

# National Institute of Cardiovascular Diseases

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Rafiqi (H.J) Shaheed Road, Karachi  
Tel. No: 3521-8530, 99201271-75 Ext. 419, Fax: 9920-1289  
Website: <http://www.nicvd.org>

No of Sheets = 09

**“EXPRESSION OF INTEREST” IS REQUIRED FROM THE INTERESTED  
FIRMS HAVING EXPERTISE AND RELEVANT JOB EXPERIENCE.**

SERIAL NO OF APPLICATION FORM \_\_\_\_\_, Receipt No: \_\_\_\_\_, Dated: \_\_\_\_\_

**PREQUALIFICATION & REGISTRATION OF CONSULTANT  
FOR THE YEAR 2016-2017 & 2017-2018**

- i) Cost of documents is **Rs. 1000/-** (Rupees One Thousand Only) [Non refundable].
- ii) Prequalification documents Selling Date from **29-04-2017 to 13-05-2017..**
- iii) Prequalification documents Submission Date **16-05-2017 by 11:30 a.m** in Procurement Department.
- iv) Prequalification documents Opening Date **16-05-2017 12:00 Noon** in Chairperson Room / Conference Hall of NICVD.

S-NO	Categories	Tick in relevant box	Required Minimum Experience
1	HVAC		
2	Electrical.		
3	Interior Designer.		
4	Civil		
5	Plumbing		

## EVALUATION CRITERIA FOR PREQUALIFICATION

The following valid information should be provided with the application.

1. Name, Address, Telephone, Fax No. & e-mail addresses of the company.
2. Registered offices in Pakistan, type of firm such as partnership, Pvt. Ltd company or joint stock company.
3. Bio-Data of key personnel with designation, education & experience and details of man power, tools and equipments owned by the company.
4. Valid certificate of Pakistan Engineering Council (PEC) in the applied field.
5. Valid certificate of Pakistan Engineering Council (PEC) for each key person.
6. Details of experience of the firm relevant to the subject.
7. List of projects with cost completed by the firm during the last 10 years.
8. List of projects in hand with cost and expected completion date indicating name of the client.
9. List of litigations with the clients (if any) and nature of litigations.
10. Affidavit that the firm has never been blacklisted.
11. Name of the banker with current bank statement.
12. National Tax Number (NTN), Sales tax registration number.
13. Detail of registration with major organizations.
14. Detail of Hospital Experience for the last five years.
15. Financial worth of firm as per bank statement.
16. Evaluation will be done by the technical committee comprised of the following persons.
  - i. Chief Operaitng Officer
  - ii. Head of Finance.
  - iii. Heaf of Maintnenace.
  - iv. Head of OPD department.
17. For financial evaluation of the firm participate in tender, firm must mentioned fees on two following basis.
  - a. Monthly Charges.
  - b. % of the total estimated specific project cost.(Hospital management has the right to consider any above criteria basis for evaluation of firm).
18. Scope of work / project will be consulted with the management.

### **NOTE:**

**IF ANY INFORMATION GIVEN IN THE APPLICATION IS FOUND INCORRECT,  
THE PRE-QUALIFICATION WILL BE CANCELLED WITHOUT NOTICE.**

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## **NOTE:**

### **Read the Terms & Conditions carefully.**

- a) The firm should be registered with Income tax, General Sales Tax Departments. (Please provide photocopies of Income tax and Sales Tax Registration Certificates).
  - b) Copies of latest purchase orders.
  - c) Client list of ten (10-firms with their address and telephone numbers).
  - d) Certificate to the effect that firm is not involved in litigation with any Government department nor black listed.
  - e) Letter from the bank about the financial status / creditability of the vendor.
1. Request for Pre-qualification as Company/Manufacturer/Sole Agent/  
Wholesaler/Retailer/General Order Supplier/Distributor/Petty Contractor.  
(mentioned related field) \_\_\_\_\_
  2. Name of the firm \_\_\_\_\_
  3. Registered office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  4. Telephone No: \_\_\_\_\_ Cell No: \_\_\_\_\_
  5. Fax No: \_\_\_\_\_
  6. E-mail Address / website: \_\_\_\_\_
  7. Branch office Address  
\_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_
  8. Status of the firm:

Public Limited		Private Limited	
Partnership firm		Proprietorship	
  9. Registration No: \_\_\_\_\_  
(attach partnership deed or memorandum and articles of association)

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10. Date of Establishment \_\_\_\_\_ Place \_\_\_\_\_
11. Name of Owner, Partner and or Directors.  
i) \_\_\_\_\_  
ii) \_\_\_\_\_
12. Authorized person / persons to sign contracts, correspondence or to negotiate prices.  
a- Name \_\_\_\_\_ CNIC \_\_\_\_\_ Sign \_\_\_\_\_  
b- Name \_\_\_\_\_ CNIC \_\_\_\_\_ Sign \_\_\_\_\_
13. National Identity Card Number of the Chief Executive  
\_\_\_\_\_ (attach copy)
14. Annual business turnover for the last three years (attach proof)
15. Income Tax return (detail of last three years & attach Annual Report)
16. Income Tax Registration (NTN) No: \_\_\_\_\_ (attach photocopy)
17. Sales Tax Registration No: \_\_\_\_\_
18. Number of employees including branches (Total)  
(a) Sales Staff \_\_\_\_\_ (b) Service Staff \_\_\_\_\_
19. List of Senior Staff with Education, qualification & Experience.

Name of Person	CNIC No	Qualification	Experience

20. Location of warehouse/workshop/showroom (for furniture etc)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
21. Short history of firm or company profile (attach photocopy)
- \_\_\_\_\_
22. Name & Address of your bankers with Account Number.
- a. \_\_\_\_\_
- \_\_\_\_\_
- b. \_\_\_\_\_
- \_\_\_\_\_
23. Is the office premises rented / owned by the company or proprietor?
- \_\_\_\_\_
24. Do you have any objection to obtain credit report from your bankers?  
Yes / No \_\_\_\_\_
25. Do you have any objection on visit to your office / factory premises, or record being inspected by the committee members of NICVD?  
Yes / No: \_\_\_\_\_
26. Since how many years your firm is doing business with the National Institute of Cardiovascular Diseases (NICVD).
27. Firm registered with various Hospitals, Universities, Institutions, Departments or Organizations.  
(Attach copies of registration/pre-qualification)
28. List of Government / Autonomous Organization / Departments / Pvt Organizations to whom the items are supplied should be provided.
29. Particulars of litigation/arbitration cases in which the firm may have been involved during the last ten years and result thereof.

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30. Once pre-qualified, the prequalification of the bidder / firms may be valid preferably for two years depending upon the performance.
  31. The pre-qualified vendor will be required to deposit Rs. 50,000/- as a security deposit (refundable) in the form of Pay order / Bank draft in favour of NICVD.
  32. Certificate from bank that is capable of doing business of atleast Rs. 0.5-Million.
  33. The renewal of this pre-qualification irrespective of the date of pre-qualification is to be applied for 90-days before the expiry date of registration.
  34. Application for renewal must accompany the renewal fee prevailing at that time, which should be paid in pay order / bank draft in the name of NICVD.
  35. The NICVD may reject all applications or proposals at any time prior to the acceptance of a bid or proposal. The NICVD shall upon request communicate to any supplier or contractor who submitted an application or proposals, but is not required to justify those grounds.
  36. The NICVD shall announce the results of bid evaluation in the form of a report giving justification for acceptance or rejection of application at least ten days prior to the award of procurement contract.
  37. NICVD will not pay any Sales Tax or other taxes to any supplier as per serial No 52A, 6<sup>th</sup> schedule of Sales Tax Act, 1990.  

“Goods supplied to hospitals run by the Federal or Provincial Governments or charitable operating hospitals of fifty beds or more or the teaching hospitals of statutory universities of two hundred or more beds”.
  38. In case of any information given by the firm in this application is found incorrect at any stage after pre-qualification. The pre-qualification of the firm will be cancelled and the firm will be blacklisted by NICVD.
  39. Each page should be signed and stamped by the applicant and all the documents should be attested by Notary Public.

**“EXPRESSION OF INTEREST” IS REQUIRED FROM THE INTERESTED  
FIRMS HAVING EXPERTISE AND RELEVANT JOB EXPERIENCE.**

**SCOPE OF WORK/SERVICES OF FOLLOWING TITLES.**

1. HVAC
2. Electrical.
3. Interior Designer.
4. Civil
5. Plumbing

**THE SCOPE OF SERVICES MAY INCLUDE, BUT ARE NOT LIMITED TO:**

- Develop scope of works & special contract provision.
- Develop B.O.Q of required services.
- Making construction / working drawings, where necessary.
- Develop contract / bidding documents (Request for Proposal, Complete Scope Packages.
- Bids technical evaluation.
- Invoice verifications & monitor to comply necessary requirement for bill processing.

**Note:**

Scope of work/services may be expanded as per requirement, subject to formal approval of committee / competent authority.

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## TERMS & CONDITIONS ACCEPTANCE CERTIFICATE

I / We, M/s. \_\_\_\_\_  
hereby confirmed that we have carefully read all terms and conditions of  
prequalification and agreed to abide these during the validity period of E.O.I /  
Prequalification.

**Name:** \_\_\_\_\_

**Vendor Signature:** \_\_\_\_\_

**CNIC No:** \_\_\_\_\_  
(Attach photocopy)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Stamp:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Mobile #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

### Witnesses:

1 \_\_\_\_\_ 2 \_\_\_\_\_  
**Name & Signature** **Name & Signature**  
(CNIC No: \_\_\_\_\_) (CNIC No: \_\_\_\_\_)  
(Attach photocopy) (Attach photocopy)



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## ANNEXURE- "A" DATA SHEET Year 2016-2017 & 2017-2018

<u>S.NO</u>	A- MANDATORY	Tick relevant box
1	Name, Address, Tel, Fax# E-mail Address.	
2	National tax Number(NTN)	
3	Latest Income Tax Certificate or Income Tax exemption certificate.	
4	Copy of Sales Tax Registration.	
5	Latest Sales Tax Certificate or exemption certificate.	
6	Name of Banker with Current Bank statement.	
7	Earnest Money of Rs. 5,000/= (Refundable) in the name of Executive Director NICVD.	
8	A valid copy of Pakistan Engineering Council (PEC) registration certificate.	

<u>S.NO</u>	B- DOCUMENTS	Total Points 30	Obtain Points
1	Bio Data of key personnel with designation, education & experience and details of man power	2	
2	Literature and catalogue of quoted items in English.	2	
3	Detail of experience of the firm of relevant to the subject	2	
4	List of orders with cost completed by the firm on mega projects with 100 plus bedded hospital.	2	
5	List of litigation with clients(if any) and nature of litigations	2	
6	Affidavit that the firm has never been black Listed.	2	
7	Detail of Registration with major organizations	2	
8	Original prequalification documents purchase receipt.	2	
9	Original terms and conditions duly signed and stamped.	2	
10	Each page should be signed and stamped by competent authority.	2	
11	Copy of registration certificates of SESSI and EOBI.	2	
12	Presence of atleast three B.E. (Engineering) having PEC certificate.	2	

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13	A certificate that the firm will abide all terms and conditions of the tender infringement for consequence as recommended by the competent authority.	2	
14	A certificate that the Quoted price will remain unchanged till the completion of the tender period.	2	
15	All documents will be arranged as per given serial numbers.	2	
<b>TOTAL MARKS</b>		<b>30</b>	

As per following parameters will be grade by the technical committee.

<u>S.NO</u>	<b>C- TECHNICAL EVALUATION REPORT TOTAL POINTS 40.</b>	<b>Obtain Marks (Tick in relevant box)</b>		
1	Technical staff of firm as per point No-3 of Evaluation Criteria.	05	03	02
2	Detail of Experience as per point No-6 of Evaluation Criteria.	05	03	02
3	List of projects with cost completed as per point No-7 of Evaluation Criteria.	05	03	02
4	Detail of registration with major organizations as per point No-13	05	03	02
5	Detail of hospital experience as per point No-14 of Evaluation Criteria.	05	03	02
6	Financial worth as per point No-15 of Evaluation Criteria.	05	03	02
7	Recommendation of Technical Committee = 10-Points	10	06	04

<u>S.NO</u>	<b>D- FINANCIAL EVALUATION</b>	<b>Total Points 30</b>	<b>Obtain Points</b>
1	1 <sup>st</sup> Lowest	30	
2	2 <sup>nd</sup> Lowest	25	
3	3 <sup>rd</sup> Lowest	20	
4	4 <sup>th</sup> Lowest	15	
5	5 <sup>th</sup> Lowest	10	
6	6 <sup>th</sup> Lowest	05	
	<b>TOTAL MARKS</b>	<b>30</b>	

**Total Marks – 100**

**Qualifying Marks 70% of technical evaluation and scrutiny of documents.**