**TENDER FOR THE PURCHASE OF MEDICINES FROM ZAKAT FUND UNDER – CHIT PURCHASE FOR ZAKAT PATIENTS ON LOCAL PURCHASE FOR THE YEAR 2016-2017 HEALTH WELFARE COMMITTEE (HWC) NORIN NAWABSHAH**

Sealed Tenders are invited from the well reputed firms/suppliers/medical stores “FDA approved oncology medicine formulary” duly registered with the Health Department Govt. of the Sindh under local purchase of medicines (Cancer) for the year 2016-2017 as per SPPRA Rules 2010 (Amended-2013) under the Health Welfare Committee NORIN for **MUSTAHQEEN-E-ZAKAT PATIENTS** under the following terms & conditions:

**SCHEDULE OF DATES:**

Start date for purchase of Tender against fee of Rs.1000/- 17-01-2017 (Publication/Hosting of Notice)

Last date for purchase of Tender: 02-02-2017

Last date and time of Receipt of Tender: 02-02-2017 at 11:00 AM

Date and time of opening the Tender: 02-02-2017 at 12:00 PM

1. The tender should be addressed to the Director/Convener Health Welfare Committee, NORIN Nawabshah and placed in the Tender box of NORIN on schedule date and time.
2. The Tenderer shall submit Call Deposit 2.5% along with the Tender as earnest money in the shape of pay order / Demand Draft in favor of Director/Convener Health Welfare Committee (HWC) NORIN Nawabshah.
3. The Contract will be for the financial year 2016-2017.
4. Any offer not received as per terms and conditions of the Tender is liable to be rejected.
5. The firm must submit complete Name & Address, Phone No. and attached copy each of CNIC & valid Drug Sales License (Retail/attested copy) along with bid.
6. No offer shall be considered if:
7. Received without earnest money of 2.5%
8. Received after the last date and time of receipt.
9. Tender is unsigned.
10. Offer is ambiguous.
11. Offer is conditional.
12. Offer is from a firm medical store or individual who has blacklisted/involved in unnecessary litigation.
13. Offer is received by telegram.
14. If the firm is not registered as National Tax payer.
15. The firm must submit an attested certificate on Judicial Stamp Paper worth Rs.100.00 an undertaking that the firm or any partners of firm have never been black listed.
16. In case the contractor fails to execute the contract strictly in accordance with the terms and conditions laid down in the award letter within stipulated period the earnest money deposited by him will be forfeited and contract will be made with the next bidder at his risk and cost.
17. Provide detail of last three years contract experience regarding provision of medicines to Govt. Organization/Hospital if any.
18. Contractor will submit bill on monthly basis for payment. The bill sub vouchers against each prescription/indent copy of medicines of each patient will be provided by the contractors.
19. Contractor will provide authentic approved price list of the medicine in bill/voucher.
20. The CDR deposited will be returned after the completion of audit by the Directorate of Zakat audit or as per decision of Health Welfare Committee (HWC).
21. No smuggled/non registered medicines will be accepted.
22. Deduction of Excess of ceiling/limit (indoor-outdoor) fixed by the HWC will be made.
23. Deduction of difference of rates charged more than priced pharma guide will be made.
24. In case of any discrepancy deducted by the Zakat Audit the amount over charged will be recovered from the contractor.
25. Deduction of income tax will be made as per prescribed rules of Tax Department.
26. In case the contractor fails to supply the required items on the same day purchase at his risk & cost will be made without any notice.
27. The Health Welfare Committee, NORIN Nawabshah will be at liberty to extend the contract up to three months after completion of period or cancel the contract.
28. The Tenders should quote their discount rates both in words as well as in figures Special concession package for Cancer Drugs on tender form.
29. The contractor shall execute a written contract agreement on non judicial paper words Rs.100/=for the acceptance of the tender rates and other conditions.
30. Any cutting / erasing / crossing etc appearing in the offer, must signed properly by person signing the tender, Offer with any overwriting shall in no circumstances be accepted Moreover all pages of the tender for one must be properly signed.
31. No quoted firm shall be allowed to withdraw its offer call Deposit tender money during the validity period or before the completion of the contract.
32. All tender enquiry conditions should be duly signed attached with the offer.
33. The HWC NORIN, Nawabshah reserves the right to reject/accept any or all tenders, in case of dispute, decision of competent authority will be final and not challengeable in any court of law.
34. The bill shall be accompanied with warranty certificate regarding quality .Moreover the contractor will be bound to provide the invoice of his source of purchase of medicine keeping in view the hospital need interest and convenience .
35. The approved contractor cannot sublet the contractor.
36. The call Deposit will be considered as security for the period of contract and will be returned after auditor decision of the Chairman HWC NORIN Nawabshah.
37. The Zakat health welfare committee (HWC) NORIN Nawabshah or its representative will be at liberty to place order for provision of medicine even on non scheduled date /days.
38. The Contractor will be bound to abide by off & on instruction given by Central Zakat Council, Islamabad and Chairman HWC, NORIN Nawabshah.
39. In case of any dispute the decision of the HWC, NORIN Nawabshah will be final and binding under the safe Sole Arbitration Act.

**OFFERED DISCOUNT RATE:**

National\_\_\_\_\_\_\_\_\_\_\_\_\_% Multinational\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

1. Name of Contractor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_
2. Name of firm/Medicines store\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Proprietor Drug Sale License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. National Tax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sales Tax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature & Stamp**