

PREQUALIFICATION DOCUMENTS

**(MANUFACTURING UNITS AND SOLE AGENTS OF FOREIGN
PRINCIPALS OF MEDICAL DEVICES & PERSONNEL PROTECTIVE
EQUIPMENT)**



(FINANCIAL YEAR 2020-2021)

**Directorate General Health Services Punjab
24-Cooper Road Lahore.**

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

INVITATION FOR PREQUALIFICATION (2020-21)
**MANUFACTURING UNITS AND SOLE AGENTS OF FOREIGN PRINCIPALS OF MEDICAL
DEVICES & PERSONAL PROTECTIVE EQUIPMENT**

1. Government of the Punjab is committed to procure quality Medical Devices & PPEs for CDC Program and other vertical programs working under the administrative control of Primary and Secondary Healthcare Department (Costing Estimated 2 Billion). To materialize this commitment Director General Health Services Punjab invites application for prequalification of Medical Devices and Personnel Protective Equipment for Financial Year 2020-21 from Local Manufactures, Sole Agents of Foreign Principals having established credentials in terms of technical, financial & managerial capabilities.
2. A complete set of Prequalification Documents can be downloaded from the following websites [www.ppra.punjab.gov.pk], [www.pshealth.punjab.gov.pk] [www.dghs.punjab.gov.pk]. The firms are required to submit hard copy of Prequalification Document.
3. The last date and time for hard copy of application submission must reach The Purchase Cell, Directorate General Health Services Punjab, 24 Cooper Road, Lahore on **18-12-2020** uptill **11:00 AM** which shall be opened on the same date at **11:30 AM**.
4. The firms shall pay a non-refundable Prequalification Fee as mentioned in Pre-qualification documents at The Accounts Branch, Directorate General Health Services Punjab, 24-Cooper Road, Lahore.
5. The subsequent Request for Proposals (RFP) will be called only from the Prequalified Firms by the concerned procuring agencies.
6. In case the date of opening or last date of submission is declared as a public holiday or non-working day due to any reason, the next official working day shall be deemed to be the date of submission and opening of printed applications accordingly. The time and venue shall remain the same.

Note: The process shall be governed by the Punjab Procurement Rules, 2014.

**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 Manufacturing Units & Sole Agents of Foreign Principals for Medical Devices and Personnel Protective Equipment against the list of items/sections contained in the Prequalification Documents. This prequalification will be concluded for DGHS. Prequalification will be carried 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. 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 2020-21 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 & STRN 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 Medical Devices and Personnel Protective Equipment's**. 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:5,000/- 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 (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 submitted in hard copy.**
- 10. Application Submission Form** 10.1 The printed 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.
- 11. Application Submission** 11.1 To establish its qualifications the Applicant shall provide the information requested in the corresponding Information Sheets included in Section III, Prequalification Criteria
- 12. Documents Establishing the Qualifications of the Applicant** 12.1 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.
- 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 Procuring Agency will accept no responsibility for not processing any envelope that was not identified as required.
- 14.2 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. Deadline for Submission of Applications**
- 15.1 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.
- 15.2 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**.
- 16. Late Applications**
- 16.1 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. Opening of Applications**
- 17.1 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.
- 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 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.

- 18.2 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 (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. Clarification of Applications** 19.1 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.
- 19.2 All applications not responsive to the requirements of the prequalification document shall be rejected.
- 20. Responsiveness of Applications** 20.1 A margin of preference for domestic bidders shall not apply in the bidding process resulting from this prequalification.
- 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 The Prequalification will be item wise.
- 22.2 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.
- 23. Right to accept or reject the applications** 23.1 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.
- 24. prequalification of applicants** 24.1 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 Official websites of DGHS & P&SHD indicating their Item wise status as to prequalified or disqualified or ineligible.
- 25. Notification of prequalification** 25.1 It will be notified by DGHS.
- 26. Validity of Pre-Qualification** 26.1 The Pre-Qualification shall be valid for FINANCIAL YEAR 2020-21

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

**Request Application for Prequalification Documents (2020-21) of
Medical Devices and Personnel Protective Equipment's**

Ref.No/

Dated:

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

Subject: **Request Application for Prequalification Documents (2020-21) of Medical Devices and Personnel Protective Equipment's**

Dear Sir,

With reference to your advertisement regarding prequalification of **Medical Devices and Personnel Protective Equipment's** advertised on ----- in the Daily -----Newspaper, it is requested to provide the Prequalification Documents. against the following categories.

(Tick Appropriate Box)

1. Local Manufacturers

2. Sole Agents /Authorized Agents

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

Firm's NTN: _____

Firm's STN: _____

Authorized By

Name _____

Signature _____

Designation _____

Contact No. _____

Stamp _____

EVALUATION CRITERIA

(MEDICAL DEVICES AND PERSONNEL PROTECTIVE EQUIPMENT)

Prequalification 2020-2021

COMPULSORY PARAMETERS

- a. Original Prequalification Purchase Receipt obtained by Depositing Rs. 5,000/- (Non-Refundable) to Cashier, Accounts Branch, DGHS.
- b. Establishment Registration Certificate (for Sole Agents / Authorized agent). (Where Applicable)
- c. Valid Drug Sale License. (Where applicable)
- d. Valid Device Enlistment Certificate, where applicable as per Medical Devices Rules 2018 of the quoted product issued by DRAP Pakistan (Where applicable).
- e. The firm undertakes that currently it is not Blacklisted / Debarred any Government or its organization or project on valid Rs.100 judicial stamp paper duly Legalized/verified by notary public.
- f. National Tax Number (NTN) and General Sales Tax Registration Number with documentary proof (Certificate) shall have to be provided by the applicant(s). The applicant must be Active Tax Payer (Attach documentary proof), which will be verified through official website of FBR.
- g. The application must comply with the advertised technical specifications of the quoted item. Incomplete offer will straightaway be rejected. Firm will submit specified quality certificates as mentioned in specifications along with brochure/catalogue etc. of quoted item as documentary evidence of compliance to specifications. Moreover, the firm shall submit an affidavit on 100 Rupees judicial stamp paper (Legalized/Notarized) that quoted item 100% complies with all requirements as mentioned in Advertised Technical Specifications. It is also mandatory that all/complete specifications of quoted item must be mentioned on said affidavit.
- h. Financial Turnover of applicant firm in any one of last three financial years (i.e. 2017-18/2018-19/2019-20) must be 100 Million Rupees or above. Firm (applicant firm only) will provide FBR Sales Tax return/Income Tax Return for last three financial years i.e. 2017-18, 2018-19, 2019-20.
- i. The applicant will submit an affidavit on Rs. 100/- judicial stamp paper (Legalized/Notarized) stating that the applicant accepts all the terms and conditions as mentioned in Prequalification Documents.
- j. The firm shall undertake on Rs.100/- judicial stamp paper legally notarized that the Information provided by the firm at Annexure-A, B or C (Which ever applicable) and any other information provided by the firm are in accordance with terms & conditions of the prequalification documents.
- k. Firms must have at least one Year Supply Experience of similar items in any one of last three financial years (i.e. 2017-18, 2018-19 & 2019-20) to the Public Sector Institutions or Semi Government institution or to any Foreign Funding agencies like WHO, UNFPA, World bank etc. (Experience Will be verified from the PO/Supply Orders etc.)

Note:

- In case of failure to comply with any above-mentioned parameter, the applicant will be declared as "NOT PREQUALIFIED".
- To establish its qualification, the firm shall provide the information requested in the respective annexures and requirements with documentary proof. All the requisite undertakings must be on separate affidavits.
- The firm will be prequalified for the particular item/ brand.

**GENERAL FIRM’S INFORMATION
(Manufacturer)
(Fill relevant columns)**

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 & valid dated.
 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: _____ years

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

Name: _____

Qualification: _____

Experience: _____ 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.

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/Authorized agent for Foreign Manufacturer
(Medical Devices/Personnel Protective Equipment's)

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 Partnership 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

NAME OF APPLICANT FIRM (Manufacturer/Sole Agent/Authorized Agent) _____
(Fill Relevant Column)

Item Code	Generic Name	Quoted Brand	Quoted strength /size	pack Size	Country of Origin	Mfg By	Mfg for	Market Price (Rs)	Quality Compliance Standards	Required Storage tempt (quoted item)	Valid Sole Agency Agreement	Date of Sole agency agreement
1												
2												

LIST OF ITEMS & TECHNICAL SPECIFICATIONS

1. Physical Conformance to Specifications of each prequalified quoted item will be ensured at the time of subsequent Bidding/RFP Stage against provided sample.
2. Requisite testing will be mandatory of each quoted item sample at the Bidding stage/RFP Stage.

Sr. #	Name of Item and Its Specifications
1.	<p>Surgical Mask Medical/ Surgical Mask, Fluid resistance, Good Breathability, Internal & External Faces should be clearly identified, structured design that does not collapse against the mouth.</p> <p>Size Width not less than 95 mm Length not less than 175 mm</p> <p>3 Layered structure Outer Non-woven / Spunbond Hydrophobic layer ≥ 20 GSM. Inwards Non-Woven Spundond Absorbent layer ≥ 20 GSM. Middle Melt Blown Filtering Layer ≥ 25 GSM.</p> <p>Material Extra Fine Glass Fiber of Synthetic Micro Fiber (i.e. Polypropylene / Polystyrene). Nose Pin, Min. ~ 3_ Length. Elastic ear holders with reasonable length and comfort of use In case of imported mask, provision of requisite international certification / standards (ASTM F 2100 US Standard (level 2/3) or EN 14683 (Type II/IR))</p>
2.	<p>Healthcare High Efficiency Masks (Grade N95 or Higher) N95 Grade or Higher Grade Fluid Resistant & Disposable Mask with/without respirator Braided Comfortable Strap Nose foam Design should not collapse against the mouth (e.g. duckbill, cup shaped). According to N95 (NIOSH-42CFR84)/FFP2 (EN149-2001) Standards. Provision of requisite international certification mandatory</p>
3.	<p>Isolation/Surgical Gowns Coverall (with feet and head cover) Disposable Water/Fluid Resistant. Coverall, zip in front, A-Plus quality of Zipper Tape on Seams to ensure absence of gaps/spaces Large-Size, Light color Elasticated cuffs and ankles. Sleeves with elasticated thumb loop.</p> <p>Material; Non-Woven Poly Propylene Laminated with porous Poly Ethylene Layer (min 15-20 Micrometer) Or Spun Bond – Melt blown – Spun Bond (SMS) min. 03 Layers Coated with fluoropolymer 65 – 80 GSM with comfort of use. Individual Single sterilize packing with seal disposable Sterilization Must be Ensured through; Radiation (Gamma Method) or Chemical Method (Ethylene Oxide) standards for acceptability of the product. AAMI PB 70 or ASTM F2407/F3352</p>
4.	<p>Face Shield (Re-Usable) Transparent Shield with Head Band and protector foam Individually Packed. Provides good visibility to both the wearer and the patient. Fog resistant. Dimensions; Shield Width: not less than ~ 320 mm</p>

	<p>Shield total length: not less than ~ 230 mm Thickness: 20 - 40 Micrometer Materials: Polycarbonate (PC) &/ Polyethylene Terephthalate Glycol (PETG) &/ Polyethylene terephthalate (PET) Adjustable band to attach firmly around the head and fit snugly against the forehead, completely cover the sides and length of the face. In case of imported face shield, provision of requisite below mentioned international certification for offered batch/lot will be mandatory. Certification: EU 86/686/EEC, EN 166/2002, ANSVISEA Z87. I -2010.</p>
5.	<p>Goggles Protective (Re-usable) Good Seal with the skin of the face, Flexible PVC frame to easily fit with all face contours with even pressure, Enclose eyes and the surrounding areas, Size: approx. 16 x 8 x 8 cm (w x h x d) Wrap-around elasticated headband, integrated with goggles frame. Headband: approx. 30 x 1.5 cm (l x w). Accommodate wearers with prescription glasses, Clear Plastic Lens with fog and scratch resistant treatments Adjustable band to attach firmly around the head Indirect venting to avoid fogging, Conforms to any of the following standards: EU standard directive 86/686/EEC, EN 166/2002, ANSI/ISEA Z87.1-2010 CE EN 166 standard ASTM E2755 OR equivalents per WHO's Recommended International Standards</p>
6.	<p>Color Coded Bins Set (Large) Material: Fiber glass reinforced plastic chopped with stranded mat Unsaturated polyester resin, Gel coated 45 liters or more, Foot operated with cover Metal pins to be used for lid hinges Every bin required to be labeled in legible writing "Only for Hospital Waste" and/ or additional Text.</p>
7.	<p>Body Bags Single Use/Disposable Linear enforced, Impermeable U-shape zippers and 2 Nos of Zipper Pulls with ties ribs. Tear Proof and puncture Resistant. Integrated Transparent Label Pouch for placement of identification tag. Adult Size 250 x 120 cm Minimum Thickness - 400 microns 6 No. of Handles Material: LLDPE, LDPE, EVA, PEVA Color: White (Handles & Bag) Seams: Leak Proof and Heat Sealed Carry Capacity: up to ~125 kg. Heat-sealed: insure superior strength and safety, Provide full containment of blood borne pathogens Cracking point of 25 - 32° below zero Shelf life: minimum 10 Years The bag should contain no chlorides: burning of chlorides pollute the environment and can cause damage to retort chambers. Body bags should be non-carcinogenic to Health of funeral workers when used for cremations.</p>
8.	<p>Bio Hazard Material: High Molecular Weight, High-Density (HMHD) Polyethylene or Polypropylene. Color: Yellow Imprinted in black with English text "Biohazard" and the black tri-sickle logo according, both on 1 side. Printed with a sterilization patch that darkens when subject to steam sterilization. Volume: ~ 8 -10 Liters Thickness; 50/70 Microns Puncture, tear and leak resistant Leak proof bottom seal for added safety and leak resistance Bag can be autoclaved prior to its disposal: can resist a maximum temperature of 121 °C (250 °F)</p>
9.	<p>Long Shoes Non-Slip, Light Color Material: PVC Size: 7, 8, 9 No.</p>
10.	<p>Gloves Examination Natural Rubber Latex (Type-I)</p>

	<p>Nitrile gloves of synthetic material. Powder free, non-sterile. Pack of 100 or less Min. total length 280 mm Product will be tested for compliance of specifications (Dimensions, Free from holes/pores etc.). USA FDA/JpMHLW/CE Marked from EU notified body DRAP Registration</p>
11.	<p>Gloves Examination Nitrile Rubber Latex (Type-II) Nitrile gloves of synthetic material. Powder Free Latex Examination gloves of Latex material (natural Rubber). Pack of 100 or less Min. total length 280 mm Product will be tested for compliance of specifications (Dimensions, Free from holes/pores etc.). USA FDA/JpMHLW/CE Marked from EU notified body DRAP Registration</p>
12.	<p>Sanitizer The product must contain WHO Recommended Formulation composition; Ethanol 80% (v/v), Glycerol 1.45% (wv), Hydrogen peroxide 0.125% (wv) OR Isopropyl Alcohol 75% (v/v) Glycerol 1.45 % (v/v) Hydrogen peroxide 0.125% (v/v) 500 ml or less (Rate will be calculated per ml basis) DRAP/PQSCA Registration</p>
13.	<p>General Purpose Multi surface Cleaner & Disinfectant Quaternary Ammonium compounds (QACs) Germicidal Disinfectant Solution ~ 3% OR Equivalent Product for cleansing and disinfection for general purpose (having germicidal activity equivalent to the Quaternary Ammonium Compound ~ 3%) Non Toxic, Environmental Friendly. Pack of 1 L or less. The bidder will provide product safety data sheet describing the ingredients and measures to be taken for any adverse event (antidotes etc.) Product will be tested from testing laboratory for verification of compliance of specifications.</p>
14.	<p>Medical Devices/Instrumental Disinfectant Polyhexamethylene Biguanide Hydrochloride 2.5% or better & Didecyl dimethyl ammonium chloride 8% or better OR Benzalkonium Chloride 13% or better, Didecyl dimethyl ammonium chloride 6% or better or more ingredients. OR Polyhexamethylene Biguanide, Didecyl dimethyl ammonium chloride, alkyl dimethyl benzyl ammonium chloride (1-10%) OR Equivalent Product Pack of 5 L or less. . The bidder will provide product safety data sheet describing the ingredients and measures to be taken for any adverse event (antidotes etc.)</p>

III: Application Forms

Application Submission Form

Date: _ _ / _ _ / 2020

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 (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 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 _ -/_ -/_/2020

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 _ -/_ -_/2020