



SINDH GOVERNMENT QATAR HOSPITAL ORANGI TOWN, KARACHI

سندھ گورنمنٹ قطر اسپتال، اورنگی ٹاؤن، کراچی
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A 410-BEDDED TEACHING HOSPITAL AFFILIATED WITH DOW UNIVERSITY OF HEALTH SCIENCES AND CIVIL HOSPITAL, KARACHI

TENDER NOTICE

Sealed tenders are invited for supply of dietary articles, miscellaneous items, linen (liveries/uniform), laboratory items (chemicals, test kits, reagents), medical gases (Nitrous & Oxygen), repair of machinery & equipment, repair of furniture and fixtures and repair of vehicles (Hospital vehicle/ambulance) for Sindh Government Qatar Hospital, Orangi Town, Karachi, during the year 2017-2018 as per following schedule.

Tender forms along with terms and conditions are available on payment of fee (as mentioned below) at the accounts section of this hospital upon cash payment of non-refundable fee Rs. 1,000/- each set, on submission of written application along-with copy of NTN certificate, from the date of publication of advertisement in the news papers till the day before the date of opening.

The tenders must be dropped in the drop box kept for this purpose at the office of the undersigned before 11.00 am which will be opened publically in the presence of bidders or their authorized representative at 12.30 pm on the same day.

Sr #	Description	Fee of the tender	Date
1	Dietary articles	1,000	01.08.2017
2	Miscellaneous items	1,000	01.08.2017
3	Linen (Liveries and uniform)	1,000	01.08.2017
4	Laboratory items (Chemicals, test kits, and reagents)	1,000	01.08.2017
5	Medical gases (Nitrous & Oxygen)	1,000	01.08.2017
6	Repair of furniture and fixture	1,000	01.08.2017
7	Repair of transport (Hospital vehicle/ambulance)	1,000	01.08.2017
8	Repair of machinery and equipment	1,000	01.08.2017

N.B:

- Technical & Financial proposals should be submitted in separate envelopes.
- In case Government announcement of any public holiday or any unfavorable circumstance, the tenders/bids will be submitted and opened on next working day. Other terms & conditions venue and time for drop and opening will remain same as advertised in this Notice.
- All bids shall include Government Taxes/GST (if applicable) and will be deducted from the bills according to Government Rules.
- All bids must be accompanied by a bid security @2.5% of total cost in shape of Pay Order/Bank Demand Draft must be attached with Financial Bids in favor of the undersigned.
- The purchaser reserves the right to accept/reject all bids under the relevant provision of SPP Rule-2010.
- Information regarding this NIT may also be downloaded from SPPRA website www.pprasindh.gov.pk.

Medical Superintendent
Sindh Government Qatar Hospital,
Orangi Town, Karachi



GOVERNMENT OF SINDH
HEALTH DEPARTMENT

NOTIFICATION

No.SO(PM&I)2-1/17-18/PM-11 (SGQH): A Procurement Committee under Rules-7 of Sindh Public Procurement Rules 2010 (Amended 2017) is hereby constituted comprising the following for procurement of dietary articles, miscellaneous items, linen (liveries and uniform), laboratory items (chemicals, test kits, reagents), medical gases, repair of machinery equipment, repair of furniture & fixture and repair of hospital vehicles, for the financial year 2017-18 at Sindh Government Qatar Hospital Orangi Town, Karachi.

01.	Dr. Muhammad Nasim Akhtar. Deputy Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi.	Chairman
02.	Dr. Abu Kazim RMO General Medicine, Sindh Govt. Qatar Hospital, Orangi Town, Karachi.	Member
03.	Representative from Dow University of Health Science Karachi.	Member

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

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

SECRETARY HEALTH

No.SO(PM&I)2-1/17-18/PM-11 (SGQH):

Karachi, dated: 7th July, 2017

C.C to:

- The Managing Director, Sindh Public Procurement Regulatory Authority, Karachi.
- The Medical Superintendent, Sindh Government Qatar Hospital Orangi Town, Karachi with reference to his letter dated: 26-05-2017.
- The Chairman & all members of the Committee.
- The P.S. to Secretary Health.


(NAVEED AHMED SOOMRO)
SECTION OFFICER (PM&I)



NO.HD(P&E) 3-2 (427)/2014
 GOVERNMENT OF SINDH
 HEALTH DEPARTMENT
 (Procurement, Monitoring and Inspection Cell)
 Karachi dated the 10th APRIL, 2017.

NOTIFICATION

No.HD(P&E)3-2(427)/2014. In supersession to this department's notification of even number dated 9-03-2017 and in pursuance of Rule 31 of the Sindh Public Procurement Rules, 2010, a Departmental Complaint Redressal Committee, comprising of following officers is hereby re-constituted as under to resolve complaints of aggrieved bidders:

- | | |
|---|------------------|
| 1. Special Secretary,
Health Department. | Chairman |
| 2. Representative from Accountant General Sindh, | Member |
| 3. Independent expert from relevant field concerning
(to be nominated by the Head of Procuring Agency) | Member |
| 4. Deputy Secretary (PM&I) | Member |
| 5. Deputy Secretary (General) | Member/Secretary |

ToRs.

- To perform according to Rule 31 of SPPRA, 2010.
- To Perform any other function ancillary and incidental to the above.

- DR. FAZLULLAH PECHUHO -
 SECRETARY TO GOVERNMENT OF Sindh

No.HD(P&E)3-2(427)/2014.

Karachi dated the 10th APRIL, 2017

1. The D.G.Health Services, Sindh, Hyderabad.
2. The District Health Officers (All)
3. Medical Superintendents (All)
4. All the Member of the Committee.
5. The PS to Secretary Health Department, Govt. of Sindh, Karachi.
6. Office order file.

Sindh Govt Qabar Hospital Orangi Town Khil

S.I.	Government
QA	HOSPITAL
Oran	Karachi
Inward No.	199
Date	26-4-2017
Ass:	<i>[Signature]</i>
AMS	<i>[Signature]</i>
MS:	<i>[Signature]</i>

[Signature]
 SECTION OFFICER (PM&I)

*for Abu Iqbal
 Javed Iqbal*

SINDH GOVERNMENT QATAR HOSPITAL, ORANGI TOWN, KARACHI

Criteria Technical Evaluation documents required 2017-2018

SR #	DESCRIPTION
1	Original tender receipt
2	Photocopy of pay order/demand draft
3	Copy of CNIC
4	Copy of the bid offer
5	Sales tax registration No.
6	NTN/income tax certificate
7	Professional tax certificate
8	GST registration certificate if applicable.
9	Undertaking on Rs. 100/- Non Judicial stamp paper
10	Bank Letter for preparation of account
11	Undertaking (Black list) Letter
12	Samples
13	Remarks
14	Accepted/Rejected



GOVERNMENT OF SINDH

APPLICATION FORM FOR REGISTRATION AS APPROVED SUPPLIER TO
SINDH GOVERNMENT QATAR HOSPITAL, ORANGI TOWN, KARACHI
DURING THE YEAR 2017-2018

1. Name of the firm _____
2. Address of the office _____
3. Telephone # _____
4. Bank reference (Bank Certificate) _____
5. Name of person or persons in whose name the account is maintained _____
6. Person authorized/accredited to sign correspondence, contracts etc. on behalf of the firm (subsequent changes should be communicated to the this hospital without any loss of time) _____
7. Is your firm sole proprietary, Partnership or a Limited Company _____
8. In the case of Limited Co., or Partnership concern, enclose attested copy of the Memorandum and Articles of Association or partnership deed, as the case may be. _____
9. Enclose attested copy of the registration certificate under the companies Act, 1913 or Partnership Act _____
10. Indicate authorized capital _____
11. Attested copy of Income Tax Registration Certificate along with latest assessment order or attested copy of Income Tax return filed _____
12. Attested copy of Sales Tax Registration Certificate. _____
13. If your firm is registered as approved suppliers with any of the Government Purchase Organization, attested copy of registration certificate should be enclosed. _____
14. Is your firm ever black listed by any Government Department/Purchase Agency. _____
15. No and date of Bank pay order for registration fee _____



PART I

(Information to be supplied by firm desiring registration as Manufacturers)

- 1. Name of stores for which registration is applied for: _____
- 2. Location of the factory: _____
- 3. Total space occupied by the factory: _____
- 4. Total covered accommodation: _____
- 5. Annual optimum capacity of the factory (with value): _____
- 6. Annual rate capacity of the factory (with value): _____
- 7. Annual sale during the last calendar year (with value): _____

PART II

Information to be supplied by firms desiring registration as stockiest and/or agents and/or importers

- 1. Name of stores for which registration is applied for: _____
- 2. Name of foreign/indigenous manufacturers whose agencies are held by the applicants: _____
- 3. Attested copies of the agency letters: _____
- 4. Territorial limits of the agencies: _____
- 5. Value of stocks held by the applicants at the time of submitting this application: _____
- 6. Normal annual sales by the applicant: _____

WITNESS #: 1

Signature _____

Name _____

Date _____

WITNESS #: 2

Signature _____

Name _____

Date _____

SIGNATURE OF THE APPLICANT

Name _____

Date _____





SINDH GOVERNMENT QATAR HOSPITAL

ORANGI TOWN, KARACHI

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IMPORTER/SOLE AGENT

NOTE:

- Please fill in the correct information carefully; submission of wrong/vague information may lead to black listing of the firm.
- Each page of the proforma must be duly signed & stamped.
- Provide a soft copy (CD) along with duly filled proforma in triplicate.
- Company/firm agreement with principal duly signed by embassy is mandatory.

GENERAL INFORMATION

1.	Name of the company			
2.	Year of establishment			
3.	Address of the firm			
	• Registered office			
	• Telephone #			
	• Fax # /e-mail address etc			
4.	Location of the firm Annex certificate			
	• Industrial			
	• Commercial			
	• Residential			
5.	Form of the company annex copy of registration			
	• Individual			
	• Private limited			
	• Public limited			
	• Partnership			
	• Corporation			
	• Other (specify)			
6.	Blacklisting/complaint against the firm (by any govt. or other org. if any)			
7.	Drugs sale license number, if applicable (annex copy of license)			
8.	Type of activity being carried out by the company:			
	• Formulation			
	• Assembly/Repacking			
	• Import			
	• Other (specify)			
9.	Name & Address of the principal(s) companies			
10.	Capital value of the firm/sole agent:			
	• Authorized capital			
	• Paid up capital			
11.	Annual Sales turnover of the firm in the previous 3 years (in millions)	Year	Market sale	Govt. sector
	1.			
	2.			
	3.			
12.	Income tax Number (NTN)			
	• Attach copy of certificates			
	• Attach details of tax paid during past 3 years			

1 of 2





SINDH GOVERNMENT QATAR HOSPITAL

ORANGI TOWN, KARACHI

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PHARMACEUTICAL COMPANIES PROFILE

NOTE:

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

GENERAL INFORMATION

1.	Name of the company				
1.a	Year of establishment				
1.b	Form of the company annex copy of registration				
	• Individual				
	• Private limited				
	• Partnership				
	• Corporation				
	• Other (specify)				
1.c	Address of the firm				
	• Registered office				
	• Telephone #				
	• Fax #/ e-mail address etc				
1.d	Location of the firm Annex certificate				
	• Industrial				
	• Commercial				
	• Residential				
	• Agricultural				
	• Other (specify)				
1.e	Enlistment with any stock exchange (in Pakistan/overseas. If any. Annex details)				
1.f	Blacklisting/complaint against the firm (by any govt. or other org. if any)				
2.	Drugs manufacturing license number (Annex copy of drugs manufacturing license)				
2.a	Type of activity being carried out by the company:				
	• Formulation				
	• Repacking				
	• Other (specify)				
2.b	Name & Address of the companies/subsidiaries And associated companies, if any, with whom there is collaboration or joint venture	1			
		2			
		3			
2.c	Annual sales turnover of the firm in the previous 3 years (in millions)	Year	Domestic sales	Export	Govt. Sector
	• 1.				
	• 2.				
	• 3.				



2.d	<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 Number (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 3f years	
6.	GMP compliance certificate & GMP audit report (attached 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		
	• On job training schedule		
	• Schedule/program for training of technical staff		
	• Schedule/program for training of worker (including GMP and hygiene)		
11	Medical Checkup of worker:		
	• Prior to induction		
	• Annual		
	• Periodic (Worker doing optical checking)		
12	Manufacturing information		
12.a	No of registered drugs		
12.b	No of drugs being manufactured (Active)		
12.c	No of Pv listed items (attached list)		
13.	Raw materials (Active ingredients) (Name of the source companies along with country of origin)		
14.	Dosage form and production capacity		
	Dosage forms		
	1. Solid		1.
	2. Liquid		2.
	3. Inject able (Liquid)		3.
	4. Inject able (Dry powder)		4.
	5. Ointments/Creams/Gels		5.
	6. Capsules		6.
	7. IV infusions		7.
	8. Dialysis solutions		8.
9. Repacking/external preparations etc		9.	
15	Cleanliness & maintenance of:		
	• Equipments - List		
16.	Emergency power supply arrangements (For at lest critical areas of the unit)		
17.	Drug recalls system (volunteer) & SOPs for recall (Annex details)		
18.	Inspection record of the company		
	Year	Inspecting authority	Brief remarks of the inspecting authority
	1		
	2		
	3		
19.	Market availability and since when (mention year)		
	• Products routinely manufactured		
	• Only occasionally/on request (Annex six batches certificates)		
20.	Number of distributors/authorized agents (attach list indicating name, address/approx sales range of each)		
21.	Sources of raw material		



**MANUFACTURING INFORMATION
STORES/WAREHOUSES
COVERED AREA _____**

(Annex details of each store)

Sr #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	Separate stores for:				
	• Raw material				
	• Labels & packaging material and • Finished products				
ii.	Separate quarantine facilities for: Incoming raw material Packaging materials				
iii.	Cold rooms facility for				
	• Vaccines, biological and other controlled temperature products • Cold chain facility				
iv.	Temperature & humidity control facility in the stores.				
v.	Identification slips for raw material:				
	• Approved				
	• Rejected • Quarantine				
vi.	Sources of raw materials				
	• Active and • Inactive				
	(Annex list of the source companies with countries of their origin, as at SR No. 16				
vii.	Separate dispensing area & equipment				
viii.	Proper storage of materials as per storage instructions on the label				
ix.	Adequate space for the orderly storage of all materials				
x.	Segregation of materials as:				
	• Quarantine				
	• Approved				
	• Rejected				
	• Recalled • Expired materials/drugs				
xi.	Storage of materials:				
	• On pallet, stands				
	• Shelves/racks				
	• Off the floor • Off the walls (In all stores)				
xii.	Safe/separate storage of inflammable/hazardous materials/chemicals				
xiii.	Separate storage facility for expired raw/ other materials				
xiv.	Dispensing of materials according to prescribed SOP & GOP requirements				
xv.	Traceability of specific batch from the distribution/sale records of finished good.				



SYRUPS/LIQUID SECTOIN

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

Total covered area of the section _____

Sr #	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 line, deionizer 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-cartooning room				
xii.	Facility for bottles:				
	• 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.	QC release Certificate				



TABLETS SECTION

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

Total covered area _____

Sr #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	Mixer (wet and Dry) (No. type/capacity)				
ii.	Granulator (wet and Dry) (No. type/Capacity)				
iii.	Dryers (FB/Tray) (No, Type/Capacity)				
iv.	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 machine s (No, Type & numbers)				
vi.	In process QC and compression record (weight variation/harness)				
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 alongwith availability status, attach complete list)

Total covered area _____

Sr #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	POWDER Mixer (No, Type & capacity)				
ii.	Capsule filling machine (auto/semi auto no, type, capacity)				
iii.	Temperature and humidity Control (HV AC system)				
iv.	Dehumidifiers for capsules filling (if being used, type)				
v.	In processing filling & QC record				
vi.	Blister packing machines Number/capacity, Make				
vii.	Blister Batch & expiry date printing facility (inject, Laser/ Other)				
viii.	Quarantine facility				
	• For storing of material prior to QC release for filling				
	• For storing of capsules prior to QC release for packing				

DRY POWDER (ORAL)

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

Total covered area _____

Sr #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	POWDER Mixer (No, Type & capacity)				
ii.	Temperature and humidity Control (HV AC system)				
iii.	Filling machine Manual/automatic/Semi				
iv.	Bottles:				
	• De cartooning				
	• Washing facility				
	• Drying facility				
	• Blowing facility				
v.	In processing filling & QC record				
vi.	Labeling & packing Manual/automatic				
vii.	Quarantine facilities In process/ finished				
viii.	Maintenance and cleanliness				



OINTMENTS/CREAMS/GELS

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

Total covered area _____

Batch capacity _____

Sr #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	Homogenizer/Mixing equipment (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 {creams, 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 alongwith availability status, attach complete list)

Total covered area _____

Batch capacity _____

Sr #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	Dedicated air handling unit (HV AC system) As per requirement of the area				
ii.	Positive pressure (positive pressure maintained in each filling room<0.05 inch of water column, manometer				
iii.	area				
	• Sterilization record				
	• Fumigation record				
	• Mopping record				
iv.	Wails 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 alongwith availability status, attach complete list)
Total covered area _____ Batch capacity _____

Sr #	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 cool, 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 filing 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 HAVC, 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				
xix.	Record of sterilization cycle (Temp/time)				
xx.	Optical checking room facility				
xxi.	Eye examination record of optical inspectors				
xxii.	Rejection record				
xxiii.	Ampoule printing facility (overprinting)				
xxiv.	Area and environment monitoring record & SOPs				
	• Installation, operational &				



	performance of all equipments being conducted & maintained				
	<ul style="list-style-type: none"> Aseptic filling process monitoring through media fill and broth fill trial performed (biannually minimum) 				
	<ul style="list-style-type: none"> Sterilizers integrity checked and maintained 				
	<ul style="list-style-type: none"> 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 alongwith availability status, attach complete list) Total covered area _____ Batch capacity _____

Sr #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	UV, Spectrophotometer				
ii.	HPLC				
iii.	Moisture analyzer				
iv.	PH meter				
v.	Disintegration apparatus				
vi.	Dissolution apparatus				
vii.	Friability testing apparatus				
viii.	Hardness tester				
ix.	Melting point apparatus				
x.	Electric ovens				
xi.	Digital balance				
xii.	Gas chromatography				
xiii.	Floury meter				
xiv.	Refract meter				
xv.	Polari meter				
xvi.	IR spectrophotometer				
xvii.	Micro lab				
xviii.	Pyrogen testing apparatus/facility				
xix.	Laminar flow hood & sterility testing facility				
xx.	Particle counter				
xxi.	Colony counter				
xxii.	Incubators hot & cool				
xxiii.	Electric ovens				
xxiv.	Quality control procedures and analytical methods				
xxv.	Analytic record of				
	<ul style="list-style-type: none"> Active raw material Inactive material In process products Packing & packaging materials Finished products 				
xxvi.	Shelf life/stability studies				
xxvii.	Complete batch history and record				
xxviii.	Batch release certificates record				
xxix.	In process QC inspector [appointed or not]				
xxx.	No of technical personal working in the lab with qualification (attach list)				
	<ul style="list-style-type: none"> Chemist Pharmacists 				



	<ul style="list-style-type: none"> Biochemist Microbiologist Others 				
xxxi.	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 				
xxxii.	Retention samples of each batch in its original container				
xxxiii.	Quality control tests invariably conducted for: <ul style="list-style-type: none"> Active No active and Packing materials In process/ Intermediate Bulk and Finished products 				
xxxiv.	SOPs/Prescribed procedure for approval of vendor/source of starting materials				
xxxv.	Testing from each container of active starting material or other random sampling				
xxxvi.	Stability tests and shelf life studies(for each products)				
xxxvii.	Procedures for releasing finished products SOPs				
xxxviii.	Person responsible for release of batch (Qualification & experience)				
xxxix.	Time period for retention of control samples (till expiry or one year after expiry)				
xl.	Other details of quality assurance/QC procedures, if any (annex Details)				



Signature: _____
[With name and designation]
Stamp of company



SINDH GOVERNMENT QATAR HOSPITAL

ORANGI TOWN, KARACHI

سندھ گورنمنٹ قطر اسپتال، اورنگی ٹاؤن، کراچی

PHONE: +92-21-3669-7581, +92-21-3669-4187-8

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EMAIL: qatarhospital@gmail.com

A 410-BEDDED TEACHING HOSPITAL AFFILIATED WITH DOW UNIVERSITY OF HEALTH SCIENCES AND CIVIL HOSPITAL, KARACHI

TENDER NO. MS/SGQH/3214-17

TENDER FOR THE SUPPLY OF DIETARY ARTICLES, MISCELLANEOUS ITEMS, LINEN (LIVERIES AND UNIFORM), REPAIR OF FURNITURE AND FIXTURES, REPAIR OF HOSPITAL VEHICLE, REPAIR OF MACHINERY & EQUIPMENT AND MEDICAL GASES YEAR 2017-2018 DUE ON AUGUST 01, 2017

COST OF TENDER DOCUMENTS:	RS. 1,000/- (RUPEES ONE THOUSAND ONLY) NON-REFUNDABLE
TENDER SELLING DATE:	ON August 01, 2017 FROM 9.00 AM TO 11.00 AM
TENDER SUBMISSION PLACE:	OFFICE OF THE MEDICAL SUPERINTENDENT, SINDH GOVERNMENT QATAR HOSPITAL, ORANGI TOWN, KARACHI
TENDER OPENING DATE AND TIME:	ON August 01, 2017 12.30 PM
TENDER OPENING PLACE:	CONFERENCE ROOM OF THIS HOSPITAL

NOTE: TENDER WILL NOT BE ACCEPTED AFTER SEALING OF THE TENDER BOX.

TERMS & CONDITIONS

Offers shall remain opened for 90 days from the date of opening. The bidders shall quote their prices inclusive of all applicable duties and taxes / transportation etc. and all other expenses on free delivery to consignee's at Sindh Government Qatar Hospital, Orangi Town, Karachi, basis price should be quoted in figures and words both, failing which the offer will be ignored.

ITEMS #	NOMENCLAURE/PRODUCT NAME	QUANTITY DEMANDED	PRICE FER UNIT
Details of items & quantity attached annexure			

Delivery period _____

Validity _____

1. GENERAL CONDITIONS & INSTRUCTIONS:

- 1.1 The quoted rates must be valid upto 30.06.2018 and extended upto 1 year from the date of opening of tender.
- 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 their tender in form of **TECHNICAL AND FINANCIAL PROPOSAL** separately. The envelope should be marked **TECHNICAL PROPOSAL AND FINANCIAL PROPOSAL** in **BOLD** and legible letters to avoid confusion. Both envelopes should be sealed and addressed to Medical Superintendent, Sindh Government Qatar Hospital, Orangi Town, Karachi and inserted in tender box on the scheduled date and time.
- 1.3 **TECHNICAL PROPOSAL SHOULD HAVE THE FOLLOWING DOCUMENTS MUST BE ATTACHED OTHERWISE THE TENDER WILL BE REJECTED:**
 - i. Original tender receipt
 - ii. Photo copy CNIC (Representative)
 - iii. Photocopy of pay order/demand draft of earnest money in which amount should not be readable.
 - iv. Copy of the bid offer without showing the rates.
 - v. Valid manufacturing license, valid drug sales license whichever is applicable.
 - 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/equal than Rs. 02-05 million.
 - x. Samples must be attached with the bids, otherwise tender will be rejected.



1.4 **FINANCIAL PROPOSAL SHOULD HAVE THE FOLLOWING DOCUMENTS:**

- i. Original pay order/bank draft of earnest money
- ii. Original copy of the bid offer with quoted price.

FOR IMPORTER/DISTRIBUTOR:

- 1.5 The tender must be free from erasing. Cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial ink, duly stamped.
- 1.6 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.
- 1.7 Conditional tenders against the Government Rules/Policy will not be considered/entertained/accepted.
- 1.8 Tenders shall be accompanied by earnest money @ 2½% of the value of stores quoted by them in form of pay order/demand draft in favor of Medical Superintendent, Sindh Government Qatar Hospital, Orangi Town, Karachi.
- 1.9 Original purchase receipt must be enclosed with their offer and for alternate offer a separate purchase receipt shall be submitted. Otherwise both the offers will ignored.
- 1.10 All bidders should provide at least six samples free of cost of the quoted products.
- 1.11 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.

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 Sindh Government Qatar Hospital, Orangi Town, 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 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 technical evaluation carried out by the formulary committee Qatar Hospital, Orangi Town, Karachi will be final.
- 2.6 Only rates of items approved by the purchase committee will be considered.
- 2.7 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, which ever is applicable.
- 2.8 Manufacturer will issue an authorization letter as per attached sample proforma along with technical proposal.

3. PURCHASER'S RIGHT TO VARY QUANTITIES

The hospital authority reserves right to increase/decrease or delete the quantities of dietary articles, miscellaneous items, linen (liveries and uniform) and medical gases. 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 others 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.

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 vender, a purchase order may be issued during the validity period and if offer is not accepted by the vendor, the earnest money shall be forfeited to the Government Accounts.



6. **UNDERTAKING ON RS. 100/- NON JUDICIAL STAMP PAPER.**

- 6.1 I/we read/understand the conditions specified in the tender inquiry and undertake:
- 6.2 That/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.
- 6.3 That I/we agree whether our tender accepted for total, partial or enhanced quantity for all or any single item.
- 6.4 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.
- 6.5 I/we understand and ensure for the supply of dietary articles, miscellaneous items, linen (liveries and uniform) and medical gases. I/we also agree to supply the 100% additional quantity without any additional charges, if the supplies/part of the supplies declared sub-standard.
- 6.6 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.
- 6.7 I/We undertake that, I/we have never been black listed.

7. **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 for procurement of drugs during the tender.

Signature of vendor: _____
Name of authorized person: _____
Designation: _____
Seal and address: _____

Tel # _____ Fax #: _____ e-mail address: _____

WITNESS

1. Name: _____ Signature: _____
2. Name: _____ Signature: _____

8. **SPECIMEN FOR AUTHORIZATION LETTER BY MANUFACTURER OR DISTRIBUTOR**

I/we, M/s _____ hereby authorize M/S _____ address _____ as our authorized distributor for Sindh Government Qatar Hospital, Orangi Town, Karachi for the financial year of 2017-2018.

We give undertaking that if there is any sub-standard 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 instruction must be read carefully for compliance.
- ii. All interested vendors are advised to download bid document for procurement from the website of Sindh Public Procurement Regulatory Authority. (www.sppra.gov.pk.)
- iii. Department reserve the right to ask and verify any document related with manufacturing of item, to assess the quality.





SINDH GOVERNMENT QATAR HOSPITAL ORANGI TOWN, KARACHI

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A 410-BEDDED TEACHING HOSPITAL AFFILIATED WITH DOW UNIVERSITY OF HEALTH SCIENCES AND CIVIL HOSPITAL, KARACHI

TENDER NO. MS/SGQH/3214-17

TENDER FOR THE LABORATORY ITEMS (CHEMICALS, TEST KITS, AND REAGENTS), FOR THE
YEAR 2017-2018 DUE ON AUGUST 01, 2017

COST OF TENDER DOCUMENTS:	RS. 1,000/- (RUPEES ONE THOUSAND ONLY) NON-REFUNDABLE
TENDER SELLING DATE:	ON August 01, 2017 FROM 9.00 AM TO 11.00 AM
TENDER SUBMISSION PLACE:	OFFICE OF THE MEDICAL SUPERINTENDENT, SINDH GOVERNMENT QATAR HOSPITAL, ORANGI TOWN, KARACHI
TENDER OPENING DATE AND TIME:	ON August 01, 2017 12.30 PM
TENDER OPENING PLACE:	CONFERENCE ROOM OF THIS HOSPITAL

NOTE: TENDER WILL NOT BE ACCEPTED AFTER SEALING OF THE TENDER BOX.

TERMS & CONDITIONS

Offers shall remain opened for 90 days from the date of opening. The bidders shall quote their prices inclusive of all applicable duties and taxes / transportation etc. and all other expenses on free delivery to consignee's at Sindh Government Qatar Hospital, Orangi Town, Karachi, basis price should be quoted in figures and words both, failing which the offer will be ignored.

ITEMS #	NOMENCLAURE/PRODUCT NAME	QUANTITY DEMANDED	PRICE FER UNIT
	Details of items & quantity attached annexure		

Delivery period _____

Validity _____

1. GENERAL CONDITIONS & INSTRUCTIONS:

- 1.1 The quoted rates must be valid upto 30.06.2018 and extended upto 1 year from the date of opening of tender.
- 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 their tender in form of **TECHNICAL AND FINANCIAL PROPOSAL** separately. The envelope should be marked **TECHNICAL PROPOSAL AND FINANCIAL PROPOSAL** in **BOLD** and legible letters to avoid confusion. Both envelopes should be sealed and addressed to Medical Superintendent, Sindh Government Qatar Hospital, Orangi Town, Karachi and inserted in tender box on the scheduled date and time.
- 1.3 **TECHNICAL PROPOSAL SHOULD HAVE THE FOLLOWING DOCUMENTS MUST BE ATTACHED OTHERWISE THE TENDER WILL BE REJECTED:**
 - i. Original tender receipt
 - ii. Photo copy of CNIC (Representative)
 - iii. Photocopy of pay order/demand draft of earnest money in which amount should not be readable.
 - iv. Copy of the bid offer without showing the rates.
 - v. Valid manufacturing license, valid drug sales license whichever is applicable.
 - 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/equal than Rs. 02-05 million.
 - x. Samples must be attached with the bids, otherwise tender will be rejected.
 - xi. 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



1.4 **FINANCIAL PROPOSAL SHOULD HAVE THE FOLLOWING DOCUMENTS:**

- i. Original pay order/bank draft of earnest money
- ii. Original copy of the bid offer 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 manufacturer/Importer or their authorized distributor can participate in the tender. The distributor should submit authorization letter in Original (as per specimen) addressed to Medical Superintendent, Sindh Government Qatar Hospital, Orangi Town, Karachi with reference to this tender.

1.6 **(A) FOR MANUFACTURE:**

All the bidders (Manufacturer or their Distributor) should fill the Company of 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.
- II. GMP and cGMP certificate issued by Ministry of Health Islamabad.
- III. 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.
- IV. Federal Drug Inspector report of the Manufacturer for last 3 years.
- V. Other relevant documents as required in company Profile proforma.

(B) FOR IMPORTER:

All the bidder (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 other wise 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 Medical Superintendent, Sindh Government Qatar Hospital, Orangi Town, Karachi. They will also be available on the web site of the Sindh Government.
- 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 ink, duly stamped.
- 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 Government Rules/Policy will not be considered/entertained/accepted.
- 1.11 Tenders shall be accompanied by earnest money @ 2½% of the value of stores quoted by them in form of pay order/demand draft in favor of Medical Superintendent, Sindh Government Qatar Hospital, Orangi Town, Karachi.
- 1.12 Original purchase receipt must be enclosed with their offer and for alternate offer a separate purchase receipt shall be submitted. Otherwise both the offers will ignored.
- 1.13 All bidders should provide at least six samples free of cost of the quoted products.
- 1.14 The following words shall be printed and stamped with indelible ink prominently in English "**SINDH GOVERNMENT QATAR HOSPITAL, ORANGI TOWN, KARACHI**" & **NOT FOR SALE**" outside and inside the packing on ALL goods.
- 1.15 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.
- 1.16 One "**SAMPLE TENDER PFORORMA**" 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.
- 1.17 Schedule is prepared with the generic name; however the bidder may also mention the brand name against the generic name.
- 1.18 The dosage from, strength and pack size offered for bidding in the tender shall be those which are registered/approved by the Ministry of Health. The dosage from, strength and pack size quoted by the bidder shall confirm to the ones mentioned in the tender form.



- 1.19 Registration number, make or origin of the country of the drugs 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.
- 1.20 The quoted rates once offered by the firms will not be changed during the contract period.
- 1.21 It is mandatory that drugs quoted are registered with the Federal Ministry of Health.
- 1.22 The supplies should be in commercial pack as per drug act 1976 and delivered at the designated place of Qatar Hospital, Orangi Town, 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.

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 Sindh Government Qatar Hospital, Orangi Town, 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 medicines(s) items(s) etc, may be black listed by the competent authority as per judgment of the drugs court or any other authority whose decision will be final and in accordance with the offence and hence their earnest money may not be released till the case is decided by the court or any other authority.
- 2.6 If goods are declared sub-standard the manufacturer and their distributor are equally responsible and are bound to supply additional quantity of whole batch free of cost.
- 2.7 The successful bidder shall pay the testing fees directly to the provincial drug testing laboratory 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 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 quoted 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 Qatar Hospital, Orangi Town, Karachi will be final.
- 2.13 Only rates of items approved by the formulary committee will be considered.
- 2.14 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. 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, which ever is applicable.
- 2.15 Manufacturer/Importer will issue an authorization letter as per attached sample proforma along with technical proposal.

3. PURCHASER'S RIGHT TO VARY QUANTITIES

The hospital authority reserves right to increase/decrease or delete the quantities of Laboratory items (Chemicals, test kits, and reagents) 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 others 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.

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 vender, a purchase order may be issued during the validity



period and if offer is not accepted by the vendor, the earnest money shall be forfeited to the Government Accounts.

6. SHELF LIFE REQUIRED:

No supply will be accepted having expiry date less than 95% of shelf life for the National manufacturer and 90% for imported items (wherever applicable). The drugs/medicines should have shelf life of 95% for National manufacturer and 90% for imported items.

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/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 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.

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 to deposit the drug testing fees per batch to the provincial/central drugs testing laboratories, the said fees will be deposited directly to PDL/CDL, if the assignment given to the said laboratories.

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

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

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 for procurement of drugs during the tender.

Signature of vendor: _____

Name of authorized person: _____

Designation: _____

Seal and address: _____

Tel # _____ Fax #: _____ 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 Sindh Government Qatar Hospital, Orangi Town, Karachi for the financial year of 2017-2018.

We give undertaking that if there is any sub-standard adulterated spurious, counterfeit, misbranded or contaminated and short supply of medicine(s) 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 instruction must be read carefully for compliance.

ii. All interested vendors are advised to download bid document for procurement of Lab from the website of Sindh Public Procurement Regulatory Authority. (www.sppra.gov.pk.)

iii. Department reserve the right to ask and verify any document related with manufacturing of item, to assess the quality.





SINDH GOVERNMENT QATAR HOSPITAL

ORANGI TOWN, KARACHI

سندھ گورنمنٹ قطر اسپتال، اورنگی ٹاؤن، کراچی
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EMAIL: qatarhospital@gmail.com

A 410-BEDDED TEACHING HOSPITAL AFFILIATED WITH DOW UNIVERSITY OF HEALTH SCIENCES AND CIVIL HOSPITAL, KARACHI

TENDER FORM FOR MISCELLANEOUS ARTICLES FOR THE YEAR 2017-2018

SR #	NAME OF ARTICLE	UNIT	BRAND NAME	RATE
1	AIR FRESHENER (300 ML)	EACH		
2	BALL PEN	DOZEN		
3	BLEACH LIQUID (16% CHLORINE)	PER KG		
4	BLEACH POWDER	PER KG		
5	BROOM HARD (800 GM)	EACH		
6	BROOM SOFT (200 GM)	EACH		
7	BRUSH 18" (WITH STICK)	EACH		
8	BULB HOLDER (PIN/THREAD)	EACH		
9	CAPACITOR FOR FAN	EACH		
10	CAUSTIC POWDER	PER KG		
11	CHOKE FOR TUBE LIGHT IRON (40 WATT)	EACH		
12	CIRCUIT BREAKERS FOR AC 100 AMP	EACH		
13	CIRCUIT BREAKERS FOR AC 14 AMP	EACH		
14	CIRCUIT BREAKERS FOR AC 300 AMP	EACH		
15	CIRCUIT BREAKERS FOR AC 32 AMP	EACH		
16	CIRCUIT BREAKERS FOR AC 400 AMP	EACH		
17	DETERGENT POWDER	PER KG		
18	ELECTRIC WIRE 3/29	COIL		
19	ELECTRIC WIRE 7/29	COIL		
20	ELECTRIC WIRE 7/44 (THREE CORE)	COIL		
21	ELECTRIC WIRE 7/64	COIL		
22	ENERGY SAVER BULB 24 WATT	EACH		
23	FLY & MOSQUITO KILLER (400 ML)	EACH		
24	HAND SOAP LIFEBOUY	EACH		
25	HAND SOAP LUX	EACH		
26	HAND SOAP SAFE GUARD	EACH		
27	HYDROGEN LIQUID	KG		
28	KALA SOAP	PER KG		
29	LED SAVER 5 AMP	EACH		
30	LED SAVER 7 AMP	EACH		
31	LED SAVER 9 AMP	EACH		
32	LIME POWDER	EACH		
33	LIME STONE	EACH		



SR #	NAME OF ARTICLE	UNIT	BRAND NAME	RATE
34	LOADING TROLLEY	EACH		
35	MOP DORI (POLYESTER)	PER KG		
36	NEEL FOR DHOBI	PER KG		
37	PHENYL LIQUID (225 ML)	EACH		
38	PIPE NYLON	FEET		
39	PLOY THANE BAGS SIZE 20 x 24	PER KG		
40	PLOY THANE BAGS SIZE 30 x 40	PER KG		
41	PLOY THANE BAGS SIZE 36 x 50	PER KG		
42	SOCKET	EACH		
43	SODA KHARA (LIGHT SODA ASH) (SODIUM CARBONATE)	PER KG		
44	SPRAY OIL	EACH		
45	STARTER FOR TUBE LIGHT	EACH		
46	SULFURIC OIL (LIQUID H ₂ SO ₄)	PER KG		
47	SWITCH BUTTON	EACH		
48	TILE WASH	PER KG		
49	TISSUE PAPER BOX	EACH		
50	TOILET TISSUE PAPER ROLL (28 M)	EACH		
51	TORCH MEDIUM	EACH		
52	TOWEL (LARGE)	EACH		
53	TUBE LIGHT ROD 40 W	EACH		
54	WASTE PAPER BASKET (LARGE)	EACH		
55	WIPER LARGE	EACH		

TENDER FORM ISSUED TO M/S

Medical Superintendent





SINDH GOVERNMENT QATAR HOSPITAL ORANGI TOWN, KARACHI

سندھ گورنمنٹ قطر اسپتال، اورنگی ٹاؤن، کراچی
PHONE: +92-21-3669-7581, +92-21-3669-4187-8
FACSIMILE: +92-21-3669-7585
EMAIL: qatarhospital@gmail.com

A 410-BEDDED TEACHING HOSPITAL AFFILIATED WITH DOW UNIVERSITY OF HEALTH SCIENCES AND CIVIL HOSPITAL, KARACHI

TENDER FORM FOR DIETARY ARTICLES FOR THE YEAR 2017-2018

SR. #	NAME OF ARTICLE	UNIT	BRAND NAME	RATE
1.	APPLE (BEST QUALITY)	KG		
2.	APRICOT (KHUBAANI)	KG		
3.	BANANA (BEST QUALITY)	DOZEN		
4.	CHIKOO	KG		
5.	FRUIT DRINK/FRUIT JUICE	200/250 ML		
6.	JAM	25 GM		
7.	MANGO	KG		
8.	ORANGE	EACH		
9.	PEACH (AARHU)	KG		
1.	BISCUITS (TICKY PACK)	22 GM		
2.	BISCUITS (ROLL)	70 GM		
3.	BISCUITS (ROLL SUGAR FREE)	70 GM		
4.	JELLY	25 GM		
5.	MINERAL WATER	0.5 LITER		
6.	MINERAL WATER	1.5 LITER		
7.	HONEY	KG		
8.	ATTA WHEAT WHITE	KG		
9.	BEEF WITHOUT BONE (BONELESS)	KG		
10.	BREAD	KG		
11.	BUTTER	25 GM		
12.	CHICKEN WITHOUT POTA AND LIVER	KG		
13.	COOKING OIL	LITER		
14.	CURD	KG		
15.	CURRY MASALHA	KG		
16.	DAL CHANA	KG		
17.	DAL MASOOR	KG		
18.	DAL MOONG	KG		

SR. #	NAME OF ARTICLE	UNIT	BRAND NAME	RATE
19.	EGG	EACH		
20.	FISH	KG		
21.	GARAM MASALA	KG		
22.	GREEN MASALA	KG		
23.	GREEN VEGETABLE (FRESH)	KG		
24.	LIQUID MILK	250 ML		
25.	POWDER MILK	KG		
26.	MUTTON WITH BONE	KG		
27.	ONION	KG		
28.	PORRIDGE	KG		
29.	POTATO	KG		
30.	RICE BASMATI (BEST QUALITY)	KG		
31.	RICE SELLA (BEST QUALITY)	KG		
32.	SAGODANA	KG		
33.	SALT (BEST QUALITY)	KG		
34.	SEMOLINE (SOJY FOR SWEET DISH)	KG		
35.	SUGAR (WHITE)	KG		
36.	TEA LOOSE (BEST QUALITY)	KG		
37.	TOMATOES	KG		
38.	VERMICELLI	KG		

TENDER FORM ISSUED TO M/S

MEDICAL SUPERINTENDENT





SINDH GOVERNMENT QATAR HOSPITAL ORANGI TOWN, KARACHI

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A 410-BEDDED TEACHING HOSPITAL AFFILIATED WITH DOW UNIVERSITY OF HEALTH SCIENCES AND CIVIL HOSPITAL, KARACHI

TENDER FORM FOR UNIFORM/LIVERIES FOR THE YEAR 2017-2018

SR #	NAME OF ARTICLE	UNIT	RATE
1	BED SHEET WHITE (90"x54")	EACH	
2	BED SHEET CLOTH 91" COLORED (BLUE/PINK/PURPLE)	EACH	
3	BUNDA/PYJAMA (MEDIUM/LARGE)	EACH	
4	KORA LATHA 90" BEST QUALITY (WHITE)	METER	
5	PILLOWS	EACH	
6	UNIFORM FOR AYA/DAI (SHALWAR/KAMIZ/DOPATTA)(LIGHT GREY)	EACH	
7	UNIFORM (BLUE) FOR CHOWKIDAR (PANT/SHIRT/CAP/BELT/SECURITY BAG/SHOE/VESSEL/CAN STICK)	EACH	
8	UNIFORM (SKY BLUE) FOR PATIENTS (KAMIZ/PYJAMA)	EACH	
9	UNIFORM (NAVY BLUE) FOR SANITARY WORKER FEMALE (SHALWAR / KAMIZ / DOPATTA/SHOES) WITH REFLECTOR JACKETS	EACH	
10	UNIFORM (NAVY BLUE) FOR SANITARY WORKER MALE (PANT/SHIRT/SHOES) WITH REFLECTOR JACKETS	EACH	
11	UNIFORM (GREY) FOR WARD BOY (PANT/SHIRT/SHOES)	EACH	

TENDER FORM ISSUED TO M/S

Medical Superintendent





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A 416-BEDDED TEACHING HOSPITAL AFFILIATED WITH DOW UNIVERSITY OF HEALTH SCIENCES AND CIVIL HOSPITAL, KARACHI

TENDER FORM FOR SUPPLY OF MEDICAL GASES (NITROUS & OXYGEN) FOR THE YEAR 2017-2018

SR #	NAME OF ARTICLES	UNIT	RATE
1	MEDICAL OXYGEN GAS	MJ 1.560	
2	MEDICAL OXYGEN GAS	MJ 3.398	
3	MEDICAL OXYGEN GAS	MM 6.796	
4	NITROUS GAS	LTR 3.240	
5	NITROUS GAS	LTR 16.200	

TENDER FORM ISSUED TO M/S

Medical Superintendent





SINDH GOVERNMENT QATAR HOSPITAL

ORANGI TOWN, KARACHI

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A 410-BEDDED TEACHING HOSPITAL AFFILIATED WITH DOW UNIVERSITY OF HEALTH SCIENCES AND CIVIL HOSPITAL, KARACHI

TENDER FORM FOR REPAIR OF FURNITURE FOR THE YEAR 2017-2018

SR #	NAME OF ARTICLES	QTY	RATE
1	IRON ALMIRAH (FULL SIZE) SPRAY POLISH AND REPAIR	10	
2	IRON BEDS (STD SIZE) SPRAY POLISH AND REPAIR	30	
3	IRON BED-SIDE LOCKERS (STD SIZE) SPRAY POLISH AND REPAIR	30	
4	IRON BENCHES SPRAY POLISH AND REPAIR	40	
5	WOODEN CHAIR WITH CUSHION POLISH AND REPAIR	30	
6	WOODEN OFFICE CHAIR NETTING, POLISH AND REPAIR	20	
7	WOODEN TABLE OFFICE (3X5X3) POLISH AND REPAIR	10	
8	STAINLESS STEEL FOOD TRAY WITH WHEEL, POLISH, REPAIR	02	
9	STRETCHER WITH RUBBER WHEEL 6", CUSHION, POLISH	10	
10	REVOLVING CHAIR CASTER WHEEL, LEATHER CUSHION, REPAIR	05	
11	WHEEL CHAIR CASTER WHEEL, NICKEL POLISH, REPAIR	10	
12	MEDICINE TROLLEY (CRASH TROLLEY) WHEEL, REPAIR	12	
13	FORT STEEP POLISH AND REPAIR	30	
14	BP APPARATUS REPAIR	50	

TENDER FORM ISSUED TO M/S

MEDICAL SUPERINTENDENT





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TENDER FORM FOR REPAIR OF MACHINERY AND EQUIPMENT FOR THE YEAR 2017-2018

SR #	NAME OF ARTICLE	UNIT	RATE
1	ANESTHESIA MACHINE	03	
2	AUTOCLAVE (16x30 LOCAL)	03	
3	BABY INCUBATOR	02	
4	BP MONITOR	04	
5	CHEMISTRY ANALYZER	01	
6	DEFIBRILLATOR	02	
7	DENTAL UNIT	02	
8	EKG MACHINE	04	
9	ICU VENTILATOR (VELLA)	01	
10	ICU VENTILATOR (VIP BIRD)	01	
11	MOBILE X-RAY MACHINE	02	
12	MULTIPARA MONITOR	06	
13	OT LIGHT	02	
14	OT TABLE	03	
15	OXYGEN FLOW METER	12	
16	PULSE OXIMETER	04	
17	SUCTION MACHINE	06	
18	SURGICAL DIATHERMY	03	
19	ULTRASOUND COLOR DOPPLER (KONTRON)	01	
20	ULTRASOUND MACHINE	02	
21	X-RAY MACHINE 400 MA (USA)	01	
22	X-RAY MACHINE 500 MA (NEW BUILDING)	01	
23	X-RAY MACHINE 500 MA (OLD BUILDING)	01	

TENDER FORM ISSUED TO M/S

MEDICAL SUPERINTENDENT



SINDH GOVERNMENT QATAR HOSPITAL, ORANGI TOWN, KARACHI
TENDER SUPPLY OF LABORATORY ITEMS (CHEMICALS, TEST KITS AND REAGENTS)
DURING THE YEAR 2017-2018

ITEMS #	DESCRIPTION	UNIT	BRAND NAME	QTY REQUIRED	RATE
1001	ABNORMAL CONTROL (TRULAB-P)			12	
1002	ALCOHOL (ETHANOL) 2.5 LITER			12	
1003	ALKALINE PHOSPHATASE			24	
1004	AMMONIUM OXALATE POWDER			1 KG	
1005	AMYLASE			12	
1006	ANTI SERA "A"			250	
1007	ANTI SERA "B"			250	
1008	ANTI SERA "D"			250	
1009	ANTI SERA A, B, D			250	
1010	APTT KIT			12	
1011	ASOT			12	
1012	BARIUM CHLORIDE			12	
1013	BENEDICT'S REAGENT			12	
1014	BILIRUBIN DIRECT			25	
1015	BILIRUBIN TOTAL			25	
1016	BIOLYTE ELECTROLYTE REAGENT (NA, K, CL)			15	
1017	BLOOD BAGS 500 ML			6000	
1018	BLOOD TRANSFUSION SET			6000	
1019	BOVINE ALBUMIN 22%			120	
1020	CALCIUM KIT			12	
1021	CALIBRATOR (TRUCALHDL/LDL)			12	
1022	CASSETTE FOR HISTOPATHOLOGY			3000	
1023	CELL PACK SYSMEX-XP-100			40	
1024	CELLTAC CELL PACK			40	
1025	CELLTAC CLEANIC SOLUTION			40	
1026	CHOLESTEROL			10	
1027	CLEANSING SOLUTION			15	
1028	COOMB'S SERA			120	
1029	COVER SLIP 22X22 MM (GERMANY)			24	
1030	COVER SLIPS 24X50 MM			30	
1031	CREA TININE			24	
1032	CYTOFIXATIVE SPRAY 100 ML			12	
1033	DENGUE (RAPID IMMUNO ASSY)			1200	
1034	DILUENT			60	
1035	DISPOSABLE SYRINGE 10 CC			10000	
1036	DISPOSABLE SYRINGE 3CC			50000	
1037	DISPOSABLE SYRINGE 5CC			50000	



SINDH GOVERNMENT QATAR HOSPITAL, ORANGI TOWN, KARACHI
TENDER SUPPLY OF LABORATORY ITEMS (CHEMICALS, TEST KITS AND REAGENTS)
DURING THE YEAR 2017-2018

ITEMS #	DESCRIPTION	UNIT	BRAND NAME	QTY REQUIRED	RATE
1038	DISTILLED WATER			800 LITER	
1039	E.S.R. (WESTERGREEN) PIPETTES			400	
1040	E.S.R. STAND			10	
1041	EDTA			1 KG	
1042	EHRlich'S REAGENT 01 LITER			6	
1043	ETHYLE ALCOHOL 95% ABSOLUTE SC. 2.5 LITER			12	
1044	FIELD STAIN "A"			24	
1045	FIELD STAIN "B"			24	
1046	FILTER PAPER (WHATMAN # 4)			20	
1047	FOUCHESTS REAGENT			6	
1048	GLACIAL ACETIC ACID 2.5 LITER			6	
1049	GLASS MARKER			30	
1050	GLASS SLIDE (72 PICE BOX)			250	
1051	GLUCOSE KIT			24	
1052	HBSAG (ELISA)			10	
1053	HBSAG IMMUNO ASSAY (ICT)			15000	
1054	HCV (ELISA)			10	
1055	HCV IMMUNO ASSAY (ICT)			15000	
1056	HIV (ELISA)			10	
1057	HIV RAPID IMMUNO ASSY (ICT)			7000	
1058	JUSTER ADJUSTABLE 0.5-50 MIC			10	
1059	JUSTER ADJUSTABLE 1-5 ML			10	
1060	JUSTER ADJUSTABLE 50-1000 MC			10	
1061	JUSTER FIXED (10 ML)			10	
1062	JUSTER FIXED (100 ML)			10	
1063	JUSTER FIXED (50 ML)			10	
1064	LDL			12	
1065	LIQUID PARAFFIN 500 ML			6	
1066	LYSE CELL PACK			40	
1067	LYSE CELL TEC			40	
1068	LYSER			60	
1069	METHANOL 2.5 LITER			12	
1070	METHYLENE BLUE (SIGMA)			10	
1071	NEUBAR COUNTING CHAMBER			5	
1072	NORMAL CONTROL (TRULAB-N)			12	
1073	PARAFFIN WAX			30 KG	
1074	PH. PAPER			12	
1075	PIPPITES 0.02 ML, 1 ML, 2 ML, 5 ML, 10 ML			100	
1076	PLASTIC SLIDE BOX (LARGE)			50	



SINDH GOVERNMENT QATAR HOSPITAL, ORANGI TOWN, KARACHI
TENDER SUPPLY OF LABORATORY ITEMS (CHEMICALS, TEST KITS AND REAGENTS)
DURING THE YEAR 2017-2018

ITEMS #	DESCRIPTION	UNIT	BRAND NAME	QTY REQUIRED	RATE
1077	PLASTIC SLIDE BOX (SMALL)			50	
1078	PROTHROMBIN TEST KIT			12	
1079	RA FACTOR			12	
1080	Reticulocyte count Reagent			5	
1081	SELECTRA CUP			5000	
1082	SELECTRA SYSTEM LIQUID			12	
1083	SGPT (ALT) KIT U/V			24	
1084	SODIUM FLOURIDE			1 KG	
1085	STAINING JAR'S LARGE SIZE			10	
1086	STROMATOLYSER SYSMEX			40	
1087	SULFOSALICYLIC ACID CONC 2.5 LITER			6	
1088	SULPHUR POWDER			1	
1089	SUNNY PLAST			10000	
1090	TABLET/STRIPS FOR OCCULT BLOOD/1000 TESTS			1000	
1091	TEST TUBE (LARGE)			24000	
1092	TEST TUBE (MEDIUM)			24000	
1093	TEST TUBE (SMALL)			24000	
1094	TEST TUBE RACK FOR (LARGE)			120	
1095	TEST TUBE RACK FOR (SMALL)			120	
1096	TEST TUBE SMALL PLASTIC			120	
1097	TIPS (200 TO 1000) (YELLOW)			36000	
1098	TIPS 1 ML TO 5 ML (BLUE)			12000	
1099	TRIGLYLCEREID (T.G)			12	
1100	TRIPLE BAGS			2000	
1101	UREA (BERTHOLET) COLOROMETRIC			50	
1102	UREA U/V			24	
1103	URIC ACID			12	
1104	URINE PREGNANCY STRIPS			1000	
1105	URINE STRIP 10 PARAMETER			400	
1106	URINE STRIP 2 PARAMETER (ALBUMIN, SUGER)			20	
1107	URINE STRIP 4 PARAMETER			100	
1108	VACCUTAINTER EDTA			75000	
1109	VACCUTAINTER FLOURIDE			50000	
1110	VACCUTAINTER PLANE (WITH GEL)			75000	
1111	VACCUTAINTER SODIUM CITRATE			25000	
1112	VDRL (RPR) IMMUNO ASSAY			7000	
1113	WIDAL (TO, TH, AO, AH, BO, BH)			30	
1114	XYLENE (2.5 LITERS)			12	



BIDDING DATA SHEET

01	AGENCY NAME	SINDH GOVERNMENT QATAR HOSPITAL, ORANGE TOWN, KARACHI
02	ADDRESS	SECTOR 8-L, ORANGI TOWN, KARACHI
03	TELEPHONE #	021-36694187-88
04	FAX #	021-36697585
05	BRIEF DESCRIPTION OF CONTRACT	REPAIR OF TRANSPORT
06	ESTIMATED VALUE	999,000/-
07	SUBMISSION DATE/TIME	01.08.2017 at 11.00 am
08	OPENING DATE/TIME	01.08.2017 at 12.30 pm
09	PLACE OF OPENING	Office of the Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi
10	BID SECURITY	2.5%



BIDDING DATA SHEET

01	AGENCY NAME	SINDH GOVERNMENT QATAR HOSPITAL, ORANGE TOWN, KARACHI
02	ADDRESS	SECTOR 8-L, ORANGI TOWN, KARACHI
03	TELEPHONE #	021-36694187-88
04	FAX #	021-36697585
05	BRIEF DESCRIPTION OF CONTRACT	SUPPLY OF OTHERS (MISCELLANEOUS)
06	ESTIMATED VALUE	2,578,000/-
07	SUBMISSION DATE/TIME	01.08.2017 at 11.00 am
08	OPENING DATE/TIME	01.08.2017 at 12.30 pm
09	PLACE OF OPENING	Office of the Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi
10	BID SECURITY	2.5%



BIDDING DATA SHEET

01	AGENCY NAME	SINDH GOVERNMENT QATAR HOSPITAL, ORANGE TOWN, KARACHI
02	ADDRESS	SECTOR 8-L, ORANGI TOWN, KARACHI
03	TELEPHONE #	021-36694187-88
04	FAX #	021-36697585
05	BRIEF DESCRIPTION OF CONTRACT	SUPPLY OF DIETARY ARTICLES
06	ESTIMATED VALUE	47,458,000/-
07	SUBMISSION DATE/TIME	01.08.2017 at 11.00 am
08	OPENING DATE/TIME	01.08.2017 at 12.30 pm
09	PLACE OF OPENING	Office of the Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi
10	BID SECURITY	2.5%



BIDDING DATA SHEET

01	AGENCY NAME	SINDH GOVERNMENT QATAR HOSPITAL, ORANGE TOWN, KARACHI
02	ADDRESS	SECTOR 8-L, ORANGI TOWN, KARACHI
03	TELEPHONE #	021-36694187-88
04	FAX #	021-36697585
05	BRIEF DESCRIPTION OF CONTRACT	REPAIR OF FURNITURE AND FIXTURE
06	ESTIMATED VALUE	191,000/-
07	SUBMISSION DATE/TIME	01.08.2017 at 11.00 am
08	OPENING DATE/TIME	01.08.2017 at 12.30 pm
09	PLACE OF OPENING	Office of the Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi
10	BID SECURITY	2.5%



BIDDING DATA SHEET

01	AGENCY NAME	SINDH GOVERNMENT QATAR HOSPITAL, ORANGE TOWN, KARACHI
02	ADDRESS	SECTOR 8-L, ORANGI TOWN, KARACHI
03	TELEPHONE #	021-36694187-88
04	FAX #	021-36697585
05	BRIEF DESCRIPTION OF CONTRACT	PURCHASE OF MEDICAL GAS (OXYGEN)
06	ESTIMATED VALUE	8,633,000/-
07	SUBMISSION DATE/TIME	01.08.2017 at 11.00 am
08	OPENING DATE/TIME	01.08.2017 at 12.30 pm
09	PLACE OF OPENING	Office of the Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi
10	BID SECURITY	2.5%



BIDDING DATA SHEET

01	AGENCY NAME	SINDH GOVERNMENT QATAR HOSPITAL, ORANGE TOWN, KARACHI
02	ADDRESS	SECTOR 8-L, ORANGI TOWN, KARACHI
03	TELEPHONE #	021-36694187-88
04	FAX #	021-36697585
05	BRIEF DESCRIPTION OF CONTRACT	SUPPLY OF UNIFORMS AND PROTECTIVE CLOTHING
06	ESTIMATED VALUE	921,000/-
07	SUBMISSION DATE/TIME	01.08.2017 at 11.00 am
08	OPENING DATE/TIME	01.08.2017 at 12.30 pm
09	PLACE OF OPENING	Office of the Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi
10	BID SECURITY	2.5%



BIDDING DATA SHEET

01	AGENCY NAME	SINDH GOVERNMENT QATAR HOSPITAL, ORANGE TOWN, KARACHI
02	ADDRESS	SECTOR 8-L, ORANGI TOWN, KARACHI
03	TELEPHONE #	021-36694187-88
04	FAX #	021-36697585
05	BRIEF DESCRIPTION OF CONTRACT	REPAIR OF MACHINERY AND EQUIPMENT
06	ESTIMATED VALUE	999,000/-
07	SUBMISSION DATE/TIME	01.08.2017 at 11.00 am
08	OPENING DATE/TIME	01.08.2017 at 12.30 pm
09	PLACE OF OPENING	Office of the Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi
10	BID SECURITY	2.5%



BIDDING DATA SHEET

01	AGENCY NAME	SINDH GOVERNMENT QATAR HOSPITAL, ORANGE TOWN, KARACHI
02	ADDRESS	SECTOR 8-L, ORANGI TOWN, KARACHI
03	TELEPHONE #	021-36694187-88
04	FAX #	021-36697585
05	BRIEF DESCRIPTION OF CONTRACT	SUPPLY OF (COMSUMABLES) LABORATORY ITEMS
06	ESTIMATED VALUE	4,714,000/-
07	SUBMISSION DATE/TIME	01.08.2017 at 11.00 am
08	OPENING DATE/TIME	01.08.2017 at 12.30 pm
09	PLACE OF OPENING	Office of the Medical Superintendent, Sindh Govt. Qatar Hospital, Orangi Town, Karachi
10	BID SECURITY	2.5%

