate	Total Amount
1	Tab	Celecoxib 100mg	5,000	Tab	Rs. _____	Rs. _____
2	Tab	Celecoxib 200mg	5,000	Tab	Rs. _____	Rs. _____
3	Patch	Glyceryl Tinitrate 10 mg	5,000	Nos.	Rs. _____	Rs. _____
4	Patch	Glyceryl Tinitrate 5 mg	5,000	Nos.	Rs. _____	Rs. _____
5	Tab	Meloxicam 15mg	5,000	Tab	Rs. _____	Rs. _____
6	Tab	Methyl dopa 250 mg	10,000	Tab	Rs. _____	Rs. _____
7	Tab	Nimesulide 100mg	10,000	Tab	Rs. _____	Rs. _____
8	Tab	Nitro glycerin 0.5 mg	10,000	Tab	Rs. _____	Rs. _____
9	Tab	Norethisterone 5 mg	10,000	Tab	Rs. _____	Rs. _____
10	Tab	Pheneramine 25 mg.	500,000	Tab	Rs. _____	Rs. _____
11	Tab	Phenobarbitone	100,000	Tab	Rs. _____	Rs. _____
12	Tab	Spirolactone 100 mg	20,000	Tab	Rs. _____	Rs. _____
13	Tab	Spirolactone 25 mg & Hydrochlorothiazide 50 mg	20,000	Tab	Rs. _____	Rs. _____
14	Tab	Spirolactone 50 mg & Furseamide 20 mg	20,000	Tab	Rs. _____	Rs. _____
15	Tab	Tablet for Water Purification 1.7gm NaDCC Pack of 100's	50,000	Tab	Rs. _____	Rs. _____
16	Tab	Verapamil 40 mg	10,000	Tab	Rs. _____	Rs. _____
17	Tab	Verapamil SR 240 mg	5,000	Tab	Rs. _____	Rs. _____
					Total Amount Rs.	Rs. _____

LIQUID / SYRUPS

S. #	Drug	Descriptions	Qty	A/U	Unit Rate	Total Amount
1	Syp	Cream of Magnesia with Liquid Paraffin Emulsion 120ml (Laxative)	10,000	Bottles	Rs. _____	Rs. _____
2	Susp.	Erythromycin 60 ml	5,000	Bottles	Rs. _____	Rs. _____
3	Syp	Promethazine 120 ml	5,000	Bottles		
4	Sol.	Ipratropium Bromide	5000	Bottles	Rs. _____	Rs. _____
					Total Amount Rs.	Rs. _____

OINTMENT / CREAMS / LOTIONS

S. #	Drug	Descriptions	Qty	A/U	Unit Rate	Total Amount
1	Cream	Lignocaine / Ternaline Haemorrhoidil	3,000	Tubes	Rs. _____	Rs. _____
2	Pow	Barium Sulphate 340gr Pck	5,000	Packs	Rs. _____	Rs. _____
					Total Amount Rs.	Rs. _____



SURGICAL / DISPOSABLE ITEMS / SUTURE ITEMS

S. #	Descriptions	Qty	A/U	Unit Rate	Total Amount
1	C.V.P. Line Double Lumen Seldinger Technique J-Tip Guide Wire	500	Nos.	Rs. _____	Rs. _____
2	C.V.P. Line Single Lumen Seldinger Technique J-Tip Guide Wire	2,000	Nos.	Rs. _____	Rs. _____
3	C.V.P. Line Triple Lumen Seldinger Technique J-Tip Guide Wire	200	Nos.	Rs. _____	Rs. _____
4	Chest Tube (Size: 14, 16, 18)	800	Nos.	Rs. _____	Rs. _____
5	Coated Vicryl Plus Antibacterial Violet 2, 40mm, 90cm Length 1/2 Circle Round Bodied (Pack of 36's)	200	Packs	Rs. _____	Rs. _____
6	Complete Set for Epidural Anesthesia & Analgesia G-16 & 18	300	Nos.	Rs. _____	Rs. _____
7	Disposable Syringe with Needle 2.5 cc / 3 cc	500,000	Nos.	Rs. _____	Rs. _____
8	Disposable Syringe with Needle 20 cc	5,000	Nos.	Rs. _____	Rs. _____
9	Disposable Syringe with Needle 5 cc	800,000	Nos.	Rs. _____	Rs. _____
10	Fistula Needle	200	Nos.	Rs. _____	Rs. _____
11	Foley's Catheter 2 ways 14,16,18 & 20	20,000	Nos.	Rs. _____	Rs. _____
12	Foley's Catheter 2 ways Children	1,000	Nos.	Rs. _____	Rs. _____
13	Foley's Catheter 3 ways 12,14,16,18 & 20	500	Nos.	Rs. _____	Rs. _____
14	Hydrofiber 5 x 5 cm	1,500	Nos.	Rs. _____	Rs. _____
15	Hydrofiber 10 x 10 cm	1,500	Nos.	Rs. _____	Rs. _____
16	I.V Cannula with Heparin lock of same origin triple faceted needle tip with back cut bevel long indwelling period Size 14 G & 16 G	2,000	Nos.	Rs. _____	Rs. _____
17	I.V Cannula with Heparin lock of same origin triple faceted needle tip with back cut bevel long indwelling period Size 18 G	50,000	Nos.	Rs. _____	Rs. _____
18	I.V Cannula with Heparin lock of same origin triple faceted needle tip with back cut bevel long indwelling period Size 20 G	80,000	Nos.	Rs. _____	Rs. _____
19	I.V Cannula with Heparin lock of same origin triple faceted needle tip with back cut bevel long indwelling period Size 22 G	80,000	Nos.	Rs. _____	Rs. _____
20	I.V Cannula with Heparin lock of same origin triple faceted needle tip with back cut bevel long indwelling period Size 24 G	80,000	Nos.	Rs. _____	Rs. _____
21	I.V Giving Set long length for Oncology and ICU.	5,000	Nos.	Rs. _____	Rs. _____
22	I.V Giving Set with injection port	500,000	Nos.	Rs. _____	Rs. _____
23	Nasal Prongs	5,000	Nos.	Rs. _____	Rs. _____
24	Poly Glycolic Acid 16 mm 3/0 circle round body. (Pack of 36's)	200	Packs	Rs. _____	Rs. _____
25	Polyglycolic acid braided size "1" 40mm (Pack of 36's)	500	Packs	Rs. _____	Rs. _____
26	Polyglycolic acid braided size "0" 35 mm J needle 1/2 circle Round Bodied Needle (Pack of 12's)	300	Packs	Rs. _____	Rs. _____
27	Polyglycolic acid Rapid size "3/0" Straight needle (Pack of 12's)	100	Packs	Rs. _____	Rs. _____



S. #	Descriptions	Qty	A/U	Unit Rate	Total Amount
28	Polypropylene 2/0 75mm Straight Needle (Pack of 36's)	500	Packs	Rs. _____	Rs. _____
29	Polypropylene Blue Monofilament 30mm Size " 3/0 " Round Bodied (Pack of 36's)	200	Packs	Rs. _____	Rs. _____
30	Polypropylene Blue Monofilament 30mmCutting 4/0 (Pack of 12's)	100	Packs	Rs. _____	Rs. _____
31	Polypropylene Blue Monofilament Size " 4/0 " Round bodied (Pack of 12's)	200	Packs	Rs. _____	Rs. _____
32	Polypropylene Mesh Size 15 x 15 cm (Box 1x3)	300	Nos.	Rs. _____	Rs. _____
33	Polypropylene Mesh Size 30 x 30 cm (Box 1x3)	200	Nos.	Rs. _____	Rs. _____
34	Polypropylene Mesh Size 6 x 11cm (Box 1x3)	500	Nos.	Rs. _____	Rs. _____
35	Radium Bulb Size 24 x 50	200	Nos.	Rs. _____	Rs. _____
36	SE4 Drain Bag with Sampling Port, Hanger, Airwent	2,000	Nos.	Rs. _____	Rs. _____
37	Tracheostomy Tube with cuff Size6,6.5,7,7.5,8 & 9	500	Nos.	Rs. _____	Rs. _____
38	Suction Catherter size 8 to 18	20,000	Nos.	Rs. _____	Rs. _____
39	Paddling 4" (FDA Approved)	500	Nos.	Rs. _____	Rs. _____
40	Paddling 6" (FDA Approved)	500	Nos.	Rs. _____	Rs. _____
				Total Amount Rs.	Rs. _____

NOTE:

- Those items will not be procured, which will be approved in Central Rate Contract System.
- The required items quality will be approved on sample best evaluated basis, by Hospital Procurement Committee supplied by the Contractor(s) / Supplier(s), on day before the date of opening.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ Fax: _____ Res: _____ Mobil: _____

