

# **PREQUALIFICATION DOCUMENTS**

**(DRUGS/ MEDICINES)**

**(PHARMACEUTICAL MANUFACTURING UNITS AND SOLE AGENTS OF  
FOREIGN PRINCIPALS)**



**(FINANCIAL YEAR 2021-2022)**

**Primary & Secondary Healthcare Department  
Government of the Punjab**

# Table of Contents

**Section I: Instructions to Applicants (ITA) .....**

- A. General.....
  - 1. Scope of Application.....
  - 2. Fraud and Corruption .....
  - 3. Eligible Applicants.....
- B. Contents of the Prequalification Document.....
  - 4. Sections of Prequalification Document .....
  - 5. Clarification of Prequalification Document .....
  - 6. Amendment of Prequalification Document .....
- C. Preparation of Applications.....
  - 7. Cost of Applications .....
  - 8. Language of Application .....
  - 9. Documents Comprising the Application.....
  - 10. Application Submission Form.....
  - 11. Documents Establishing the Eligibility of the Applicant.....
  - 12. Documents Establishing the Qualifications of the Applicant .....
  - 13. Signing of the Application and Number of Copies.....
- D. Submission of Applications .....

  - 14. Sealing and Identification of Applications .....
  - 15. Deadline for Submission of Applications.....
  - 16. Late Applications .....
  - 17. Opening of Applications .....

- E. Procedures for Evaluation of Applications .....

  - 18. Confidentiality .....
  - 19. Clarification of Applications .....
  - 20. Responsiveness of Applications .....
  - 21. Domestic Bidder Price Preference.....

- F. Evaluation of Applications and Prequalification of Applicants.....
  - 22. Evaluation of Applications .....
  - 23. 23. Right to Accept or Reject Applications.....
  - 24. Prequalification of Applicants.....
  - 25. Notification of Prequalification .....
  - 26. Validity of Prequalification .....

**Section II: Prequalification Criteria Drugs/Medicines.....**

**Section III:** .....


A: List of DRUG Items .....

B: Application Submission Form.....


C: Application Affidavit.....







**PURCHASE CELL**  
 DIRECTORATE GENERAL HEALTH SERVICES PUNJAB  
 24 COOPER ROAD, LAHORE



Primary & Secondary  
 Healthcare Department

Phone No. +924299201145 Purchase Cell E-mail- pcdghslahore@gmail.com

**INVITATION FOR PREQUALIFICATION (2021-22)**  
 PHARMACEUTICAL MANUFACTURING UNITS AND SOLE AGENTS OF FOREIGN PRINCIPALS OF  
 DRUGS/MEDICINES

## CORRIGENDUM

Reference to invitation for Prequalification published in Newspapers "Jang" on 28.08.2021 bearing IPL No.8793 is hereby extended up-to 22.09.2021 for online submission and 24.09-2021 for submission of hardcopy of prequalification application along with sign & stamped print of online submitted data/application.

Following are the new dates for the submission and opening of the said prequalification application:

Last date and time of closing of online submission of Pre-qualification Application	22/09/2021	05:00 P.M.
Date and time of Submission Pre-qualification Application.	24/09/2021	2:00 P.M.
Date and time of opening of Pre-qualification Application.	24/09/2021	2:30 P.M.
Venue	Committee Room O/o Directorate General Health Services, Punjab, 24 Cooper Road Lahore.	

All other terms & conditions will be remained same.

**IPL-9408**

**Director General Health Services Punjab**

## Section I: Instructions to Applicants (ITA)

### A. General

#### 1. Scope of Application

1.1 In connection with the Invitation for Prequalification “as per PPR 2014” the Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab, issues this Prequalification Document (PQD) to applicants interested to prequalify Pharmaceutical Manufacturing Units & Sole Agents of Foreign Principals for Drugs/Medicines against the list of items/sections contained in the Prequalification Documents. This prequalification will be concluded for DGHS and its all attached departments and all departments/programs under administrative control of P & SHD like CEOs, DHQ Hospitals, THQ Hospitals, Vertical Programs, PHFMC etc.

Prequalification will be carried only for the items which comes under the definition of drugs under Drugs Act 1976/DRAP Act 2012/Punjab Drugs Rules 2007/ Punjab Drugs Amendment Act 2017 for Drug items & Medical Devices Rules 2017.

Department may physically verify firm’s claim regarding submitted documents.

#### 2. Fraud and Corruption

2.1 Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab requires that applicant observe the highest standard of ethics during the submission of application for prequalification and further documents required for prequalification.

(a) In pursuance to this, the following terms are defined:

(i) “corrupt practice” is the offering, giving, receiving or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;

(ii) “fraudulent practice” is any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation;

(iii) “collusive practice” is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party;

(iv) “coercive practice” is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party;

(v) “obstructive practice” is deliberately destroying, falsifying, altering or concealing of evidence material to the investigation or making false statements to investigators in order to materially impede a Bank investigation into allegations of a corrupt, fraudulent,

coercive or collusive practice; and/or threatening, harassing or intimidating any party to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation; or

(b) Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab will reject a proposal for prequalification if it determines that the applicant has directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive or obstructive practices in competing for the prequalification in question;

(c) Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab will declare ineligible, either indefinitely or for a stated period of time, if it, at any time, determines that the firm has, directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive or obstructive practices in competing for prequalification.

(d) The prequalified firms are required to participate in RFP/bidding process announced by any procuring agency under administrative control of Primary & Secondary Healthcare Department. In case of failure to participate, procuring agency may disqualify respective firm (fully or in partially) from pre-qualification 2021-22 and may initiate legal proceeding against the said firm.

### 3. Eligible Applicants

- 3.1 An Applicant can be a private or public entity registered with FBR having NTN & SRTN Registration.
- 3.2 If Government of Pakistan prohibits commercial relations with any Country, the firms dealing with such countries are ineligible to apply.
- 3.3 A firm declared disqualified / blacklisted / debarred by any of the public sector organization in Pakistan shall be ineligible for prequalification

## B. Contents of the Prequalification Documents

### 4. Sections of Prequalification Documents

- 4.1 The documents for the prequalification of Applicants (hereinafter - “prequalification documents”) consists of all the sections indicated below, and should be read in conjunction with any Addendum if issued.
- Section I. Instructions to Applicants (ITA)  
Section II. Prequalification criteria  
Section III. A: Application Form  
B: Application affidavit
- 4.2 The “Invitation for Prequalification Applications” (IPA) issued by the Procuring Agency is part of the prequalification documents.
- 4.3 Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of The Punjab accepts no responsibility for the completeness of the prequalification documents



and its addenda unless the original receipt of the fee deposit slip is attached with the documents.

4.4 The Applicant is expected to examine all instructions, forms, and terms in the Prequalification Documents and to furnish all information or documentation required by the Prequalification Documents.

#### 5. Clarification of Prequalification Document

5.1 A prospective Applicant requiring any clarification of the Prequalification Documents shall contact the Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab in writing at the address indicated in the **Invitation for Pre-Qualification of Drugs/Medicines**. The Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab will respond in writing to any request for clarification provided that such request is received no later than Ten (10) days prior to the deadline for submission of applications. The Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab shall forward copies of its response to all applicants who have acquired the prequalification documents through its official website including a description of the inquiry but without identifying its source. Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab deemed it necessary to amend the prequalification documents as a result of a clarification it shall do under intimation to all the applicants who have obtained the prequalification documents through its official website.

#### 6. Amendment of Prequalification Document

6.1 At any time prior to the deadline for submission of applications, the Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab may amend the Prequalification Documents by issuing addenda/Corrigendum.

6.2 Any addendum/corrigendum/minutes of pre-application conference issued shall be part of the Prequalification Documents and shall be communicated in writing to all who have obtained the prequalification documents from the Primary & Secondary Healthcare Department. The minutes shall also be uploaded on the official websites of Director General Health Services Punjab and Primary & Secondary Healthcare Department Government of the Punjab

6.3 To give prospective Applicants reasonable time to take an addendum/corrigendum into account in preparing their applications, the Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab may, at its discretion, extend the deadline for the submission of applications

### C. Preparation of Applications

#### 7. Cost of Applications

7.1 The Applicant shall bear all costs associated with the preparation and submission of its application. Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the prequalification process.

7.2 Payment Receipt may be collected from Accounts Branch, Directorate General of Health Services Punjab, 24 Cooper Road, Lahore after submitting fee of Rs:10,000/- with providing

request letter on firm's original letter head as per specimen of request letter attached in **Annexure-1**.

**8. Language of Application**

8.1 The application as well as all correspondence and documents relating to the prequalification exchanged by the Applicant and Director General Health Services Punjab, Primary & Secondary Healthcare Department Government of the Punjab, shall be written in the language specified in the **Prequalification Documents**. Supporting documents and printed literature that are part of the application may be in another language, provided they are accompanied by an accurate translation of the relevant passages in the language specified in the **Prequalification Documents**, in which case, for purposes of interpretation of the application, the translation shall govern.

**9. Documents Comprising the Application (Hard copy)**

9.1 The application shall comprise the following:

- a. Application Submission Form, in accordance with Information To Applicants (ITA);
- b. Documentary evidence establishing the Applicant's eligibility to prequalify, in accordance with ITA & Prequalification Criteria;
- c. Documentary evidence establishing the Applicant's qualifications, in accordance with ITA and & Prequalification Criteria
- d. Any other document required as specified in the Prequalification Documents.
- e. **All information, statements and description contained in the Application (online and hard copy) are in all respect true, correct and complete to the best of our knowledge and belief and there is no difference in information provided online and submitted in hard copy.**

**10. Application Submission Form (Online)**

10.1 The Applicant must submit Application via online portal through "**pqod.pshealthpunjab.gov.pk**" or "**www.pshealthpunjab.gov.pk**" before date and time mentioned in invitation for prequalification. All blank fields are mandatory to fill/complete and submit online printed forms along with hard copy of PQD and relevant required documents (Hardcopy) in tape binding with page number mentioned on each page(All the activities related to time period will be calculated from the date of submission of hard copy of PQD documents including all type of applications/Requests to the DGHS as per PPR-2014 and online process is a parallel activity).Uploading of documents (Scan Copy) in relevant fields will be in PDF format only, except Payment Receipt. Purchase Cell will explain procedure for online submission of application in pre-application conference mentioned in invitation for prequalification.

**Note:** The application form can be viewed and checked, if any error and can be edited before final submission date and time, however you can edit your filled application till last date and time of submission of application online. After final submission date and time, system will not allow to submit/edit application online and it can neither be submitted manually nor by any other methods of submission. Once Application is submitted online (upto last date and time of submission) then cannot be edited/changed or corrected and any mistake from online submission by the firm will be wholly responsibility of that firm.



So it is advised that read carefully and make sure that your application is completed and corrected for each and every aspect before final submission of date and time. (incomplete/Ambiguous/Incorrect) applications and any misleading information provided by the firm may lead to rejection of application either partially (Item/section wise) or completely.

After completing application, you can print the filled application after the last date and time of submission online mentioned in advertisement by click on the print tab and submitted this print with hardcopy (Tape binding) upto last date and time as per advertisement.

**Step.1** Firm will submit request letter (with prequalification category as per requirement for prequalification on firm's original letter head (as per specimen in Annex-1) and will deposit Prequalification fee and get Payment Receipt from Accounts Branch, Directorate General of Health Services Punjab, 24 Cooper Road, Lahore.

**Step.2** Firm can go to web online portal "pqod.pshealth.punjab.gov.pk" or "www.pshealth.punjab.gov.pk and click on sign up tab and a registration form will be opened. Enter the required fields as per request letter submitted by the firm i.e. (Company Complete name, Official Email address, NTN, STN, Payment slip (upload), Mobile No must be as per request letter submitted). Then create password and confirm password then enter register tab and wait. A message on system screen will be appeared as:

"PQOD, CONFIRM EMAIL ADDRESS SENT.

Please check your Email Inbox, a confirm Email is sent to given official email address"

**Step.3** For account confirmation an email will be received at your given email address as:

"Thank you for your registration, please click on the below link to complete your registration:

["http://pqod.pshealthpunjab.gov.pk/Account/ConfirmEmail?Token=4fc624f9-c34a-446f-9ed2-75726cea6e60&Email=abc@gmail.com"](http://pqod.pshealthpunjab.gov.pk/Account/ConfirmEmail?Token=4fc624f9-c34a-446f-9ed2-75726cea6e60&Email=abc@gmail.com)

So click this link for confirmation from your given email inbox.

**Step.4** Purchase Cell will verify particulars given for registration/Login ID from your request letter and allow for each category in which the firm has to be applied for prequalification.

Login ID will be remained same for future correspondence in Purchase Cell DATA Base and No duplicate Login ID is allowed to be created by any firm. Same login ID can be used for Local Manufacturer (Drugs/Medicines), Sole agent (Drugs/Medicines) and Non-Drugs/Medical Devices as per category applied for prequalification.

**Step.5** After verification the firm can sign in by entering official email and password and click sign in tab. PQOD application will be opened.

**Step.6** Dashboard with progress bar will be appeared along with category in which firm has applied as:

**1. Local Manufacturers (Drugs/Medicines)**

**2. Sole Agents (Drugs/Medicines)**

**3. Sole Agents/Local Manufacturer (Medical Devices)**

**4. Sole Agents/Local Manufacturer (Surgical Dressings)**

**Step.7 For local manufacturers (Drugs/Medicines)**

Click on section A. local manufacturers (Drugs/Medicines)

Step (A-1) General Information (fill the blank fields)

Manufacturing site information (in-house manufacturing or third-party manufacturing-select one category) and add blank fields (however incase if manufacturing units or third-party units are more than one then fill separately for each manufacturing unit DATA and also upload documents as per given number of manufacturing units. Click the save tab. for editing you can select the manufacturing unit and with help of editing tab you can edit manufacturing units DATA.

Then add focal person information and click on the save tab. In case of editing saved tab is disabled and after editing firm will click on update tab always whenever one will be done editing.

Step (A-2) Fill the detail of employees, category wise mentioned in portal. For addition click + tab and for deletion click x Tab.

Step (A-3) Firm's knock down criteria (Fill Yes/No/NA tab). Detail is also mentioned in prequalification documents in Evaluation Criteria for Local Manufacturers (Drugs).

Step (A-4) In attachment section upload files in pdf format only, (Firm's documents and Manufacturing unit wise documents upload).Once file is uploaded the download button will be enabled/showed. You can add multiple pages if pages are more than one.

Step (A-5) Quality Control equipment - One can add equipment name with model number, manufacturer and last date of validation/calibration. Then click save tab. You can edit via editing tab or can delete via x tab. You can add more equipment (if any) that are not mentioned in portal and then add "Others (Specify)" and below this tab you can enter new equipment that is not present in list.

Step (A-6) Drugs/Medicines list with item wise generic is present in system. Fill the blank/unfilled/empty fields appropriately. First item's knock down clauses are mentioned. Then provide information related to quoted item. Fill all the required field and click save tab. You can edit via editing tab or can delete via x tab

**Step.8 For Sole Agents (Drugs/Medicines)**

Click on section B, Sole Agents (Drugs/Medicines)

Step (B-1) General Information (fill the blank fields)

Manufacturing site information (Direct "Principal's in-house manufacturing" or Indirect "third party manufacturing"-select one category) and add blank fields (however incase if manufacturing units or third-party units are more than one then fill separately for each manufacturing unit DATA and also upload documents as per given number of manufacturing units. Click the save tab. for editing you can select the manufacturing unit and with help of editing tab you can edit manufacturing units DATA.

Then add focal person information and click on the save tab. In case of editing saved tab is disabled and after editing always click on update tab whenever editing is completed.

Step (B-2) Fill the detail of employees, category wise mentioned in portal. For addition click + tab and for deletion click x Tab.

Step (B-3) Firm's knock down criteria (Fill Yes/No/NA tab). Detail is also mentioned in prequalification documents in Evaluation Criteria for Sole Agents (Drugs/Medicines).

Step (B-4) In attachment section upload files in pdf format only, (Firm's documents and Manufacturing unit wise documents upload). Once file is uploaded the download button will be enabled/showed. You can add multiple pages if pages are more than one.

Step (B-5) Drugs/Medicines list with item wise generic is present in system. Fill the blank/unfilled/empty fields appropriately. First item's knock down clauses are mentioned. Then provide information related to quoted item. Fill all the required field and click save tab. You can edit via editing tab or can delete via x tab.

### **Step.9 For Sole Agents/Local Manufacturers (Medical Devices/Surgical Dressings)**

Click on section C/D, Sole Agents/Local Manufacturers (Medical Devices/surgical Dressings)

Step (C-1/D-1) General Information (fill the blank fields)

Manufacturing site information (Direct "Principal's in-house manufacturing" or Indirect "third party manufacturing"-select one category) and add blank fields (however incase if manufacturing units or third-party units are more than one then fills separately for each manufacturing unit DATA and also upload documents as per given number of manufacturing units. Click the save tab. for editing you can select the manufacturing unit and with help of editing tab you can edit manufacturing units DATA.

Then add focal person information and click on the save tab. In case of editing saved tab is disabled and after editing you will click on update tab always whenever you will be done editing.

Step (C-2/D-2) Fill the detail of employees, category wise mentioned in portal. For addition click + tab and for deletion click x Tab.

Step (C-3/D-3) Firm's knock down criteria (Fill Yes/No/NA tab). Detail is also mentioned in prequalification documents in Evaluation Criteria for Sole Agents (Drugs/Medicines).

Step (C-4/D-4) In attachment section upload files in pdf format only, (Firm's documents and Manufacturing unit wise documents upload).Once file is uploaded the download button will be enabled/showed. You can add multiple pages if pages are more than one.

Step (C-5/D-5) Non-Drugs/Medical Devices/Surgical Dressings list with item wise generic is present in system. Fill the blank/unfilled/empty fields appropriately. First item's knock down clauses are mentioned. Then provide information related to quoted item. Fill all the required field and click save tab. You can edit via editing tab or can delete via x tab.

**Note:** Incase if category of any item is changed from Non-Drug to drug in case of medical devices then the said prequalification category will be considered as per Drugs Act 1976/DRAP Act 2012/Punjab Drugs Rules 2007/ Punjab Drugs Amendment Act 2017/Medical Devices Rules 2017 classification regarding registration of any item and will be amended accordingly as per law.

In case of any discrepancy & conflict in submitted online data of application and hard copy of application, the data submitted in hard form will prevail.

- 11.Application Submission** 11.1 The printed online application along with necessary documents shall be submitted (in tape binding) by hand in Purchase Cell Directorate General of Health Services Punjab,24 Cooper Road, Lahore before date and time mentioned in the advertisement.
- 12. Documents Establishing the Qualifications of the Applicant** 12.1 To establish its qualifications the Applicant shall provide the information requested in the corresponding Information Sheets included in Section III, Prequalification Criteria
- 13. Signing of the Application** 13.1 The Applicant shall prepare and submit the application for prequalification as described in ITA & Prequalification Documents. The application shall be typed or written in indelible ink and shall be signed by a person duly authorized to sign on behalf of the Applicant.

#### D. Submission of Applications

- 14. Sealing and Identification of Applications** 14.1 The Applicant shall enclose the application in a sealed envelope that shall:
- bear the name and address of the Applicant;
  - be addressed to the Director General Health Services Punjab, Primary & Secondary Healthcare Department in accordance with ITA; and
  - bear the specific identification of this prequalification process indicated in the Prequalification Documents
- 14.2 The Procuring Agency will accept no responsibility for not processing any envelope that was not identified as required.
- 15. Deadline for Submission of Applications** 15.1 Applicants will submit their applications (Hard Copy) by hand. Applications shall be received by the Purchase Cell Directorate General of Health Services Punjab,24 Cooper Road, Lahore at the address and no later than the deadline indicated in the **Invitation for Prequalification**.
- 15.2 The Director General of Health Services Punjab Primary & Secondary Healthcare Department may, at its discretion, extend the deadline for the submission of applications by amending the Prequalification Documents in which case all rights and obligations of the Director General of Health Services Punjab, Primary & Secondary Healthcare Department and the Applicants subject to the previous deadline shall thereafter be subject to the deadline as extended.
- 16. Late Applications** 16.1 Any application received by the Director General of Health Services Punjab, Primary & Secondary Healthcare Department after the deadline for submission of applications will not be entertained as indicated in the **Invitation for Prequalification**.
- 17. Opening of Applications** 17.1 The Director General of Health Services Punjab, Primary & Secondary Healthcare Department shall open all Applications at the date, time and place specified in the **Invitation for Prequalification**. Late Applications shall be treated in accordance with ITA.

- 17.2 Director General of Health Services Punjab, Primary & Secondary Healthcare Department shall prepare a record of the opening of applications that shall include the name and other details of the Applicant. A copy of the record shall be distributed to all Applicants.

## **E. Procedures for Evaluation of Applications**

- 18. Confidentiality**
- 18.1 Information relating to the evaluation of applications, and recommendation for prequalification, shall not be disclosed to Applicants or any other persons not officially concerned with such process until the notification of prequalification is made to all Applicants.
- 18.2 From the deadline for submission of applications to the time of notification of the results of the prequalification, any Applicant that wishes to contact the Director General of Health Services Punjab, Primary & Secondary Healthcare Department on any matter related to the prequalification process, may do so but only in writing.
- 19. Clarification of Applications**
- 19.1 To assist in the evaluation of applications, the Director General of Health Services Punjab, Primary & Secondary Healthcare Department may, at its discretion, ask any Applicant for a clarification of its application (both online and hard copy) which shall be submitted within a stated reasonable period of time. Any request for clarification and all clarifications shall be in writing.
- 19.2 If an Applicant does not provide clarifications of the information requested by the deadline, the application shall be evaluated based on the information and documents available at the time of evaluation of the application.
- 20. Responsiveness of Applications**
- 20.1 All applications not responsive to the requirements of the prequalification document shall be rejected.
- 21. Domestic Bidder Preference**
- 21.1 A margin of preference for domestic bidders shall not apply in the bidding process resulting from this prequalification.

## **F. Evaluation of Applications and Prequalification of Applicants**

- 22. Evaluation of application**
- 22.1 Prequalification shall be done Section/Item wise/firm wise for Drugs/Medicines which the Applicant meets the appropriate requirements of this prequalification document. The information provided in response to the invitation for prequalification will be evaluated as per Prequalification Documents and may physically verified by the department to inspect the premises of the firm for verification of firm's claims. Good manufacturing practices and good storage practices as defined under Drugs Act 1976/DRAP Act 2012/ Punjab Drugs Amendment Act 2017 and Punjab Drugs Rules 2007/Medical Devices Rules respectively. In case of third party manufacturing (TPM) financial turnover of applicant firm having valid drug registration will be considered provided that TPM firm will be compliant of all other advertised criteria of prequalification.

- 22.2 The Prequalification will be item wise/section wise/firm wise, however in case of any addition in the formulary, the qualification against prequalification section will be considered and in certain cases where any principal of procurement will going to be violated, the procuring agency may invite open competitive bidding in best public interests.
- 23. Right to accept or reject the applications** 23.1 The Director General of Health Services Punjab, Primary & Secondary Healthcare Department reserves the right to accept or reject all the applications, and to annul the prequalification process, without thereby incurring any liability to Applicants.
- 24. prequalification of applicants** 24.1 All Applicants whose applications have met the specified requirements will, to the exclusion of all others, be prequalified by DGHS the Primary & Secondary Healthcare Department.
- 25. Notification of prequalification** 25.1 Once the Director General of Health Services Punjab, Primary & Secondary Healthcare Department has completed the evaluation of the applications it shall notify all Applicants in writing/through PQOD online Portal and Official websites of DGHS & P&SHD indicating their Section/Item wise status as to prequalified or disqualified or ineligible.
- 26. Validity of Pre-Qualification** 26.1 The Pre-Qualification shall be valid for FINANCIAL YEAR 2021-22



**Annex-1-(On firm’s Original Letter Head)**

**Request Application for Prequalification Documents (2021-22)  
Drugs & Non-Drugs/Medical Devices**

Ref.No/

Dated:

The Director General Health Services Punjab,  
Primary & Secondary Health Care Department  
Govt. of The Punjab.

Subject: **Request Application for Prequalification Documents (2021-22) Drugs & Non-Drugs/Medical Devices**

Dear Sir,

With reference to your advertisement regarding prequalification of Drugs & Non-Drugs/Medical Devices (2021-22) advertised on ----- in the Daily Newspaper, it is requested to provide the Prequalification Documents against the following categories.

**(Tick Appropriate Box)**

- 1. Local Manufacturers (Drugs/Medicines)
- 2. Sole Agents (Drugs/Medicines)
- 3. Local Manufacturers (Non-Drugs/Medical Devices)
- 4. Sole Agents (Non-Drugs/Medical Devices)
- 5. Local Manufacturers /Sole Agents (Surgical Dressings Only)

M/s \_\_\_\_\_ hereby authorizes Mr./Ms. \_\_\_\_\_  
Designation \_\_\_\_\_ CNIC No. \_\_\_\_\_

Official Email \_\_\_\_\_ (For Login I.D), Mobile No. \_\_\_\_\_ (for sms alerts) to fill/complete/submit the prequalification application via online portal “pqod.pshealth.punjab.gov.pk”.

Firm’s NTN: \_\_\_\_\_

Firm’s STN: \_\_\_\_\_

**Authorized By**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Contact No. \_\_\_\_\_

Stamp \_\_\_\_\_

**Section II: PREQUALIFICATION CRITERIA (DRUG/MEDICINE ITEMS)**

**A- FOR LOCAL MANUFACTURERS**  
**1-KNOCK DOWN CRITERIA (Firm Wise)**

<b>Sr. No.</b>	<b>Knock Down Clause</b>	<b>Status</b>
1	The firm has provided/attached valid Drugs Manufacturing License issued by DRAP.	Yes/No
2	The firm undertakes that currently it is not blacklisted/debarred by any procuring agency. Firm will provide undertaking in this regard on legally notarized stamp paper of rupees 100/-.	Yes/No
3	The firm has provided/attached valid GMP Certificate issued by DRAP. (Only those Sections & Pharmaceutical Category will be considered for prequalification whose GMP Inspection Report declared satisfactory and/or which are mentioned in the GMP Certificate)	Yes/No
4	The firm has provided valid ISO 9001(ISO Certificate issuing organization/authority must be approved from Pakistan National Accreditation Council (PNAC) / United Kingdom Accreditation Service (UKAS) / International Accreditation Forum (IAF) / International Accreditation Service (IAS) / Quality Management System documents. The firm will provide ISO Certificate/QMS manual.	Yes/No
5	Valid ISO 14001(ISO Certificate issuing organization/authority must be approved from Pakistan National Accreditation Council (PNAC) / United Kingdom Accreditation Service (UKAS) / International Accreditation Forum (IAF) / International Accreditation Service (IAS) / Environment Protection Agency approval/Establish and well Documented (EHS) Policy.	Yes/No
6	Valid ISO 18001/45001 (ISO Certificate issuing organization/authority must be approved from Pakistan National Accreditation Council (PNAC) / United Kingdom Accreditation Service (UKAS) / International Accreditation Forum (IAF) / International Accreditation Service (IAS) /Establish and well Documented (EHS) Policy.	Yes/No
7	Is the equipment installed in quality control, quality assurance & microbiological laboratories and relevant manufacturing Section calibrated & validated? Firm will provide undertaking in this regard on legally notarized stamp paper of rupees 100. (In case of non-compliance, none of the section (s) of the firm will be prequalified.)	Yes/No
8	The firm undertake on Rs.100 stamp paper dully legalized/notarized that it has separate quality control and microbiological lab.	Yes/No
9	Is relevant equipment installed in quality control lab for analysis for all quoted items available and functional and not deficient to perform official tests of the (quoted) product? Firm will provide undertaking in this regard on legally notarized stamp paper of rupees 100.	Yes/No
10	Is the facility having functional and validated, Heating, Ventilation & Air Conditioning System (HVAC)? Firm will provide undertaking in this regard on legally notarized stamp paper of rupees 100. Department may physically verify firm's claim.	Yes/No
11	Is R.O Water/De-ionized water Plant with the minimum capacity of 500L available and functional? Firm will provide undertaking in this regard on	Yes/No

	legally notarized stamp paper of rupees 100. Department may physically verify firm's claim.	
12	Is firm having minimum two calibrated/validated functional stability chambers. Firm will provide undertaking in this regard on legally notarized stamp paper of rupees 100 along with calibration validation certificate/record.	Yes/No
13	Firm undertake that the Information provided by the firm at Annexures-A,B,C,D,E and F or any other information provided by the firm in accordance with terms & conditions of the prequalification documents on stamp paper of Rs.100 dully legalized/notarized.	Yes/No
14	Minimum Annual financial turnover for any of single financial year (i.e. 2018-19/2019-20/2020-21)/calendar year (i.e. 2018/2019/2020) must be 550 Million Rupees or above for medicine of local manufacturer. Firm will provide FBR income tax return/sales Tax return for the year 2018-19, 2019-20 and 2020-21 or in case of calendar year 2018/2019/2020. <b>Note:</b> Income Tax/Sales Tax return for the FY 2020-21 will be considered supported with bank statement (FY-2020-21) of the title account of the applicant firm only. Both Tax return and Bank statement must be above 550 Million Rupees. (Firm will attach bank statement signed and stamped from concerned bank along with FBR income tax/sales tax return) and same for calendar year-2020. (Joint venture, consortium and subsidiary shall not be accepted.)	Yes/No
15	The firm will provide building fitness certificate of its manufacturing site issued by concerned authority OR Layout plan approved by concerned Development Authority/ Town Municipal Authority/DRAP will also be accepted.	Yes/No
16	The firm will submit undertaking on Rs.100 stamp paper that the firm follows the labor laws (Including child free labor and minimum wages as per Government policy).	Yes/No
17	The firm will submit undertaking on Rs.100 stamp paper that none of its supplied batch in Public Sector Institutions has been declared Spurious/Adulterated since January 2018 onward.	Yes/No
18	The firm will submit SOP's regarding drug recall.	Yes/No
19	The firm will provide form-29 issued by SECP. (Article of association of companies) /Form C (Registered from registrar of firms)/ sole proprietorship.	Yes/No
20	The firm will submit undertaking on Rs.100 Stamp Paper legalized/notarized that Firm is not prosecuted by Provincial Quality Control Board (PQCB) on the offense of Spurious/Adulterated Drugs/Medicines.	Yes/No
21	The firm shall submit original receipt of fee with prequalification application.	Yes/No
22	The applicant will submit an affidavit on Rs. 100/- stamp paper (Notarized) stating the applicant accepts all the terms and conditions of the Prequalification Documents.	Yes/No
23	The firm must submit prequalification application along with all relevant documents on online portal (PQOD) of P&SHD.	Yes/No
<b>2-KNOCK DOWN CRITERIA (Quoted Product/Item Wise)-Drug/Medicine</b>		

<ol style="list-style-type: none"><li>1. Prequalification of quoted item section is compulsory.</li><li>2. Drug Registration Certificate of each quoted item for quoted pack size/volume issued to applicant by DRAP. Firm will submit DRC of all registered pack sizes/volume of quoted strength along with duly filled <b>Annex-F</b>.</li><li>3. At least One-year experience of quoted item of manufacturer. The firm shall submit batch production record (including batch no. &amp; date of Mfg.) of at least one year till closing date of submission of Prequalification Application. <b>It is mandatory that at least 25% of manufactured batched shall be sold in private market.</b></li><li>4. Firm maintained of Required storage temperature as per requirement of quoted item.</li><li>5. Any Spurious/adulterated sample of quoted items.</li><li>6. Samples Substandard of quoted item (Not over 5%) from (01-01-2020) if any.</li><li>7. For local Manufacturing firms, applicant firm must declare daily production capacity of each quoted item (Finished Units produced in a single day). The firm will submit undertaking on Rs.100 stamp paper in this regard. (Department may physically verify/inspect manufacturing site to confirm the claim of the firm. Any false claim considered as fraudulent practice and may lead to disqualification/blacklisting of the applicant firm.)</li><li>8. For local Manufacturing firms, applicant firm must submit maximum batch size of quoted item in units. The firm will submit undertaking on Rs.100 stamp paper in this regard. (Department may physically verify/inspect manufacturing site to confirm the claim of the firm. Any false claim considered as fraudulent practice and may lead to disqualification/blacklisting of the applicant firm.)</li><li>9. Substandard Batch of quoted item Recall History from (01-01-2020) if any.</li><li>10. Any Punitive Action Taken by DRAP since (01-01-2020). (Punitive means, Prosecution launched in drug court)</li><li>11. Any Punitive Action Taken by PQCB since (01-01-2020). (Punitive means, Prosecution launched in drug court).</li></ol> <p><b>NOTE: Firm will provide undertaking for knock down clause 3,4,5,6,7,8 ,9,10 and 11 on legally notarized stamp paper of rupees 100/-</b></p>
---

To establish its qualification, the firm shall provide the information requested in the respective annexures and requirements with documentary proof:

**Note:** The firm will be prequalified for the particular item.

**NOTE:**

- 1. In order to avoid internet connectivity and load shedding issue, applicants are advised to apply online as early as possible without waiting for the due date.**
- 2. In case of any issue during online application submission at PQOD, immediately send email at mukhtarmuddasir@gmail.com along with screen short of issue faced by applicant.**

**B- FOR SOLE AGENTS OF FOREIGN PRINCIPAL (DRUGS/MEDICINES)  
1-KNOCK DOWN CRITERIA (Firm Wise)**

<b>Sr. No.</b>	<b>Knock Down Clause</b>	<b>Status</b>
<b>1</b>	The firm has provided/attached Valid Drugs Sale License issued by Competent Authority for Sole Agents of Foreign Principal.	Yes/No
<b>2</b>	The firm undertakes that it has provided/attached Valid Sole Agency Agreement. It must be issued from at least one year till the date of submission of PQD. (For Sole agent).	Yes/No
<b>3</b>	The firm undertakes that currently it is not blacklisted/debarred by any procuring agency. Firm will provide undertaking in this regard on legally notarized stamp paper of rupees 100/-.	Yes/No
<b>4</b>	The firm has provided/attached valid, GMP Certificate issued by Drug Regulatory Authority of Country of Manufacturer/ Certificate of Pharmaceutical Product (COPP).	Yes/No
<b>5</b>	The firm undertake that the Information provided by the firm at Annexures-A,B,C,D,E and F or any other information provided by the firm in accordance with terms & conditions of the prequalification documents on Rs.100 stamp paper dully legalized/notarized.	Yes/No
<b>6</b>	Minimum Annual financial turnover for any of single financial year (i.e. 2018-19/2019-20/2020-21)/calendar year (i.e. 2018/2019/2020) must be 330 Million Rupees or above for medicine Sole agents. Firm will provide FBR income tax return/sales Tax return for the year 2018-19, 2019-20 and 2020-21 or in case of calendar year 2018/2019/2020. <b>Note:</b> Income Tax/Sales Tax return for the FY 2020-21 will be considered supported with bank statement (FY-2020-21) of the title account of the applicant firm only. Both Tax return and Bank statement must be above 330 Million Rupees. (Firm will attach bank statement signed and stamped from concerned bank along with FBR income tax/sales tax return) and same for calendar year-2020. (Joint venture, consortium and subsidiary shall not be accepted.)	Yes/No
<b>7</b>	Firm will provide undertaking on legally notarized stamp paper of rupees 100 That firm (Sole agent) follows Good Distribution and Storage Practices as per requirement. The firm must mention address of storage facility of applicant on undertaking.	Yes/No
<b>8</b>	The firm will submit undertaking on Rs.100 stamp paper that none of its supplied batch in Public Sector Institutions has been declared Spurious/Adulterated since January 2018 onward.	Yes/No
<b>9</b>	The firm will submit undertaking on Rs.100 Stamp Paper legalized/notarized that Firm is not prosecuted by Provincial Quality Control Board (PQCB) on the offense of Spurious/Adulterated Drugs/Medicines.	Yes/No
<b>10</b>	The firm shall submit original receipt of fee with prequalification application.	Yes/No
<b>11</b>	The applicant will submit an affidavit on Rs. 100/- stamp paper (Notarized) stating the applicant accepts all the terms and conditions of the Prequalification Documents.	Yes/No
<b>12</b>	The firm must submit prequalification application along with all relevant documents on online portal (PQOD) of P&SHD.	Yes/No

## **2-KNOCK DOWN CRITERIA (Quoted Product/Item Wise)-Sole Agents of Foreign Principal- Drug/Medicine Items**

1. Drug Registration Certificate of each quoted item for quoted pack size/volume issued to applicant by DRAP. Firm will submit DRC of all registered pack sizes/volume of quoted strength along with duly filled **Annex-F**.
  2. At least One-year experience of quoted item of manufacturer. The firm shall submit batch import record (including import documents) of at least one year till closing date of submission of Prequalification Application.
  3. Quality Compliance Standards (EMA/JMHLW/US FDA/prequalified by WHO (Certificate) of quoted item.
  4. Required storage temperature as per product's requirement.
  5. Any Spurious/adulterated samples of quoted item.
  6. Samples of quoted item Substandard (Not over 5%) since (01-01-2020) if any.
  7. Substandard Batch Recall History of quoted item since (01-01-2020) if any.
  8. Valid Sole agency agreement. It must be from at least previous one year till the last date of submission of PQD.
  9. Any Punitive Action Taken by DRAP since (01-01-2020). (Punitive means, Prosecution launched in drug court).
  10. Any Punitive Action Taken by PQCB since (01-01-2020). (Punitive means, Prosecution launched in drug court).
- NOTE: Firm will provide undertaking for knock down clause 2,4,5,6,7,9 and 10 on legally notarized stamp paper of rupees 100/-**

To establish its qualification, the firm shall provide the information requested in the respective annexures and requirements with documentary proof:

**Note:** The firm will be prequalified for the particular item/ brand.

**NOTE:**

1. **In order to avoid internet connectivity and load shedding issue, applicants are advised to apply online as early as possible without waiting for the due date.**
2. **In case of any issue during online application submission at PQOD, immediately send email at mukhtarmuddasir@gmail.com along with screen short of issue faced by applicant.**



**GENERAL FIRM’S INFORMATION**  
(Drugs/ Medicines Manufacturer)

**I. Company Profile.**

1. Name of company : \_\_\_\_\_  
 Year established : \_\_\_\_\_  
 Form of company :  Individual  
 Partnership  
 Corporation  
 Other (specify) \_\_\_\_\_  
 Legal status : \_\_\_\_\_  
 Trade registers number : \_\_\_\_\_  
 NTN & Sales Tax number (If applicable): : \_\_\_\_\_  
 Mfg. License Number : \_\_\_\_\_  
 (attach valid copy)  
 2. Address : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Telefax: \_\_\_\_\_  
 E-mail: : \_\_\_\_\_  
 3. Employees:

S.No.	Category	Quantity
1	Management	
2	R &D	
3	Sales	
4	Administrative	
5	Production and quality control	
6	Others (specify)	
<b>Total</b>		

Please attach the company organizational chart

**II. Product Information**

Please provide the information as per Annexure-C

1. Are all manufacturing operations (processing, packaging, labeling) carried out internally?

YES  NO

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

S.No.	Product Name	Manufacturer	Address
1.			
2.			
3.			

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

S.No.	Product Name	Manufacturer	Address
1.			
2.			
3.			

### III. QUALITY DEPARTMENT

1. Do you maintain your own quality control laboratory?

YES  NO (if NO please provide details of alternate arrangements)

2. Number of specialized personnel working in your quality control, quality assurance and microbiological laboratory/ies (excluding administrative personnel). Provide their academic and professional details on a separate sheet.

Pharmacists : \_\_\_\_\_

Chemists : \_\_\_\_\_

Others : \_\_\_\_\_

3. List of Equipment installed in quality control, quality assurance and microbiological laboratory/ies for quality assurance as per BP/USP.

\_\_\_\_\_  
\_\_\_\_\_

4. Are these equipment calibrated & validated.

YES  NO

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

YES  NO  Certificate of Analysis

6. Are control samples of each batch retained?

YES

NO

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

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

Title: \_\_\_\_\_

Experience in pharmaceuticals: \_\_\_\_\_ years

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

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

Qualification: \_\_\_\_\_

Experience in pharmaceuticals: \_\_\_\_\_ years

9. Describe your storage facilities:

\_\_\_\_\_  
\_\_\_\_\_

The firm will provide logistics/distribution network in Punjab.

The firm will provide human resource regarding logistics/distribution network in Punjab.

**Authorized Sole agent for Foreign Principal’s Qualification**  
(Drug/ Medicines Items)

**I. Company Profile.**

1. Name of company : \_\_\_\_\_

Year established : \_\_\_\_\_

Form of company :  Individual  
 Partnership  
 Corporation  
 Other (specify)

Legal status : \_\_\_\_\_

Trade registers number : \_\_\_\_\_

NTN & Sales Tax number (If applicable):

Valid sole agency  
agreement  
(attach valid copy)

2. Address : \_\_\_\_\_

Telephone : \_\_\_\_\_ Telefax: \_\_\_\_\_

E-mail & Web : \_\_\_\_\_

Please attach the company organizational chart

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

- Manufacturer
- Branded products
- Generic products
- Medical supplies
- Laboratory reagents

Other products (specify below)

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

S.No.	Product Name	Company	Address
1.			
2.			
3.			

**5. Employees:**

S.No.	Category	Quantity
1	Management	
2	R &D	
3	Sales	
4	Administrative	
5	Production and quality control	
6	Others (specify)	
		<b>Total</b>

**6. Capital value of the company (specify currency)**

(a) Authorized capital: \_\_\_\_\_

(b) Paid up capital: \_\_\_\_\_

(c) Administration: \_\_\_\_\_

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

(In Million)

Annual turnover	Open market sales	Public Sector Sale	Year

Arbitration History (if any): \_\_\_\_\_



**NAME OF APPLICANT FIRM (Local Manufacturer-Draft Form) \_\_\_\_\_**

Item Code	Generic Name	Section	Quoted Brand	D/ Form	Volume (ml)	Quoted strength	Pack Size	Mfg By	Mfg for	MRP fixed by DRAP	Drug Reg.No	Drug Reg. Date	Mfg Capacity/day (quoted item in finished units)	Section (Validation/c calibration)	Required Storage temperature (quoted item)	Spurious sample (last 3 years)	DTL Standard (Not over 5%) From (01-01-2020)	Substandard Batch Recall History (01-01-2020)	Punitive Action by DRAP from (01-01-2020)	Punitive Action by PQCB from (01-01-2020)	Convicted by Drug Court from (01-01-2020)
1																					
2																					

**NAME OF APPLICANT FIRM (Sole Agent-Draft Form)-DRUGS \_\_\_\_\_**

Item Code	Generic Name	Section	Quoted Brand	D/ Form	Volume (ml)	Quoted strength	pack Size	Country of Origin	Mfg By	Mfg for	MRP fixed by DRAP	Drug Reg. No	Drug Reg. Date	Quality Compliance Standards	Required Storage tempt (quoted item)	Spurious sample (last 3 years)	DTL Substandard (Not over 5%) From(01-01-2020)	Substandard Batch Recall History (01-01-2020)	Punitive Action by DRAP from (01-01-2020)	Punitive Action by PQCB from (01-01-2020)	Convicted by Drug Court from (01-01-2020)	Valid Sole Agency Agreement	Verified/Not Verified (Valid sole agency Authorization)
1																							
2																							

## Annexure-E

Sr.	Generic Name
1	Acetylsalicylic acid 75mg enteric coated tab.
2	Acyclovir Injection 250 mg
3	Acyclovir Injection 500 mg
4	Adrenaline 1mg/ml Inj
5	Albendazole Susp. 200mg / 5ml
6	Albendazole Tablets 200mg
7	Allopurinol Tablet 300mg
8	Alprazolam Tablets 0.5 mg
9	Amikacin (Sulphate) Injection 100mg
10	Amikacin (Sulphate) Injection 250mg
11	Aminophylline 25mg/ml Inj
12	Amiodarone HCL Injection 150 mg/3ml
13	Amiodarone HCL Tablets 200 mg
14	Amitriptyline (hydrochloride) Tablets 25mg
15	Amlodipine Tablets 5 mg
16	Ammonium Chloride+ Aminophylline+ other ingredients as expectorant Syrup/Susp.
17	Amoxicillin (as trihydrate) 875mg + Clavulanic Acid (as Potassium) 125mg Tablets
18	Amoxicillin (trihydrate) Capsules/tablets 250mg
19	Amoxicillin (trihydrate) Capsules/tablets 500 mg
20	Amoxicillin (trihydrate) Dispersible tablets 500mg
21	Amoxicillin + Clavulanic Acid Injection 1.2gm
22	Amoxicillin + Clavulanic Acid Suspension 125 mg + 31.25 mg / 5 ml
23	Amoxicillin + Clavulanic Acid Suspension 250mg+62.5mg/5ml
24	Amoxicillin + Clavulanic Acid Tablets 625 mg
25	Amoxicillin Injection 500mg
26	Amoxicillin Suspension 125mg/5ml
27	Amoxicillin Suspension 250mg/5ml
28	Ampicillin Glass Vial, Injection 250 mg (as sodium salt)
29	Antacid suspension containing Magnesium Hydroxides, Aluminum Hydroxide including other relevant ingredients Susp.
30	Anti D immunoglobulin (human) Single dose vial
31	Anti-Rabies Vaccine (PVRV) inj. (WHO Pre-Qualified)
32	Anti-Snake venom Serum (ASV)
33	Artemether + Lumefantrine Suspension 15 + 90 mg Susp.
34	Artemether + Lumefantrine Tablets 20mg + 120mg
35	Ascorbic Acid 500mg tab.
36	Atenolol Tablet 50mg
37	Atorvastatin Tablets 20mg
38	Atracurium (besylate) Injection 10mg/ml
39	Atropine (Sulfate) injection 1mg/ml
40	Azithromycin Capsules/Tab 250mg
41	Azithromycin Capsules/Tab 500mg
42	Azithromycin Susp 200mg/5ml
43	Beclomethasone (Dipropionate) Inhaler 250 mcg
44	Beclomethasone (Dipropionate) Solution 800mcg/2ml
45	Benzyl Benzoate Lotion
46	Betamethasone Cream 0.1%

Sr.	Generic Name
47	BOPV Vaccine WHO pre-qualified
48	Bupivacaine (hydrochloride) (spinal) Injection 0.75% (Amp of 2 ml)
49	Calamine Lotion 15%
50	Calcium Carbonate Tablets (equivalent to 400-500mg elemental calcium)
51	Calcium Gluconate Injection 100 mg/ml
52	Calcium phosphate 210mg/5ml or above
53	Captopril Tablet 25mg
54	Carbamazepine Syrup/Suspension 100mg / 5ml
55	Carbamazepine Tablets 200 mg
56	Cefixime Capsule/Tablets 400mg
57	Cefixime Suspension 100mg/5ml
58	Cefixime Suspension 200mg/5ml
59	Ceftriaxone (Sodium) Injection 1gm (I.V)
60	Ceftriaxone (Sodium) Injection 250mg (I.V)
61	Ceftriaxone (Sodium) Injection 500 mg (I.V)
62	Cefurexime (Sodium) Injection 750mg
63	Cephadrine Capsule 500mg
64	Cephadrine Injection 500mg
65	Cephadrine Susp 125mg/5ml
66	Cetirizine Syrup/liquid/solution 5mg / 5ml.
67	Cetirizine Tablets 10mg
68	Chloramphenicol Ear Drops 1% w/v
69	Chloramphenicol Eye Drops 0.5% w/v
70	Chlorhexidine Gluconate Gel 7.1% w/w Eq.to Chlorhexidine 4% w/w
71	Chloroquine (Phosphate or sulfate) Syrup 200 mg / 5 ml
72	Chloroquine (phosphate or sulfate) Tablets 200/250mg
73	Chlorpheniramine Maleate 10mg/ml Inj
74	Chlorpheniramine maleate Syrup 2 mg / 5ml
75	Chlorpheniramine maleate Tablets 4 mg
76	Ciprofloxacin (Hydrochloride) Tablets 500 mg
77	Ciprofloxacin Ear Drops 0.3% w/v
78	Ciprofloxacin Eye Drops 0.3% w/v
79	Ciprofloxacin Injection 200mg / 100ml
80	Clarithromycin Suspension 125mg/5ml
81	Clarithromycin Tablets 500mg
82	Clobetasol Cream/ointment 0.05% w/w
83	Clomipramine (hydrochloride) Tablets 10mg
84	Clopidogrel Tablets 75 mg
85	Clotrimazole Skin cream 1% w/w
86	Clotrimazole Vaginal Cream 10%
87	Clotrimazole Vaginal tablet 500 mg
88	Combined Oral Contraceptive Pill (21 Tabs norgestrel and ethinyl estradiol and 7 Tabs ferrous fumarate tablets)
89	Daclatasvir 60mg Tablet
90	Desferrioxamine 500mg inj.
91	Dexamethasone sodium phosphate Injection 4mg/ml, ampoule/vial of 1ml
92	Dextran 40 Infusion 500ml
93	Dextromethorphan + Diphenhydramine/CPM/Pseudoephedrine+ others ingredients as antitussive/dry cough Syrup/Susp.

Sr.	Generic Name
94	Dextrose 10% 1000ml
95	Dextrose Infusion 5%, 1000ml)
96	Dextrose Injection 25 % (20ml/25ml) Ampoule
97	Dextrose+Saline (1000ml) Infusion 5%w/v +0.9%w/v
98	Diazepam Injection 10mg
99	Diclofenac (Sodium) Capsule/Tablets 50 mg
100	Diclofenac (Sodium) Injection 75mg in 3 ml Ampoule
101	Dimenhydrinate 50mg tab
102	Dimenhydrinate 50mg/ml injection
103	Dimenhydrinate Suspension/Syrup 12.5mg/4ml
104	Dobutamine (hydrochloride) Injection 250mg/5ml
105	Domperidone Meleate 10mg Tablet
106	Dopamine (hydrochloride) Injection 200mg/5ml
107	Doxycycline (hyclate) Capsules 100mg
108	Drotaverine 40mg/2ml Injection
109	Drotaverine Tablet 40mg
110	DTP Vaccine WHO pre-qualified
111	Enalapril Tablets 5mg
112	Enticavir 0.5mg tab
113	Ergometrine (hydrogen maleate) Injection 0.2mg/ml
114	Erythromycin 500mg Tablets
115	Erythropoietin 4000-5000 I.U Injection Vial/Pre-filled syringe
116	Escitalopram Tablets 10mg
117	Ferrous salt + Folic Acid Capsule/Tablets
118	Fluconazole Capsules 150mg
119	Folic Acid Tablets 5mg
120	Furosemide Injection 20mg/2ml
121	Furosemide Tablets 40mg
122	Gentamycin Injection 80mg
123	Glibenclamide Tablets 5mg
124	Glimepiride Tablets 2mg
125	Glyceryl Trinitrate (S.R) Tablet 2.6mg
126	Glyceryl Trinitrate (S.R) Tablet 6.4mg
127	Glyceryl Trinitrate Sublingual Tablet 0.5mg (SL)
128	Glycopyrrolate +Neostigmine Injection 0.5 mg/ml injection
129	Heparin (Sodium) Injection 5000 IU/ml vial of 5ml
130	Hepatitis -B Vaccine Adult dose (doses) WHO pre-qualified
131	Hepatitis-B Vaccine Birth dose (doses WHO pre-qualified
132	Hydrocortisone (Sodium succinate) Injection 100mg
133	Hydrocortisone (Sodium succinate) Injection 250mg
134	Hydrocortisone Cream 1%
135	Ibuprofen Susp. 100mg/5ml
136	Ibuprofen Tablets 400mg
137	Inactivated Influenza Vaccine H1N1 Injection (WHO approved strain)
138	Infusion 1/2 Normal Saline infusion 500 ml
139	Insulin comp 70/30 Injection 100 IU/ml
140	Insulin NPH Injection 100 IU/ml

Sr.	Generic Name
141	Insulin Regular Injection 100 IU/ml
142	Ipratropium Bromide Nebulizing Solution
143	Iron iii Hydroxide Polymaltose Syrup
144	Iron Sucrose Injection 100mg/5ml
145	Isoflurane Liquid Inhalation 100ml
146	Isosorbide Dinitrate Infusion 10mg/10ml
147	Ketamine 50mg/ml Injection
148	Lactulose Syrup 3.35gm/5ml
149	Levodopa + Carbidopa Tablets 250mg + 25mg
150	Levofloxacin Tablet 250mg
151	Levonorgestrel 75mg Implants (Two Rod)
152	Lignocaine (hydrochloride) 2% Injection
153	Lignocaine (hydrochloride) Topical forms 2% Gel
154	Lignocaine + Adrenaline 2% Ampoule (Amp 10ml)
155	Lignocaine + Epinephrine Dental Cartridge 2% + 1:100 000
156	Losartan Potassium Tablet 50mg
157	Magnesium Sulphate Injection 500mg/ml
158	Mannitol (500ml) Infusion 20% w/v
159	Measles Vaccine (WHO Prequalified)
160	Mebendazole 500mg Chewable
161	Mebendazole Tablet 100 mg
162	Medroxyprogesterone acetate Inj. 150mg/ml
163	Mefenamic acid Tablet 500 mg
164	Meglumine Antimoniate Inj
165	Meningococcal conjugate vaccine (WHO Prequalified)
166	Metformin (hydrochloride) Tablets 500mg
167	Methyldopa Tablets 250mg
168	Metoclopramide (hydrochloride) Injection 10mg
169	Metoclopramide (hydrochloride) Syrup 5mg/5ml
170	Metoclopramide (hydrochloride) Tablets 10mg
171	Metronidazole (Benzoate) Syrup 200 mg / 5ml
172	Metronidazole 500mg/100ml infusion
173	Metronidazole Tablets 200 mg
174	Metronidazole Tablets 400 mg
175	Miconazole (Nitrate) 2% Oral gel
176	Midazolam Injection 1mg/ml
177	Misoprostol Tablets 200mcg
178	Modified Fluid Gelatin 4% Infusion 500ml
179	Montelukast 4mg Dry Powder sachet
180	Montelukast Tablets 10 mg
181	Moxifloxacin Eye drops 0.5%(5ml)
182	Multivitamins (Tab/cap)
183	Nalbuphine Hcl Injection 10mg/ml
184	Naloxone HCL Injection 0.4mg/ml
185	Naproxen Sodium Tablet 550 mg (equivalent to 500mg Naproxen)
186	Nifedipine 10mg Capsule/tablet
187	Normal Saline Infusion 0.9% (1000ml)

Sr.	Generic Name
188	Normal Saline Infusion 0.9% 100ml
189	Nystatin Drops 100,000IU/ml
190	Octreotide Injection 0.05 mg
191	Octreotide Injection 0.1 mg
192	Octreotide Injection 0.5mg
193	Ofloxacin 200mg Tablets
194	Omeprazole Capsule 20mg
195	Omeprazole Injection 40mg
196	ORS Sachet (WHO Formulation)
197	Oseltamivir 75mg Capsule/Tablet
198	Oseltamivir Syrup /Susp
199	Oxytocin Injection 5 IU/ml (1ml)
200	Paracetamol 1 gm/ 100ml Infusion
201	Paracetamol 80mg/0.8ml syrup/solution/drops
202	Paracetamol Syrup/Susp 120 mg /5 ml.
203	Paracetamol Tablet 500 mg
204	Peas Soln Infusion 1/5 Normal Saline infusion (Paeds solution) 500 ml
205	Pentavalent (single Dose Vial), containing DPT, Hep-B & HIB Vaccine offered with VVM (WHO Prequalified).
206	Permethrin Cream 5%
207	Permethrin Lotion 5%
208	Pheniramine (maleate) Injection 25mg/ml
209	Phenytoin (sodium) Syrup 30mg /5ml
210	Phenytoin (sodium) Tablets 100 mg
211	Phloroglucinol Hydrate 40mg + Trimethyl Phloroglucinol 0.04mg Injection
212	Phloroglucinol Hydrate 80mg + Trimethyl Phloroglucinol 80mg tablets
213	Pneumococcal conjugate vaccine (WHO Prequalified)
214	Polygeline 3.5% Infusion 500ml
215	Polymyxin B (Sulphate) + Bacitracin Zinc Eye Ointment 10000IU/g + 500IU/g
216	Polymyxin B (Sulphate) + Bacitracin Zinc Ointment 10000IU/g + 500IU/g
217	Potassium Chloride (KCL) Solution 7.46% in 20/25ml ampoule
218	Povidone – iodine Scrub 7.5%
219	Povidone – iodine Solution 10%
220	Pralidoxime 200mg/10ml Injection
221	Prednisolone Tablets 5mg
222	Primaquine (Phosphate or sulfate) Tablets 7.5mg
223	Promethazine (HCL) Syrup/Elixir 5mg/5ml
224	Propofol 200 mg Injection 200mg/20ml
225	Propranolol Tablets 10mg
226	Propranolol Tablets 40 mg
227	Rifampicin+Isoniazid(RH 150+75) Tablets(Bioavailability/ Bioequivalence study conducted by WHO Audited Labs must be attached along with bid and study must be available on WHO Website)
228	Rifampicin+Isoniazid+Ethambutol (RHE 150+75+275) Tablets (Bioavailability/ Bioequivalence study conducted by WHO Audited Labs must be attached along with bid and study must be available on WHO Website)
229	Rifampicin+Isoniazid+Pyrazinamide+Ethambutol (RHZE 150+75+400+275) tablets (Bioavailability/ Bioequivalence study conducted by WHO Audited Labs must be attached along with bid and study must be available on WHO Website)
230	Ringer's Lactate (1000ml) Infusion
231	Ringer's Lactate (500ml)
232	Salbutamol (Sulfate) 100 micrograms and beclomethasone 50mcg inhaler

Sr.	Generic Name
233	Salbutamol (Sulfate) Inhaler 100 micrograms
234	Salbutamol (Sulfate) Solution for nebulizer 5 mg/ml
235	Salbutamol (Sulfate) Tablets 4mg
236	Salbutamol Syrup
237	Sevoflurane Liquid Inhalation 250ml
238	Silver Sulphadiazine Cream 1%
239	Sodium Bicarbonate 8.4% w/v inj.
240	Sodium Phosphate Enema (Liquid)
241	Sofosbuvir 400mg Capsule/Tablet
242	Spirolactone Tablets 25 mg
243	Streptokinase Powder for injection 1.5 million IU
244	Streptomycin (As Sulphate) 750mg inj
245	Sulfamethoxazole + trimethoprim D/S Susp 400mg + 80mg/5ml
246	Sulfamethoxazole + Trimethoprim D/S Tablets 800mg+160mg
247	Sulphadoxine + Pyrimethamine Tablets 500 + 25mg
248	Suxamethonium (chloride) Injection 100 mg/2ml
249	Tazobactam+Piperacillin Injection 250mg+2gm
250	Telbivudine 600mg tab
251	Tenofovir (disoproxil fumarate) 300 mg
252	Tetanus immunoglobulin (human) injection
253	Tetanus Toxoid injection (WHO Prequalified)
254	Timolol (hydrogen maleate) Eye Drops 0.5%
255	Tobramycin + Dexamethasone Eye Drops
256	Tramadol HCl Capsule/Tablet 50 mg
257	Tramadol HCl Injection 100mg/2ml
258	Tranexamic Acid Capsules 500mg
259	Tranexamic Acid Injection 500mg/5ml
260	Typhoid Conjugate Vaccine WHO Pre-qualified
261	Valproic acid (as sodium) Syrup 250mg/5ml
262	Valproic acid (as sodium) Tablets 500mg
263	Vancomycin (HCl) Injection 500 mg
264	Varicella Vaccine WHO pre-qualified
265	Vitamin B Complex Tablets
266	Vitamin D3 Injection 5mg
267	Vitamin K1 2mg/ml Injection
268	Water for injection 10 ml Sterile
269	Water for injection 5 ml Sterile
270	Zinc Sulphate Dispersible Tablet 20 mg
271	Zinc Sulphate Syrup 20mg/5ml.
272	Zinc Sulphate Tablets 20 mg
273	Pegylated interferon alfa-2a



- NOTE:**
1. If one pack size/volume of quoted item is prequalified, its other pack size/volume will also be considered as prequalified subject to compliance of all compulsory parameters of other pack size/volume of the same quoted brand.
  2. In case of any batch of the quoted item declared adulterated/spurious, the quoted item shall be ineligible irrespective of the pack size/volume.
  3. The firm shall provide all the registration certificate (DRAP Approved) of pack size/volume of the quoted brand against the advertised list of generic Drugs/Medicines items.  
**Note:** In case of non-provision of Drug Registration Certificate of all pack size/volume or misleading information, the firm shall stand disqualified and/or may be blacklisted.
  4. Detailed specification of items will be advertised at the time of bidding.

**Annexure-F**

Sr No.	Quoted Item with Brand Name	DRC No.	Quoted strength	Quoted Pack size (Volume in case of liquid dosage form/gram in case of semi solid dosage form & dry powder dosage form/no of units in solid dosage form/total volume in case of inhaler)	Pack size other than quoted	Expiry Date of DRC	Renewal applied(if applicable)

### Section III: Application Forms

## Application Submission Form

Date: \_\_ / \_\_ / 2021

To

**Director General Health Services Punjab  
Government of the Punjab  
Primary & Secondary Healthcare Department.**

I/we, the undersigned, apply to be prequalified for the referenced Pre-qualification and declare that:

- (a) I/we have examined and have no reservations to the Prequalification Documents, including Addendum(s). (if any) issued in accordance with Instructions to Applicants (ITA) *[insert the number and issuing date of each addendum]*.
- (b) I/we, have nationalities from eligible countries, in accordance with ITA *[insert the nationality of the Applicant, including that of all partners in case of a Joint Venture /Consortium if applicable]*;
- (c) I/we, for any part of the application resulting from this prequalification, do not have any conflict of interest;
- (d) I/we for any part of the contract resulting from this prequalification, have not been declared disqualified / blacklisted by any of the public organization of the Procuring Agency's country
- (e) I/we understand that you may cancel the prequalification process at any time, the prequalification does not bound the procuring agency to call for the bids from the prequalified firms.
- (f) All information, statements and description contained in the Application (online and hard copy) are in all respect true, correct and complete to the best of our knowledge and belief and there is no difference in information provided online and submitted in hard copy.

Signed *[insert signature(s) of an authorized representative(s) of the Applicant]* Name *[insert full name of person signing the application]*

In the Capacity of *[insert capacity of person signing the application]*

Duly authorized to sign the application for and on behalf of: Applicant's Name *[insert full name of Applicant]*

Address *[insert street number/town or city/country/ address]*

Dated on \_ -/\_ -\_/2021

## **Affidavit**

(Pak Rs.100/-)

*Applicants signed affidavit on PKR 100 paper confirming not having been declared ineligible by any of the public sector organization in Pakistan, as described in the documents.*

Signed *[insert signature(s) of an authorized representative(s) of the Applicant]* Name *[insert full name of person signing the application]*

In the Capacity of *[insert capacity of person signing the application]*

Duly authorized to sign the application for and on behalf of: Applicant's Name *[insert full name of Applicant]*

Address *[insert street number/town or city/country/ address]*

Dated on \_ -/\_ -\_/2021