PREQUALIFICATION DOCUMENTS

(CORRIGENDUM)

(DRUGS/ MEDICINES & MEDICAL DEVICES)

(PHARMACEUTICAL MANUFACTURING UNITS AND SOLE AGENTS OF FOREIGN PRINCIPALS)

(FINANCIAL YEAR 2019-2020)

Directorate General Health Services Punjab
24-Cooper Road Lahore
Primary & Secondary Healthcare Department
Government of the Punjab

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 (2019-20)

PHARMACEUTICAL MANUFACTURING UNITS AND SOLE AGENTS OF FOREIGN PRINCIPALS OF DRUGS/MEDICINES AND MEDICAL DEVICES

CORRIGENDUM

Reference to invitation for Prequalification published in Newspapers "The Express Lahore" on 06.07.2019 and "The Daily Dawn" on 09.07.2019 bearing IPL No.6055 is hereby extended up-to 06.08.2019 of online submission and 08-08-2019 for submission of hardcopy of prequalification application along with sign & stamped print of online submission data.

A pre-bid meeting was held on 11-07-2019. Pre-bid minutes along with revised bidding documents finalized has already been uploaded on websites of Primary & Secondary Healthcare Department (www.pshealth.punjab.gov.pk) and Directorate General Health Services (www.dghs.punjab.gov.pk) on 15-07-2019.

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

Last date and time of closing of online submission of Pre-qualification Application	**06/08/2019**	**05:00 P.M.**
Date and time of Submission Pre-qualification Application.	**08/08/2019**	**11:00 A.M.**
Date and time of opening of Pre-qualification Application.	**08/08/2019**	**11:30 A.M.**
Venue	**Committee Room O/o Directorate General Health Services, Punjab, 24 Cooper Road Lahore.**	

Note: - All the other terms and conditions mentioned in the pre-qualification documents will remain the same.

Director General Health Services
Punjab

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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 and Non-Drugs/Medical Devices 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 2018.
Procuring agency 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 2019-20 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 & Non-Drugs/Medical Devices.** 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.pshealth.punjab.gov.pk**" or "**www.pshealth.punjab.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.pshealth.punjab.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)

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 (Non Drugs/Medical Devices)

Click on section C, Sole Agents (Non-Drugs/Medical Devices)

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

Step (C-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) 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) Non Drugs/Medical Devices 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 2018 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: a. bear the name and address of the Applicant; b. be addressed to the Director General Health Services Punjab, Primary & Secondary Healthcare Department in accordance with ITA; and c. 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 & Non-Drugs/Medical Devices 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 through inspection teams 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.
	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 2019-20

Annex-1-(On firm's Original Letter Head)

Request Application for Prequalification Documents (2019-20)
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 (2019-20) Drugs & Non-Drugs/Medical Devices**

Dear Sir,

With reference to your advertisement regarding prequalification of Drugs & Non-Drugs/Medical Devices (2019-20) advertised on July 2019 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)

FOR LOCAL MANUFACTURERS

1-KNOCK DOWN CRITERIA (Firm Wise)

Sr. No.	Knock Down Clause	Status
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 judicial 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/Quality Management System documents. The firm will provide ISO Certificate/QMS manual or relevant SOPs.	Yes/No
5	Valid ISO 14001/Environment Protection Agency approval/Establish and well Documented (EHS) Policy or relevant SOPs.	Yes/No
6	Valid ISO 18001 /Establish and well Documented (EHS) Policy or relevant SOP`s.	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 judicial 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 judicial 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 judicial 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 judicial stamp paper of rupees 100. Procuring agency 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 legally notarized judicial stamp paper of rupees 100. Procuring agency may physically verify firm's claim.	Yes/No
12	Is firm having minimum two functional stability chambers. Firm will provide undertaking in this regard on legally notarized judicial stamp paper of rupees 100.	Yes/No
13	Firm undertake that the Information provided by the firm at Annexure-A, B, or C or any other information provided by the firm in accordance with terms	Yes/No

	& conditions of the prequalification documents on judicial stamp paper of Rs.100 dully legalized/notarized.	
14	Minimum Annual turnover for any of single financial year (i.e. 2016-17/2017-18/2018-19) not less than 500 Million Rupees. Firm will provide FBR income tax return/sales Tax return.	Yes/No
15	The firm will provide building fitness certificate of its manufacturing site issued by concerned authority. 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 judicial 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 SOP`s regarding drug recall.	Yes/No
18	The firm will provide form-29 issued by SECP.(Article of association of companies)	Yes/No
19	Any Conviction by Drug Court against firm. The firm will submit undertaking on Rs.100 Judicial Stamp Paper legally legalized/notarized.	Yes/No
20	The firm shall submit original receipt of fee with prequalification application.	Yes/No
21	The applicant will submit an affidavit on Rs. 100/- judicial stamp paper (Notarized) stating the applicant accepts all the terms and conditions of the Prequalification Documents.	Yes/No
2-KNOCK DOWN CRITERIA (Quoted Product/Item Wise)-Drug/Medicine		
	1. Prequalification of quoted item section is compulsory. 2. Drug Registration Certificate of each quoted item issued to applicant by DRAP. 3. One-year experience of quoted item of manufacturer. (From date of registration). 4. Required storage temperature as per requirement. 5. Any Spurious sample of quoted items. 6. Samples Substandard of quoted item (Not over 5%) from (01-01-2018) if any. 7. Substandard Batch of quoted item Recall History from (01-01-2018) if any. 8. *Any Punitive Action Taken by DRAP since (01-01-2018). (Punitive means, Prosecution launched in drug court)* *9. Any Punitive Action0 Taken by PQCB since (01-01-2018). (Punitive means, Prosecution launched in drug court).* **NOTE: Firm will provide undertaking for knock down clause 4,5, 6,7,8 and 9 on legally notarized judicial 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 section/item.

Section II-a: PREQUALIFICATION CRITERIA SOLE AGENTS (DRUGS/MEDICINES)
1-KNOCK DOWN CRITERIA (Firm Wise)

Sr. No.	Knock Down Clause	Status
1	The firm has provided/attached Valid Drugs Sale License issued by Competent Authority for Sole Agents of Foreign Principal.	Yes/No
2	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
3	The firm undertakes that currently it is not blacklisted/debarred by any procuring agency. Firm will provide undertaking in this regard on legally notarized judicial stamp paper of rupees 100/-.	Yes/No
4	The firm has provided/attached valid, GMP Certificate issued by Drug Regulatory Authority of Country of Manufacturer/ Certificate of Pharmaceutical Product (COPP).	Yes/No
5	The firm has provided valid ISO/Quality Management System of manufacturer/PICS certification".	Yes/No
6	The firm undertake that the Information provided by the firm at Annexure-A, B or C and any other information provided by the firm in accordance with terms & conditions of the prequalification documents on Rs.100 judicial stamp paper dully legalized/notarized.	Yes/No
7	Minimum Annual turnover of any single financial year (i.e. 2016-17/2017-18/2018-19) not less than 300 Million Rupees. Firm will provide FBR income tax return/sales Tax return.	Yes/N o
8	Firm will provide undertaking on legally notarized judicial stamp paper of rupees 100 That firm (Sole agent) follows Good Distribution and Storage Practices as per requirement. The firm must mentioned address of storage facility of applicant on undertaking.	Yes/No
9	Any Conviction by Drug Court against firm. The firm will submit undertaking on Rs.100 Judicial Stamp Paper legally legalized/notarized.	Yes/No
10	The firm shall submit original receipt of fee with prequalification application.	Yes/No
11	The applicant will submit an affidavit on Rs. 100/- judicial stamp paper (Notarized) stating the applicant accepts all the terms and conditions of the Prequalification Documents.	Yes/No
2-KNOCK DOWN CRITERIA (Quoted Product/Item Wise)-Sole Agents-Drug/Medicine Items		
	1. Drug Registration Certificate of Quoted Item issued to applicant by DRAP. (DRC). 2. One-year experience of quoted item of manufacturer (from date of registration). 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 samples of quoted item. 6. Samples of quoted item Substandard (Not over 5%) since (01-01-2018) if any. 7. Substandard Batch Recall History of quoted item since (01-01-2018) if any. 8. Valid Sole agency agreement. It must be from at least one year till the date of submission of PQD. 9. *Any Punitive Action Taken by DRAP since (01-01-2018). (Punitive means, Prosecution launched in drug court).*	

	10. *Any Punitive Action0 Taken by PQCB since (01-01-2018). (Punitive means, Prosecution launched in drug court).* **NOTE: Firm will provide undertaking for knock down clause 4,5,6,7,9 and 10 on legally notarized judicial 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.

Section II-B: PREQUALIFICATION CRITERIA (Medical Devices Other Than Surgical Dressings)

FOR MANUFACTURER/SOLE AGENTS

1-KNOCK DOWN CRITERIA (Firm Wise)

Sr. No.	Knock Down Clause	Status
1	Valid DML/ License to Manufacture Medical Devices on form-3 /License to Import Medical Devices on form-4 issued by DRAP.	Yes/No
2	The firm must provide Drugs Sale License.(Where applicable)	Yes/No
3	The firm undertakes that it has provided Valid Sole Agency Agreement issued from at least one year till the date of submission of PQD. (For Sole agent).	Yes/No
4	The firm undertakes that currently it is not blacklisted/debarred by any procuring agency. The firm will provide undertaking in this regard on legalized and notarized Judicial stamp paper of Rs 100.Any false claim leads to disqualification of the firm.	Yes/No
5	Firm will provide valid ISO 13485.	Yes /No
6	Firm will provide valid GMP Certificate issued by DRAP (For local manufacturer only)	Yes /No
7	The firm has provided/attached valid ISO/Quality Management System Certificate.	Yes/No
8	The firm has provided/attached the product's valid CE/UNFPA/JMHLW/US FDA approval certification or prequalification by WHO. Certificates provided by the firm on its own letter head are not acceptable, CE certification must be from notified bodies of European Commission.	Yes/No
9	The firm undertakes that has proper warehouse and storage facility as per recommendation of the manufacturer and at required temperature and follows good storage and distribution practice. Firm will provide undertaking on legally notarized judicial stamp paper of rupees 100. Procuring Agency may physically verify firm's claim. Firm must mentioned address of its storage facility on undertaking.	Yes/No
10	The firm undertake on Rs.100 judicial stamp paper legally notarized that the Information provided by the firm at Annexure-A, B or C and any other information provided by the firm in accordance with terms & conditions of the prequalification documents.	Yes/No
11	Minimum Annual turnover of sole agent for any single financial year (i.e. 2016-17/2017-18/2018-19) is not less than 300 Million Rupees. Firm will provide FBR income tax return/sales Tax return.	Yes/No

12	The applicant will submit valid registration of manufacturing firm with chamber of commerce from country of manufacture.	Yes/No
13	The firm will provide building fitness certificate of its manufacturing site issued by concerned authority. Layout plan approved by concerned Development Authority/ Town Municipal Authority/DRAP will also be accepted. (For manufacturer only)	Yes/No
14	The firm will submit undertaking on Rs.100 judicial stamp paper that the firm follows the labor laws (Including child free labor and minimum wages as per Government policy). (For manufacturer only)	Yes/No
15	The firm will provide form-29 issued by SECP.(Article of association of companies) (For manufacturer only)	Yes/No
16	Any Conviction by Drug Court against firm. The firm will submit undertaking on Rs.100 Judicial Stamp Paper legally legalized/notarized.	Yes/No
17	The firm shall submit original receipt of fee with prequalification application.	Yes/No
18	The applicant will submit an affidavit on Rs. 100/- judicial stamp paper (Notarized) stating the applicant accepts all the terms and conditions of the Prequalification Documents.	Yes/No
2-KNOCK DOWN CRITERIA (Quoted Product/Item Wise)- Manufacturer/Sole Agents-Medical Devices		
	1. Quality Compliance Standards (CE/JMHLW/USFDA or prequalified by WHO (Certificate). 2. Valid DRC/ Device Enlistment certificate, issued by DRAP to the applicant (which ever applicable). 3. Required storage temperature as per product's requirement. 4. Valid Sole Agency Agreement of quoted item is for at least one year up to last date of submission of PQD (for Importers). 5. Quoted products must be tried and tested in local environment for at least three years. (Firm Must attach Purchase Orders of quoted items of Public Sector Institution anywhere in Pakistan from January, 2016 onward. 6. Any Spurious samples of quoted item. 7. Samples Substandard of quoted item (Not over 5%) since (01-01-2018) if any. 8. Substandard Batch Recall History since (01-01-2018) if any. 9. *Any Punitive Action Taken by DRAP since (01-01-2018). (Punitive means, Prosecution launched in drug court)* 10. *Any Punitive Action0 Taken by PQCB since (01-01-2018). (Punitive means, Prosecution launched in drug court).* 11. The firm submit copies of Goods Declaration certificates of quoted items of last three years from January 2016 onward(For Importers only). **NOTE: Firm will provide undertaking for knock down clause 3,6,7,8,9 and 10 on legally notarized judicial 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.

Section II-C: PREQUALIFICATION CRITERIA (Surgical Dressing Only) FOR MANUFACTURER/SOLE AGENTS

1-KNOCK DOWN CRITERIA (Firm Wise)

Sr. No.	Knock Down Clause	Status
1	Valid DML/ License to Manufacture Medical Devices on form-3 /License to Import Medical Devices on form-4 issued by DRAP.	Yes/No
2	The firm must provide Drugs Sale License.(Where applicable)	Yes/No
3	The firm undertakes that it has provided Valid Sole Agency Agreement issued from at least one year till the date of submission of PQD. (For Sole agent).	Yes/No
4	The firm undertakes that currently it is not blacklisted/debarred by any procuring agency. The firm will provide undertaking in this regard on legalized and notarized Judicial stamp paper of Rs 100.Any false claim leads to disqualification of the firm.	Yes/No
5	Firm will provide valid ISO 13485.	Yes /No
6	Firm will provide valid GMP Certificate issued by DRAP (For local manufacturer only)	Yes /No
7	The firm has valid ISO/Quality Management System Certificate.	Yes/No
8	The firm undertakes that has proper warehouse and storage facility as per recommendation of the manufacturer and at required temperature and follows good storage and distribution practice. Firm will provide undertaking on legally notarized judicial stamp paper of rupees 100. Firm must mentioned address of its storage facility on undertaking.	Yes/No
9	The firm undertake on Rs.100 Judicial stamp paper dully legalized/notarized that Information provided by the firm at Annexure-A, B or C and any other information provided by the firm in accordance with terms & conditions of the prequalification documents.	Yes/No
10	Minimum Annual turnover of applicant for financial year (2016-17/2017-18/2018-19) not less than 300 Million Rupees. Firm will provide FBR income tax return/sales Tax return.	Yes/No
11	The applicant will submit valid registration of manufacturing firm with chamber of commerce from country of manufacture.	Yes/No
12	The firm will provide building fitness certificate of its manufacturing site issued by concerned authority. Layout plan approved by concerned Development Authority/ Town Municipal Authority/DRAP will also be accepted.(For manufacturer only)	Yes/No
13	The firm will submit undertaking on Rs.100 judicial stamp paper that the firm follows the labor laws (Including child free labor and minimum wages as per Government policy). (For manufacturer only)	Yes/No
14	The firm will provide form-29 issued by SECP.(Article of association of companies) (For manufacturer only)	Yes/No
15	Any Conviction by Drug Court against firm. The firm will submit undertaking on Rs.100 Judicial Stamp Paper legally legalized/notarized.	Yes/No
16	The firm shall submit original receipt of fee with prequalification application.	Yes/No
17	The applicant will submit an affidavit on Rs. 100/- judicial stamp paper (Notarized) stating the applicant accepts all the terms and conditions of the Prequalification Documents.	Yes/No

2-KNOCK DOWN CRITERIA (Quoted Product/Item Wise)- Manufacturer/Sole Agents-Surgical Dressing.

	1. Valid DRC/ Device Enlistment certificate, issued by DRAP to the applicant (which ever applicable). 2. Required storage temperature as per product's requirement. 3. Valid Sole Agency Agreement of quoted item is for at least one year up to last date of submission of PQD (for Importers). 4. Quoted products must be tried and tested in local environment for at least three years. (Firm Must attach Purchase Orders of quoted items of Public Sector Institution anywhere in Pakistan from January, 2016 onward. 5. Any Spurious samples of quoted item. 6. Samples Substandard of quoted item (Not over 5%) since (01-01-2018) if any. 7. Substandard Batch Recall History since (01-01-2018) if any. 8. *Any Punitive Action Taken by DRAP since (01-01-2018). (Punitive means, Prosecution launched in drug court)* 9.*Any Punitive Action0 Taken by PQCB since (01-01-2018). (Punitive means, Prosecution launched in drug court).* 10. The firm submit copies of Goods Declaration certificates of quoted items of last three years from January 2016 onward (for importers only). **NOTE: Firm will provide undertaking for knock down clause 5,6,7,8 and 9 on legally notarized judicial stamp paper of rupees 100/-**

"Annex-A"

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)	
	Total	

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.

Annexure "B"

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)	
	Total	

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):_____

Authorized Sole agent for Foreign Manufacturer

(Medical Devices/Non Drug items)

Product applied for:

S.No. of the item	Name of Item	Name of Manufacturer	Country of Origin	Quality Compliance standards

Name of firm _____

Address _____

Phone _____ Fax _____

E-mail _____ URL http://www._____

Type of firm: ☐ Sole Proprietor ☐ Partner Ship ☐ Limited

Other_____Date of establishment _____

List of Board of Directors, Partners, Key Management Personnel (both Technical, Sales &Management - include position, professional qualification, experience).

_____

Total area of the firm premises _____ ☐ Owned ☐ Rented

Total Area of ware house _____

Facilities in ware house _____

_____

Total no. of Employees: Technical_____ Non – Technical _____

National Tax Number _____ Date_____

General Tax Number _____ Date _____

Registrations / Prequalification with other departments:_____

_____

Detail of Head / Branch Office / Workshop (s):

Address: _____

Phone _____ Fax _____

Address _____

Phone _____ Fax _____

Sales / Marketing Staff:

Name	Designation / Responsibility	Qualification	Total Experience	Experience with Current Firm	Training Detail (Local &abroad)

Technical Staff:

Name	Designation / Responsibility	Qualification	Total Experience	Experience with Current Firm

Name & Capacity of the Authorized Contact Person:_____

Signature of the Authorized Contact Person: _____

Date:_____ Stamp of the Firm: _____

DOCUMENTS TO BE ATTACHED (COPIES)

The firm must attached relevant documents

"Annex-A"

NAME OF APPLICANT FIRM (Local Manufacturer) _____

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/calibration	Required Storage temp(quoted item)	Spurious sample (last 3 years)	DTL Substandard (Not over 5%) From(01-01-2018)	Substandard Batch Recall History (01-01-2018)	Punitive Action by DRAP from (01-01-2018)	Punitive Action by PQCB from (01-01-2018)	Convicted by Drug Court from (01-01-2018)
1																					
2																					

"Annex-B"

NAME OF APPLICANT FIRM (Sole Agent)-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(01-01-2018)	Substandard Batch Recall History (01-01-2018)	Punitive Action by DRAP from (01-01-2018)	Punitive Action by PQCB from (01-01-2018)	Convicted by Drug Court from (01-01-2018)	Valid Sole Agency Agreement	Verified/Not Verified (Valid sole agency Authorization)
1																							
2																							

"Annex-C"

NAME OF APPLICANT FIRM (Sole Agent)-Non-Drugs _____

Item Code	Generic Name	Section	Quoted Brand	Quoted strength /size	pack Size	Country of Origin	Mfg By	Mfg for MRP (Rs)	Quality Compliance Standards	Required Storage tempt (quoted item)	Valid Sole Agency Agreement	Date of Sole agency agreement	Product 3-years' experience in Pakistan	Verified/ Not Verified (Valid sole agency Authorization)
1														
2														

Annexure-E

Inquiry No.	Generic Name
1	Absorbent Cotton Wool BPC Pack 500gm
2	Acetylsalicylic acid 75mg enteric coated tab.
3	Acyclovir Injection 250 mg
4	Acyclovir Injection 500 mg
5	Adrenalline 1mg/ml Inj
6	Albendazole Susp. 200mg / 5ml
7	Albendazole Tablets 200mg
8	Allopurinol Tablet 300mg
9	Alprazolam Tablets 0.5 mg
10	Aluminium Hydroxide + Magnesium Trisilicate/Hydro-oxide + Simethicone Susp.
11	Amikacin (Sulfate) Injection 100mg
12	Amikacin (Sulfate) Injection 250mg
13	Aminophylline 25mg/ml Inj
14	Amiodarone Hcl Injection 150 mg/3ml
15	Amiodarone Hcl Tablets 200 mg
16	Amitriptyline (hydrochloride) Tablets 25mg
17	Amlodipine Tablets 5 mg
18	Ammonium Chloride+Aminophylline+Menthol+CPM/Diphenhydramine + others Expectorant Syrup/Susp. (25mg/5ml+30mg/5ml+0.90 mg/5ml+5mg/5ml) or more.
19	Amoxicillin (as trihydrate) 875mg + Clavulanic Acid (as Potassium) 125mg Tablets
20	Amoxicillin (trihydrate) Capsules/tablets 1000 mg
21	Amoxicillin (trihydrate) Capsules/tablets 500 mg
22	Amoxicillin (trihydrate) Capsules/tablets 250mg
23	Amoxicillin (trihydrate) Dispersable tablets
24	Amoxicillin + Clavulanic Acid Injection 1.2gm
25	Amoxicillin + Clavulanic Acid Suspension 125 mg + 31.25 mg / 5 ml
26	Amoxicillin + Clavulanic Acid Suspension 250mg+62.5mg/5ml
27	Amoxicillin + Clavulanic Acid Tablets 625 mg
28	Amoxicillin Injection 500mg
29	Amoxicillin Suspension 125mg/5ml
30	Amoxicillin Suspension 250mg/5ml
31	Ampicillin Glass Vial, Injection 250 mg (as sodium salt)
32	Anti D immunoglobulin (human) Single dose vial
33	Anti-Rabies Vaccine (ARV) Single Dose Vial
34	Anti-Rabies Vaccine (PVRV) inj.(WHO Pre-Qualified)
35	Anti-Snake venom Serum (ASV)
36	Artemether + Lumefantrine Suspension 15 + 90 mg
37	Artemether + Lumefantrine Tablets 20mg + 120mg

38	Ascorbic Acid 500mg tab.
39	Atenolol Tablet 50mg
40	Atorvastatin Tablets 20mg
41	Atracurium (besylate) Injection 10mg/ml
42	Atropine (Sulfate) injection 1mg/ml
43	Auto Disable Syringe 0.5ml with needle (Blister Pack)
44	Auto Disable Syringe 1ml with needle (Blister Pack)
45	Auto Disable Syringe 2ml with needle (Blister Pack)
46	Auto Disable Syringe 3ml with needle (Blister Pack)
47	Auto Disable Syringe 5 ml with needle (Blister Pack)
48	AV Fistula Needles (Arterial+venous) with fixed wings. (Individually Sterile Packed) size 16/17G.
49	AV Set Blood Tubing Lining (6.4-6.6mm)with one transducer protector (Fluid Barrier) & Pre-Pump Arterial Pressure Monitoring Line (Individually Sterile Packed).
50	Azithromycin Capsules/Tab 250mg
51	Bandage Plaster of Paris BPC,. Dozen Pack. 10cm x2.7Metre
52	Bandage Plaster of Paris BPC,. Dozen Pack. 15cmx2.7Metre
53	Beclomethasone (Dipropionate) Inhaler 250 mcg
54	Beclomethasone (Dipropionate) Solution 800mcg/2ml
55	Benzyl Benzoate Lotion
56	Betamethasone Cream 0.1%
57	Bicarbonate Solution of appropriate composition
58	Black Silk ,Size 2/0,60mm straight cutting needle
59	Black Silk,2/0,30mm 1/2 circle roud body needle
60	Black Silk,Size1, 30mm, 1/2Circle round body needle
61	Black Silk,Size1,40mm 3/8 Circle curve cutting (CC) needle
62	Blood Bags Sterile Packs 250ml single
63	Blood Bags Sterile Packs 500ml single
64	Blood Transfusion Set Sterile Packs
65	BOPV Vaccine WHO pre-qualified
66	Bupivacaine (sydrochloride) (spinal) Injection 0.75% (Amp of 2 ml)
67	Calamine Lotion 15%
68	Calcium Carbonate Tablets (equalent to 400-500mg elemental calcium)
69	Calcium Gluconate Injection 100 mg/ml
70	Caps Surgical
71	Captopril Tablet 25mg
72	Carbamazepine Syrup/Suspension 100mg / 5ml
73	Carbamazepine Tablets 200 mg
74	Catgut Chromic,Size 1, with 40mm Intestinal RB Needle
75	Catgut Chromic,Size 1,30mm,½ Circle RB Needle
76	Catgut Chromic,Size 1,40mm,curved Needle
77	Catgut Chromic,Size2/0 ,30mm, 1/2 Circle Round Body needle

78	Cefixime Capsule/Tablets 400mg
79	Cefixime Suspension 100mg/5ml
80	Ceftriaxone (Sodium) Injection 500 mg (I.V)
81	Ceftriaxone (Sodium) Injection 1gm (I.V)
82	Ceftriaxone (Sodium) Injection 250mg (I.V)
83	Cefurexime (Sodium) Injection 750mg
84	Cephradine Injection 500mg
85	Cephradine Capsule 500mg
86	Cephradine Susp 125mg/5ml
87	Cetirizine Syrup/liquid/solution 5mg / 5ml
88	Cetirizine Tablets 10mg
89	Chloramphenicol Ear Drops 0.01 w/v
90	Chloramphenicol Eye Drops 0.5% w/v
91	Chlorhexidine Gel 4%
92	Chloroquine (Phosphate or sulfate) Syrup 200 mg / 5 ml
93	Chloroquine (phosphate or sulfate) Tablets 200/250mg
94	Chlorphenaramine Maleate 10mg/ml Inj
95	Chlorpheniramine maleate Syrup 2 mg / 5ml
96	Chlorpheniramine maleate Tablets 4 mg
97	Ciprofloxacin (hydrochloride) Injection 200mg / 100ml
98	Ciprofloxacin (Hydrochloride) Tablets 500 mg
99	Ciprofloxacin Ear Drops 0.3% w/v
100	Ciprofloxacin Eye Drops 0.3% w/v
101	Clarithromycin Suspension 125mg/5ml
102	Clarithromycin Tablets 500mg
103	Clobetasol Cream/ointment 0.05% w/w
104	Clomipramine (hydrochloride) Tablets 10mg
105	Clopidogrel Tablets 75 mg
106	Clotrimazole Skin cream 1% w/v
107	Clotrimazole Vaginal Cream 10% w/v
108	Clotrimazole Vaginal tablet 500 mg
109	Combined Oral Contraceptive Pill (21 Tabs norgestril and ethinyl estradiol and 7 Tabs ferrous fummerate tablets
110	Cotton Bandage BPC Dozen Pack. 10cmx6m
111	Cotton Bandage BPC Dozen Pack. 15cmx6m
112	Cotton Bandage BPC. Dozen Pack. 6.5cmx6m
113	Cotton Crepe Bandage Dozen Pack or less. 7.5 cmx4.5m
114	Cotton Crepe Bandages , Dozen pack or less. 10cm x 4.5m,
115	CVP Line (Double Lumen) (All Sizes)
116	CVP Line (Double Lumen) (For Dialysis)
117	Daclatasvir 60mg Tablet
118	Deferasirox 100mg Dispersable Tablets
119	Deferasirox 400mg Dispersable Tablets

120	Desferioxamine inj.
121	Dexamethasone sodium phosphate Injection 4mg/ml, ampoule/vial of 1ml
122	Dextran 40 Infusion
123	Dextromethorphan + Diphenhydramine + others Antitussive Syrup/Susp. (6mg/5ml +5mg/5ml) or more.
124	Dextrose 10% 1000ml
125	Dextrose Infusion 5%, 1000ml)
126	Dextrose Injection 25 % (20ml/25ml)Ampoule
127	Dextrose+Saline (1000ml) Infusion 5%w/v +0.9%w/v
128	Diazepam Injection 10mg
129	Diclofenac (Sodium) Capsule/Tablets 50 mg
130	Diclofenac (Sodium) Injection 75mg in 3 ml Ampoule
131	Dimenhydrinate 50mg tab
132	Dimenhydrinate 50mg/ml injection
133	Dimenhydrinate Suspension/Syrup 12.5mg/4ml
134	Disposable Airways Sterile Blister Pack (All sizes)
135	Disposable Delivery Kit
136	Disposable Insulin Syringe 1ml with needle (Blister Pack)
137	Disposable syringe 10ml with needle. (Blister pack)
138	Disposable Syringe 1ml with needle (Blister Pack)
139	Disposable Syringe 20ml with needle. (Blister pack)
140	Disposable Syringe 3ml with needle. (Blister pack)
141	Disposable Syringe 50ml with needle. (Blister pack)
142	Disposable syringe 5ml with needle. (Blister pack)
143	Disposable Syringe 60ml with Central Nozzle or Catheter Tip (Blister Pack)
144	DMPA (medroxyprogesterone acetate) Inj. 150mg/ml
145	Dobutamine (hydrochloride) Injection 250mg/5ml
146	Domperidone Meleate 10mg Tablet
147	Dopamine (hydrochloride) Injection 200mg/5ml
148	Doxycycline (hyclate) Capsules 100mg
149	Drotavarin 40mg/2ml Injection
150	Drotavarin Tablet 40mg
151	DTP Vaccine WHO pre-qualified
152	Enalapril Tablets 5mg
153	Endotracheal tube (all sizes) Sterile Packs with cuff Set
154	Endotracheal tube (all sizes) Sterile Packs without cuff Set
155	Enticavir 0.5mg tab
156	Ergometrine (hydrogen maleate) Injection 0.2mg/ml
157	Erythromycin 500mg Tablets
158	Erythropoietin 4000-5000 I.U Injection Vial/Pre-filled syringe
159	Escitalopram Tablets 10mg
160	Examination Gloves Latex (S.M.L)
161	Face Mask Surgical

162	Face Mask Surgical with Tie
163	Ferrous salt + Folic Acid Capsule/Tablets
164	Fluconazole Capsules 150mg
165	Foley's catheter (all sizes) Sterile Packs All sizes
166	Folic Acid Tablets 5mg
167	Furosemide Injection 20mg/2ml
168	Furosemide Tablets 40mg
169	Gauze Roll BPC Surgical 1x30 m
170	Gentamycin Injection 80mg
171	Glibenclamide Tablets 5mg
172	Glimepiride Tablets 2mg
173	Glucontine injection
174	Glyceryl Trinitrate (S.R) Tablet 2.6mg
175	Glyceryl Trinitrate (S.R) Tablet 6.4mg
176	Glyceryl Trinitrate Sublingual Tablet 0.5mg (SL)
177	Glycopyrolate +Neostigmine Injection 0.5 mg/ml injection
178	Heparin (Sodium) Injection 5000 IU/ml vial of 5ml
179	Hepatitis -B Vaccine Adult dose (doses) WHO pre-qualified
180	Hepatitis-B Vaccine Birth dose (doses WHO pre-qualified
181	Hollow Fiber Dialyzer (All Sizes) Individually Sterile Packed (with BTL and A.V Fistula Needle Pair)
182	Hydrocortisone Cream 1%
183	Hydrocortisone (Sodium succinate) Injection 100mg
184	Hydrocortisone (Sodium succinate) Injection 250mg
185	I.V Cannula with Injection Port and Integrated Closing Cone Sterile Pack 18G
186	I.V Cannula with Injection Port and Integrated Closing Cone Sterile Pack 20G
187	I.V Cannula with Injection Port and Integrated Closing Cone Sterile Pack 22G
188	I.V Cannula with/without Injection Port with Integrated Closing Cone Sterile Pack 24G
189	I.V. Sets Sterile blister Pack
190	Ibuprofen Susp. 100mg/5ml
191	Ibuprofen Tablets 400mg
192	Inactivated Influenza Vaccine H1N1 Injection
193	Infusion 1/2 Normal Saline infusion 500 ml
194	Instrumental Disinfectant Solution Of appropriate composition
195	Insulin comp 70/30 Injection 100 IU/ml
196	Insulin NPH Injection 100 IU/ml
197	Insulin Regular Injection 100 IU/ml
198	Ipratropium Bromide Nebulizing Solution
199	Iron iii Hydroxide Polymaltose Syrup
200	Iron Sucrose Injection 100mg/5ml
201	Isoflurane Liquid Inhalation 100ml
202	Isosorbide Dinitrate Infusion 10mg/10ml
203	IUCD (CU-T 380A) UNFPA/WHO Prequalified

204	Ketamine 50mg/ml Injection
205	Lactulose Syrup 3.35gm/5ml
206	Levodopa + Carbidopa Tablets 250mg + 25mg
207	Levofloxacin Tablet 250mg
208	Levonorgestrel 75mg Implants (Two Rod)
209	Lignocaine (hydrochloride) 2% Injection 2% w/v (Amp of 10 ml)
210	Lignocaine (hydrochloride) Topical forms 2% Gel
211	Lignocaline + Adrenaline 2% Ampoule (Amp 10ml)
212	Lignocaline + Epinephrine Dental Cartridge 2% + 1:100 000
213	Losartan Potassium Tablet 50mg
214	Magnesium Sulphate Injection 500mg/ml
215	Male Latex Condom (UNFPA/WHO prequalified)
216	Mannitol (500ml) Infusion 20% w/v
217	Mebendazole 500mg Chewable
218	Mebendazole Tablet 100 mg
219	Mefenamic acid Tablet 500 mg
220	Metformin (hydrochloride) Tablets 500mg
221	Methyldopa Tablets 250mg
222	Metoclopramide (hydrochloride) Injection 10mg
223	Metoclopramide (hydrochloride) Syrup 5mg/5ml
224	Metoclopramide (hydrochloride) Tablets 10mg
225	Metronidazole (Benzoate) Syrup 200 mg / 5ml
226	Metronidazole 500mg/100ml infusion (Glass Vial)
227	Metronidazole 500mg/100ml infusion (Poly Pack)
228	Metronidazole Tablets 200 mg
229	Metronidazole Tablets 400 mg
230	Miconazole (Nitrate) 2% cream/ointment
231	Midazolam Injection 1mg/ml
232	Misoprostol Tablets 200mcg
233	Modified Fluid Gelatin 4% Infusion 500ml
234	Montelukast Tablets 10 mg
235	Moxifloxacin Eye drops 0.5%(5ml)
236	Multivitamins (Tab)
237	Nalbuphine Hcl Injection 10mg/ml
238	Naloxone HCL Injection 0.4mg/ml
239	Naproxen Sodium Tablet 550 mg (equalent to 500mg Naproxen)
240	Nasogastric tube (all sizes) Sterile Packs
241	Nelton Catheter Sterile Packs
242	Nifidipine 10mg Capsule/tablet
243	Normal Saline Infusion 0.9% (1000ml)
244	Normal Saline Infusion 0.9% 100ml
245	Nystatin Drops 100,000IU/ml
246	Octerotiride Injection 0.05 mg

247	Octerotiride Injection 0.1 mg
248	Octerotiride Injection 0.5mg
249	Ofloxacin 200mg Tablets
250	Omeprazole Capsule 20mg
251	Omeprazole Injection 40mg
252	ORS Sachet (WHO Formulation)
253	Oseltamivir 75mg Capsule/Tablet
254	Oseltamivir Syrup
255	Oxytocin Injection 5IU/ml (1ml)
256	Paracetamol 1 gm/ 100ml Infusion
257	Paracetamol Syrup 120 mg /5 ml
258	Paracetamol Tablet 500 mg
259	Paralidoxime 200mg/10ml Injection
260	Peads Soln Infusion 1/5 Normal Saline infusion (Paeds solution) 500 ml
261	Permethrin Lotion 5%
262	Permethrin Cream 5%
263	Pheniramine (maleate) Injection 25mg/ml
264	Phenobarbital (sodium) Injection 200mg / 2ml
265	Phenobarbital (sodium) Tablets 30mg
266	Phenytoin (sodium) Syrup 30mg /5ml
267	Phenytoin (sodium) Tablets 100 mg
268	Phloroglucinol Hydrate 40mg + Trimethyl Phloroglucinol 0.04mg Injection
269	Phloroglucinol Hydrate 80mg + Trimethyl Phloroglucinol 80mg tablets
270	Poly propylene Size 1, 40mm 1/2 circle RB Needle
271	Poly propylene,Size 2/0, 30mm 1/2 circle RB Needle
272	Poly propylene,Size 2/0,60mm Straight Cutting needle (SCN)
273	Polygelline 3.5% Infusion 500ml
274	Polyglactin/ Polyglycolic acid, Size 1,40mm.1/2 Circle Round Body needle
275	Polyglactin/ Polyglycolic acid,size 2/0,30mm, 1/2 Circle Round Body needle
276	Polymyxin B (Sulphate) + Bacitracin Zinc Eye Ointment 10000IU/g + 500IU/g
277	Polymyxin B (Sulphate) + Bacitracin Zinc Ointment 10000IU/g + 500IU/g
278	Potassium Chloride (KCL) Solution 7.46% in 20/25ml ampoule
279	Povidone – iodine Scrub 7.5%
280	Povidone – iodine Solution 10% w/v
281	Prednisolone Tablets 5mg
282	Primaquine (Phosphate or sulfate) Tablets 7.5mg
283	Promethazine (HCL) Syrup 25mg/5ml
284	Propofol 200 mg Injection 200mg/20ml
285	Propranolol Tablets 10mg
286	Propranolol Tablets 40 mg
287	Ranitidine Tablet 150mg
288	Ranitidine Injection 50 mg/2ml

289	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)
290	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)
291	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)
292	Ringer's Lactate (1000ml) Infusion
293	Ringer's Lactate IL 9% (500ml)
294	Salbutamol (Sulfate) Inhaler 100 micrograms
295	Salbutamol (Sulfate) Solution for nebulizer 5 mg/ml
296	Salbutamol (Sulfate) Tablets 4mg
297	Salbutamol Syrup/Solution
298	Scalp Vein Set Sterile Packs
299	Sevoflurane Liquid Inhalation 250ml
300	Silver Sulphadiazine Cream 1%
301	Sodium Bicarbonate (50ml)1.4% isotinic inj.
302	Sodium Phosphate Enema (Liquid)
303	Sofosbuvir 400mg Capsule/Tablet
304	Spinal Needle Sterile Packs All Sizes
305	Spironolactone Tablets 25 mg
306	Sterile Guaze Dressing BPC 10x10x8ply
307	Sterile Guaze Pad 12Ply/Layer 3'' x 3''
308	Sterile Surgical Gloves Pairs 6 ½, 7, 7 ½ (Powdered)
309	Sterilized Cord Clamps Sterile Packs
310	Sterilized Surgical Blades Sterile Packs All Sizes
311	Streptokinase Powder for injection 1.5 million IU
312	Streptomycin (As Sulphate) 750mg inj
313	Suction Catheter (All Sizes)
314	Sulfamethoxazol + Trimethoprim D/S Tablets 400mg+80mg
315	Sulfamethoxazole + trimethoprim D/S Syrup 200mg + 40mg/5ml
316	Sulphadoxine + Pyrimethamine Tablets 500 + 25mg
317	Surface Disinfectant Solution Of appropriate composition
318	Surgical Hypoallergenic Latex Free Breatheable Paper Tape 2.5 cm X 5 m
319	Surgical Hypoallergenic Latex Free Breatheable Paper Tape 5cm X 5 m
320	Suxamethonium (chloride) Injection 100 mg/2ml
321	Tazobactum+Piperacillin Injection 250mg+2gm
322	Telbuvidine 600mg tab
323	Tenofovir (disoproxil fumarate) 300 mg
324	Tetanus immunoglobulin (human) injection
325	Tetanus Toxoid injection (WHO Prequalified)

326	Three way stopper with Tubing
327	Three way stopper without Tubing
328	Timolol (hydrogen maleate) Eye Drops 0.5% w/v
329	Tobramycin + Dexamethasone Eye Drops 0.3% w/v
330	Tramadol Hcl Capsule/Tablet 50 mg
331	Tramadol Hcl Injection 100mg/2ml
332	Tranexamic Acid Capsules 500mg
333	Tranexamic Acid Injection 500mg/5ml
334	Typhoid Vaccine WHO Pre-qualified
335	Urine Bags Sterile (2000ml) Packs
336	Valproic acid (as sodium) Syrup 250mg/5ml
337	Valproic acid (as sodium) Tablets 500mg
338	Vancomycin (HCI) Injection 500 mg
339	Varicella Vaccine injection
340	Vericella Vaccine WHO pre-qualified
341	Vitamin B Complex Tablets
342	Vitamin D3 Injection 5mg
343	Vitamin K1 2mg/ml Injection
344	Volumetric Chamber (I.V Burette) Sterile Packs 100ml size
345	Water for injection 10 ml Sterile
346	Water for injection 5 ml Sterile
347	Zinc Sulphate Dispersable Tablet 20 mg
348	Zinc Sulphate Syrup 20mg/5ml
349	Zinc Sulphate Tablets 20 mg

Section III: Application Forms

Application Submission Form

Date: _ _ /_ _/*2019*

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 _ -_/_ -_/*2019*

Affidavit

(Pak Rs.100/-)

a) Applicants signed affidavit on PKR 100.00 judicial paper confirming not having been declared ineligible by any of the public sector organization in Pakistan, as described in the documents.

b) Applicants confirming not having been involved in any litigation during last three years.

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 _ -_/_ -_/*2019*