



POF 1262-A
(INDIGENOUS SUPPLIES)

**Government of Pakistan
PAKISTAN ORDNANCE FACTORIES
TENDER ENQUIRY**

To

M/s

Dear Sirs,

Reference : TENDER ENQUIRY NO. 0002/HOSP/LP/48

DATED 03-01-2018

You are requested to submit sealed quotations for the item(s) noted in the Schedule to the Tender. Offer should be sent duly sealed in an envelope. Fax offer received before opening of Tender is acceptable. Please note the following instructions for filling the tender:-

1. SUBMISSION OF TENDER

- 1.1 Tenders will be opened at 1230 hours on 23-01-2018 tenders must reach this office on or before 1200 hours. The tender received late will not be entertained. You may witness the opening of the tender if you so desire. If a representative is deputed, he should bring a letter of authority from you.
- 1.2 Only one tender should be included in one envelope. The outside of the envelope should be inscribed with:-

Tender Enquiry No: 0002/HOSP/LP/48 **DT.** 03-01-2018
Tender to be opened on: 23-01-2018
Address as follows:-

DY.COMMANDANT POF HOSPITAL
WAH CANTT

- 1.3 If envelope does not indicate reference of T.E or received late the same may be returned un-opened.

2. GENERAL INSTRUCTIONS REGARDING PREPARATION OF QUOTATIONS

- 2.1 For materials, the prices should be filled in column 5 and delivery date in column 6 of the schedule to this Tender Enquiry. The undertaking should be signed at the bottom of the Schedule which shall form the Quotation. You may use a separate sheet if necessary.
- 2.2 For Plant and Machinery, you are required to quote in two parts:-
Part I "Technical Offer": It should exclusively give technical details and literatures/brochures of the offered plant, machinery and equipment; validity date; delivery schedule; and signed undertaking given on the schedule to this Tender Enquiry. It must not indicate price, costs etc.

Cont....P-2

Part II "Commercial Offer": It should indicate the commercial terms e.g. price, terms of payment, mode of payment, mode of supply.

Each part should be placed in a separate sealed cover. The envelopes should be inscribed with Part I "Technical Quotation without Price" and Part II "Commercial Quotation with Price".

2.3 The quotation must remain valid for, at least 90 days from the date of open of tenders.

2.4 The quotation should hold good for any reduced or enhanced quantities without notice.

2.5 In the event of non-acceptance of offer, intimation may be given to the tenders on their request.

2.6 Conditional offers or alternative offers are likely to be ignored.

2.7 Quotations should be based on:-

F.O.R. station of despatch basis, i.e. delivered free on rail, inclusive of packing and forwarding charges. The stores will be booked under Military Credit Note, to be provided by the purchaser.

Free delivery at POF's hospital at **WAH CANTT**

In this case Octroi duty if any, will be payable by the supplier.

2.8 Taxes and Duties etc. where applicable, must be shown separately, quoting references to Registration No. in cases of Sales Tax and relevant authority in the case of others. Offers without these clarifications and inclusive of Taxes and Duties may be ignored.

2.9 Taxes and duties levied on or after Tender opening date or on or after the date offer was signed and despatched will be allowed to include in the offered rates.

2.10 "Suppliers will furnish a certificate, issued by Excise & Taxation deptt., that he has cleared all Professional Tax payable by him" offers received without this certificate will be rejected.

2.11 If the requisite information is not furnished on the T.E forms or offer received is not conformity with the requirement of T.E such offer shall be ignored.

2.12 The supplier will render necessary information regarding hazardous effects on environment of the material/products supplied by them, in their quotations and shipping/despatch documents.

3. INSPECTION

3.1 Supplies shall be subject to the inspection and acceptance by the competent inspection authority nominated by the Purchaser, who will arrange it at his own cost. Inspection facilities such as tools, test equipment, instruments etc will, however, be provided by the Suppliers in accordance with the relevant specifications.

3.2 Where considered necessary by the Purchaser, the stores may be obtained on Warranty/Guarantee subject to inspection on receipt. Rejected stores will be removed and replaced with the acceptable stores by the Supplier at his own expense, within a specified time.

4. TENDER FEE

The tender must be accompanied by a non-refundable fee by means of a crossed postal order / pay order in favour of: **Director Admin POF WAH CANTT.**

Tender Fee Is Rs, 500.

4.1 TENDER SAMPLE

Where required, offer must accompany tender sample., strictly according to the description and specification given in Tender Enquiry. Offer not accompanied by tender sample will NOT be entertained excepting the established and reputable firms who have either previously satisfactorily supplied the same or similar stores or have submitted an acceptable sample thereof against previous T.E.

5. BID MONEY

5.1 Bid Money at the rate of 2% (for registered firms) and 5% (for unregistered firms) of the quoted value, should accompany the tender in the shape of Deposit at Call Receipt / Pay Order / Banker's Cheque, from a scheduled Bank drawn in favour of:- **DY.COMMANDANT POF HOSPITAL WAH CANTT.**

5.2 Tenders received without Bid Money or with CDR valuing less than prescribed limit of the Bid money will be rejected.

Bid Money of the unsuccessful tenderers will be returned as soon as the scrutiny of the tenders is completed. Bid Money of the successful tenderers will be retained until the contract is finalised. Bid Money will be forfeited in case the quotation is withdrawn before the expiry of its validity date.

5.3 State owned organizations are not required to provide Bid Money.

6. ACCEPTANCE OF OFFERS.

6.1 POF may reject all bids or proposals at any time period to the acceptance of the bid or proposals, but is not required to justify grounds for its rejection. POF shall incur no liability towards suppliers or contractors who have submitted bids or proposals.

6.2 PERFORMANCE BOND

(a) The successful bidders shall provide performance bond at the rate of 10% of the total value of contract, in the form of Deposit At Call Receipt from a scheduled Bank; or, an un-conditional Bank Gaurantee valid for 12 months (03 months extendable to 12 months in case of cloth items required by Clothing Fy.) after receipt of store in POFs on a prescribed format. The performance Bond will be in favour of CMA(POF) Wah Cantt. It will be returned on satisfactory completion of contract.

(b) If the Supplier fails to furnish the Performance Bond within the specified time, such failure will constitute a breach of the contract and the Purchaser shall be entitled to make other arrangements for purchase of the stores at the risk and expense of the Supplier.

6.3 **Performance Bond** from State owned organizations may be waived off at the discretion of the Purchaser.

6.4 **FAILURE TO SUPPLY THE STORES**

All deliveries must be completed by the specified date. In case of failure to deliver the stores within the scheduled time should have arisen from "Force Majeure", which the purchaser may admit as reasonable ground for further time, he will allow such additional time as he may consider to have been required by the circumstances of the case. Otherwise, he will be entitled, at his discretion, to cancel the contract; and/or claim liquidated damages upto 2% but not less than 1% of the contract price of the items and their quantities for each and every month or part of a month, beyond the specified delivery date, during which these may not be delivered, subject to a maximum of 10% of the total contract value of the particular stores which remained unsupplied either in part or in full; or, to purchase, from elsewhere, the unsupplied stores at the risk and cost of the supplier.

6.5 **PAYMENT**

Payment will be made by the CMA(POF) through crossed cheques on receipt/ acceptance of stores on our prescribed bill form supported by receipt voucher on part/full supply basis.

(a) Payment of duties/Taxes including professional tax (where applicable) must be supported by proof of having paid these to concerned Govt. Taxation Deptt.

7. **SECURITY OF INFORMATION**

The tenderer and his employees must not communicate any information relating to the sale/purchase of stores under this enquiry to any person other than the manufacturer or to any press or agent not authorised in writing by POFs to receive it.

Please return the Schedule to the Tender duly signed by the specified date, alongwith the specifications, drawings etc. if any, enclosed herewith - even if you are unable to quote.

WARNING In case the firm abstain from making offers or fail to return/ acknowledge the tender form by the specified date on three consecutive occasions, no further tender enquiry may be issued to them and their names would liable to be removed from the approved list.

Yours faithfully

DR. SUMMAYA KHURRAM

MANAGER PURCHASE-HOSP

for **PAKISTAN ORDNANCE FACTORIES**

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0002/HOSP/LP/48

03-JAN-18

(1) FOR MATERIALS

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
Indent No. 0002/LP/HOSP/48 Dated 07-07-2017					
001	ACYCLOVIR 500 MG INJ Spec: ACYCLOVIR INF	ABBOTT OR EQUIVALENT	AMPULES	700	
002	ACYLEX 800 MG TAB//CYCLOZ 800 MG TAB//SANTOVIR 800 MG TAB Spec: ACYCLOVIR	FEROZSONS/HIGHNOO N/SANTE OR EQUIVALENT	NO	3000	
003	BAYDAL 10 MG TAB//ZANLAN 10 MG TAB//ZYRTEC 10 MG TAB Spec: CETIRIZINE	BAYER HEALTH CARE/NOVERTIS/GSK OR EQUIVALENT	NO	8000	
004	BAYDAL 60 ML SYP//ZANLAN 60 ML SYP//ZYRTEC 60 ML SYP Spec: CETRIZINE	BAYER HEALTH CARE/NOVARTIS/GSK OR EQUIVALENT	BTL	1300	
005	BENZACIDE 4 % 40 GM CREAM//BREVOXYL 4 % 40 GM CREAM Spec: BENZOYL PEROXIDE	PHARMA HEALTH/GSK OR EQUIVALENT	NO	200	
006	BETADERM 5 GM CREAM//BETNOVATE 5 GM CREAM Spec: BETAMETHASONE VALERATE	ATCO/GSK OR EQUIVALENT	NO	2000	
007	BETADERM 5 GM OINT Spec: BETAMETHASONE VALERATE	ATCO OR EQUIVALENT	NO	3000	
008	CLOBETREX 10 GM OINT//CLOBEVATE 10 GM OINT//DERMOVATE 10 GM OINT Spec: CLOBETASOL	DERMAGEN/STIEFEL/GSK OR EQUIVALENT	NO	2500	
009	DAKATRIN ORAL 20 GM GEL Spec: MICONAZOLE GEL	JNCL OR EQUIVALENT	NO	500	
010	DIFLUCAN 150 MG CAP//FLUDERM 150 MG CAP//ZOLANIX 150 MG CAP Spec: FLUCONAZOLE	PFIZ/NABIQASIM/GSK OR EQUIVALENT	NO	400	
011	DIFLUCAN 50 ML INJ Spec: FLUCONAZOLE	PFIZER OR EQUIVALENT	VIAL	200	
012	ENZICLOR 150 ML MOUTH WASH Spec: BENZYDAMINE HCL AND CHLORHEXIDINE GLUCONATE	PLATINUM OR EQUIVALENT	BTL	1000	
013	FUDIC 15 G CREAM//FUSAC 15 G CREAM//FUSIDERM 15 G CREAM Spec: FUSIDIC ACID	SHAIGON/SANTE/MARTIN DOW OR EQUIVALENT	NO	400	
014	HYDROCORTISONE 1 % 5 GM CREAM Spec: HYDROCORTISONE	LOCAL/ZAFSA OR EQUIVALENT	NO	600	
015	KENALOG ORABASE Spec: KENALOG ORABASE	GSK OR EQUIVALENT	NO	500	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
016	NEOTIGASON 25 MG CAP//NEOTRET 25 MG CAP Spec: ACITRETIN	EXCEL/MASS/PHARMA HEALTH OR EQUIVALENT	NO	500	
017	NERISONE 10 GM CREAM Spec: DIFLUCORTOLONE VALERATE	BAYER HEALTH CARE OR EQUIVALENT	NO	300	
018	POLYFAX SKIN OINT 20 GM Spec: NEOMYCN+POLYMXIN B	GSK OR EQUIVALENT	NO	4600	
019	SOMOGEL 20 GM GEL Spec: CETYLPYRIDINIUM CHLORIDE AND LIGNACAINE	ABBOTT OR EQUIVALENT	NO	500	
020	ARINAC FORTE 400 MG TAB Spec: IBUPROFEN AND PSEUDOEPHEDRINE	ABBOTT OR EQUIVALENT	NO	5000	
021	BETNESOL 7.5 ML EAR DROP//BETNESOL 7.5 ML EAR DROP Spec: BETAMETHASONE SODIUM PHOSPHATE	GSK/REMINGTON OR EQUIVALENT	BTL	1000	
022	CHYMORAL FORTE TAB//CHYMOTRIP FORTE TAB Spec: TRYPSIN AND CHYMOTRYPSIN	AGP/SAMI OR EQUIVALENT	NO	1000	
023	CIPOTIC-D 5 ML EAR DROP//CIPRODEX 5 ML EAR DROP//DEXCIP 5 ML EAR DROP Spec: CIPROFLOXACIN AND DEXAMETHASONE	BARRETT HODGSON/ETHICAL/R EMINGTON OR EQUIVALENT	BTL	500	
024	DANZEN DS 10 MG TAB Spec: SERATIOPEPTIDASE	HELIX OR EQUIVALENT	NO	2500	
025	DEXATOB 5 ML EAR DROP//VEGATOB 5 ML EAR DROP Spec: DEXAMETHASONE AND TOBRAMYCIN	SANTE/VEGA OR EQUIVALENT	BTL	250	
026	DICLORAN DISPERSIBLE 50 MG TAB Spec: DICLOFENAC SODIUM	SAMI OR EQUIVALENT	NO	2000	
027	FEXET-D TAB//TELFAST D TAB Spec: FEXOFENADINE AND PSEUDOEPHEDRINE	GETZ/SANOF AVENTIS OR EQUIVALENT	NO	5000	
028	GENTICYN HC 7.5 ML EAR DROP Spec: HYDROCORTISONE AND GENTAMICIN	RAY PHARMA OR EQUIVALENT	BTL	500	
029	KESTINE 10 MG TAB Spec: EBASTINE	HIGHNOON OR EQUIVALENT	NO	10000	
030	SERC 16 MG TAB Spec: BETAHISTINE	ABBOTT OR EQUIVALENT	NO	6000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
031	STEMETIL 12.5 MG / 1 ML INJ Spec: PROCHLORPERAZINE	SANOFI AVENTIS OR EQUIVALENT	AMPULES	200	
032	STEMETIL 5 MG TAB Spec: PROCHLORPERAZINE	SANOFI AVENTIS OR EQUIVALENT	NO	1000	
033	XOLISAN AQ 20 ML NASAL SPRAY Spec: XYLOMETAZOLINE	SANTE OR EQUIVALENT	BTL	100	
034	XYLOCAINE SOLUTION TOP 4% 50 ML Spec: LIGNOCAINE	BARRETT HODGSON OR EQUIVALENT	BTL	200	
035	EPIVAL 500 MG / 5 ML INJ Spec: DIVALPROEX SODIUM	ABBOTT OR EQUIVALENT	VIAL	500	
036	EPIVAL 500 MG TAB//REVALP 500 MG TAB Spec: DIVALPROEX SODIUM	ABBOTT/GENETICS OR EQUIVALENT	NO	8000	
037	GABAFIX 100 MG CAP//GABIX 100 MG CAP//NEOGAB 100 MG CAP//NEUPENTIN 100 MG CAP Spec: GABAPENTIN	S. J&G/GETZ/HILTON /HIGHNOON OR EQUIVALENT	NO	12000	
038	ACEFYL COUGH 120 ML SYP Spec: ACEFYLLINE PIPERAZINE AND DIPHENHYDRAMINE	NABIQASIM OR EQUIVALENT	BTL	15000	
039	ACTIFED DM 60 ML SYP//BENYLIN DM 60 ML SYP//HYDRYLLIN DM 60 ML SYP//RELTUS DM 60 ML SYP Spec: TRIPROLIDINE, PSEUDOEPHEDRINE AND DEXTROMETHORPHAN HYDROBROMIDE	GSK/JOHNSON & JOHNSON/SEARLE/PH ARMATEC OR EQUIVALENT	BTL	5000	
040	AEROKAST 10 MG TAB//AEROTEL 10 MG TAB//LUCAST 10 MG TAB//MONTBREEZ 10 MG TAB//MONTIGET 10 MG TAB//MYTEKA 10 MG TAB//VENTEK 10 MG TAB Spec: MONTELUKAST	BARRET HODGSON/HIGH/AGP /BREEZE/GETZ/HILTON/SEARLE OR EQUIVALENT	NO	18000	
041	AEROLIN EVOHALER 100 MCG INHALER//BUTOVENT 100 MCG INHALER//SALBO 100 MCG INHALER Spec: SALBUTAMOL	GSK/CHIESI/GETZ OR EQUIVALENT	BTL	1000	
042	ALLERGEX 120 ML SYP//ALLERPHENE 120 ML SYP Spec: CHLORPHENIRAMINE	NABIQASIM/PDH OR EQUIVALENT	BTL	3000	
043	ALLERPHENE 4 MG TAB Spec: CHLORPHENIRAMINE	PDH OR EQUIVALENT	NO	18000	
044	ATEM AEROSOL 20 MCG INHALER//OPTRA 20 MCG INHALER Spec: IPRATROPIUM BROMIDE	CHIESI/GETZ OR EQUIVALENT	BTL	200	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
045	A TEM NEBULISER 250 MCG SOLUTION Spec: IPRATROPIUM BROMIDE	CHIESI OR EQUIVALENT	BTL	27000	
046	AVAMYS NASAL SPRAY//FLIXONASE AQ 15 ML NASAL SPRAY Spec: FLUTICASONE TUROATE	GSK/GSK OR EQUIVALENT	BTL	300	
047	AVIL 2 ML INJ//PHENIRAMINE MELEATE 2 ML INJ Spec: PHENIRAMINE MELEATE	SANOFI AVENTIS/PLIVA OR EQUIVALENT	AMPULES	4000	
048	BEKSON FORTE 250 MCG INHALER//CLENIL FORTE 250 MCG INHALER Spec: BECLOMETHASONE DIPROPIONATE	GETZ/CHIESI OR EQUIVALENT	BTL	200	
049	BRONCHILATE 2 MG TAB//VENEX 2 MG TAB//VENTOLIN 2 MG TAB Spec: SALBUTAMOL	RAY PHARMA/PHARMATEC/GSK OR EQUIVALENT	NO	1000	
050	CLENIL AEROSOL 800 MCG NEBULES Spec: BECLOMETHASONE DIPROPIONATE	CHIESI OR EQUIVALENT	BTL	25000	
051	MUCOLATOR 3 GM SACTH Spec: ACETYLCYSTEINE	ABBOTT OR EQUIVALENT	PKT	2000	
052	SERETIDE 50/100 INHALER Spec: SALMETEROL XNIAFOATE AND FLUTICASONE PROPIONATE	GSK OR EQUIVALENT	BTL	500	
053	SERETIDE 50/250 INHALER Spec: SALMETEROL XNIAFOATE AND FLUTICASONE PROPIONATE	GSK OR EQUIVALENT	BTL	800	
054	SERETIDE 50/500 INHALER Spec: SALMETEROL XNIAFOATE AND FLUTICASONE PROPIONATE	GSK OR EQUIVALENT	BTL	900	
055	VENTOLIN RESPIRATORY SOLUTION 20 ML Spec: SALBUTAMOL	GSK OR EQUIVALENT	BTL	1000	
056	BISACODYL 5 MG TAB//BISCA 5 MG TAB//DELAX 5 MG TAB Spec: BISACODYL	GEOFFMAN/PHARMEDI C/MERCK OR EQUIVALENT	NO	3000	
057	DIJEX MP 120 ML SYP//FILMACID 120 ML SYP//GAVISCON 120 ML SYP//MUCAINE 120 ML SYP//SIMECO 120 ML SYP Spec: ALUMINUM HYDROXIDE, MAGNISIU M HYDROXIDE, SIMETHICONE AND CARBOXY METHYLCELLULOSE	ABBOTT/SEARLE/REC KITT BENCKISER/PFIZER/PFIZER OR EQUIVALENT	BTL	5000	
058	DOMEL 10 MG TAB//MOTILIUM 10 MG TAB//PELTON 10 MG TAB Spec: DOMPERIDONE	BARRETT HODGSONS/JANSSEN-CILAG/GLOBAL PHARMA OR EQUIVALENT	NO	40000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
059	DUPHALAC 120 ML SYP//LACTODIL 120 ML SYP//LAEVOLAC 120 ML SYP//LILAC 120 ML SYP//LUXAVE 120 ML SYP//SANLAC 120 ML SYP Spec: LACTULOSE	ABBOTT/DONVALLEY/HILTON/GETZ/SEARLE/NOVARTIS OR EQUIVALENT	BTL	4000	
060	ESOCUE 40 MG CAP//ESSO 40 MG CAP//EZIUM 40 MG CAP//MELDERE 40 MG CAP//MEPRIUM 40 MG CAP//NEXUM 40 MG CAP//NOVOTEPH 40 MG CAP Spec: ESOMEPRAZOLE	NOVARTIS/SHAIGAN/SEARLE/SANOFI AVENTIS/FRIENDS PHARMA/GETZ/SAMI OR EQUIVALENT	NO	200000	
061	ETIPRO 20 MG CAP//LOSEC 20 MG CAP//LOZAL 20 MG CAP//RISEK 20 MG CAP//XEROSEC 20 MG CAP//ZOLTAR 20 MG CAP Spec: OMEPRAZOLE	ICI/BARRETT HODGSON/NOVARTIS/GETZ/SANOFI AVENTIS/PHARMEVO OR EQUIVALENT	NO	50000	
062	GRAVINATE 50 MG / 1 ML INJ Spec: DIMENHYDRINATE	SEARLE OR EQUIVALENT	AMPULES	60000	
063	KLEEN ENEMA 120 ML//SELF ENEMA 120 ML Spec: ENEMA LIQUID	NABIQASIM/EPLA OR EQUIVALENT	BTL	1000	
064	NO-SPA 40 MG INJ Spec: DROTAVERINE	SANOFI AVENTIS OR EQUIVALENT	AMPULES	30000	
065	NO-SPA 40 MG TAB//RELISPA 40 MG TAB Spec: DROTAVERINE	SANOFI AVENTIS/SEARLE OR EQUIVALENT	NO	18000	
066	ORASAL-F SACH//ORAZAF SACH//ORS SACH//WERISOL SACH Spec: ORAL REHYDRATION SALT	WILS/ZAFSA/GEOF/WERRR OR EQUIVALENT	NO	10400	
067	RANULCID 50 MG INJ//ZANTAC 50 MG INJ Spec: RANITIDINE	MERCK/GSK OR EQUIVALENT	VIAL	20000	
068	RISEK 40 MG INJ Spec: OMEPRAZOLE	GETZ OR EQUIVALENT	VIAL	25000	
069	URSOFALK 250 MG CAP Spec: URSODEOXYCHOLIC ACID	AGP OR EQUIVALENT	NO	1100	
070	ZANTAC 150 MG TAB Spec: RANITIDINE	GSK OR EQUIVALENT	NO	20000	
071	ACTRAPID HM 100 IU/ML INJ//HUMULIN R 100 IU/ML INJ Spec: INSULIN REGULAR AND HUMAN	NOVO NORDISK/ELLI LILLY OR EQUIVALENT	VIAL	2000	
072	AMARYL 2 MG TAB//EVOPRIDE 2 MG TAB//GETRYL 2 MG TAB//GLIRIDE 2 MG TAB Spec: GLIMEPIRIDE	SANOFI AVENTIS/PHARMEVO/GETZ/PFIZER OR EQUIVALENT	NO	10000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
073	DAONIL 5 MG TAB Spec: GLIBENCLAMIDE	SANOFI AVENTIS OR EQUIVALENT	NO	4000	
074	DIABETRON 80 MG TAB//DIAMICRON 80 MG TAB//NIDONIL 80 MG TAB Spec: GLICLAZIDE	FEROZSONS/SERVIER /MERCK OR EQUIVALENT	NO	3000	
075	DIAMICRON MR 30 MG TAB Spec: GLICLAZIDE	SERVIER OR EQUIVALENT	NO	6000	
076	GLITOS 30 MG TAB//PIOZER 30 MG TAB//ZOLID 30 MG TAB Spec: PIOGLITAZONE	SEAR/HILTON/GETZ OR EQUIVALENT	NO	1000	
077	GLUCOPHAGE 500 MG TAB//NEODIPAR 500 MG TAB//NEOPHAGE 500 MG TAB Spec: METFORMIN	MERCK/SANOFI AVENTIS/ABBOTT OR EQUIVALENT	NO	40000	
078	HUMULIN 70/30 100 IU/ML INJ//MIXTARD HM 30 100 IU/ML INJ Spec: INSULIN SOLUBLE 30% + ISOPHANE INSULIN 70% AND HUMAN	ELLI LILLY/NOVO NORDISK OR EQUIVALENT	VIAL	35000	
079	HUMULIN-N 100 IU/ML INJ//INSULATARD HM 100 IU/ML INJ Spec: INSULIN NPH AND HUMAN	ELLI LILLY/NOVO NORDISK OR EQUIVALENT	VIAL	300	
080	LANTUS 100 IU/ML INJ Spec: INSULIN	SANOFI AVENTIS OR EQUIVALENT	VIAL	2000	
081	LANTUS SOLOSTAR 100 IU/ML INJ Spec: INSULINE	SANOFI AVENTIS OR EQUIVALENT	VIAL	1000	
082	SITAGLU 100 MG TAB//TAGIP 100 MG TAB//TREVIA 100 MG TAB Spec: SITAGLIPTIN	HILTON/HIGHNOON/G ETZ OR EQUIVALENT	NO	4000	
083	SITAGLU 50 MG TAB//TAGIP 50 MG TAB//TREVIA 50 MG TAB Spec: SITAGLIPTIN	HILTON/HIGHNOON/G ETZ OR EQUIVALENT	NO	5000	

(2) For Plant & Machinery:
Specification:-

(3) Special Conditions

- 01 Only one rate should be quoted.
- 02 The delivered medicines/store which are subsequently found un-registered or nearing the expiry date at any stage during the currency of the contract, shall have to be replaced by the supplier at its on expense.
- 03 Quotation must be valid for 90 days and on free delivery at POF Hospital Wah Cantt.
- 04 Samples be submitted if required by purchaser.
- 05 Each delivery challan must bear batch No, Date of manufacture and date of expiry of delivered medicines/Store.
- 06 Sales Tax Registration No. issued by Excise & Taxation Department must be given in

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quotation.

- 07 S.Tax will not be paid by POF Hospital in accordance with S.No.52-A in 6th schedule of S.Tax Act-1990 through Finance Bill. 2008 being teaching hospital over 500 beds.
- 08 The supplier is responsible to deliver the medicines as and when required by the purchaser.
- 09 The supplies must be of fresh manufacture and must possess at least 85% to 90% of the labeled life on receipt by the consignee.
- 10 The supplier will make sure that the medicines/Store are not sub-standard and have prescribed life printed on packing. The medicines shall be delivered in original sealed packing/containers from the manufacturers.
- 11 The delivery is required immediately.
- 12 Brand name must clearly be Mentioned against which the rate is quoted.
- 13 Supplier must assure the quality of items supplied. In case of any complaint from end user, the supplier will replace the item on his own expense.
- 14 Supplier provide authorized distribution letter of their manufacturer/ importer.
- 15 Only registered suppliers (with Sales Tax & Income Tax Deptt) who are on Active Taxpayer List (ATL) of FBR are elligible to supply goods/services to Government departments.
- 16 The payment to the registered persons may be linked with the active taxpayer status of the suppliers as per FBR database. I any registered suppliers is not in ATL his payment should be stopped till he mandatory returns and appers on ATL of FBR.

(4) Undertaking

Should our offer be accepted, we hereby undertake to supply the stores/render the services contracted on the basis of General Conditions of Contract embodied in Form POF 1281, and to deposit the performance bond within the prescribed time, failing which it will constitute a breach of contract, and POF will have the right to purchase the stores/services elsewhere at our risk and cost.

<p>Place _____</p> <p>Date _____</p> <p>_____</p> <p>_____</p>	<p>Signature of the Tenderer _____</p> <p>Name _____</p> <p>Position _____</p> <p>Address _____</p> <p>Income Tax G.I.R. No _____</p> <p>Official Stamp _____</p>
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