



POF 1262-A  
(INDIGENOUS SUPPLIES)

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

To

M/s

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Dear Sirs,

Reference : TENDER ENQUIRY NO. 0004/HOSP/LP/48

DATED 24-02-2018

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 15-03-2018 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:** 0004/HOSP/LP/48 **DT.** 24-02-2018  
**Tender to be opened on:** 15-03-2018  
**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.COMMADANT 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. 0004/HOSP/LP/48

24-FEB-18**(1) FOR MATERIALS**

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)

**Indent No. 0004/LP/HOSP/48 Dated 07-09-2017**

001	ACLASTA 5 MG INJ Spec: ZOLEDRNIC ACID	NOVARTIS OR EQUIVALENT	VIAL	110	
002	ADRIPLASTINA 10 MG INJ//ADRIPL 10 MG INJ//D-RUBICIN 10 MG INJ//DOXORUBICIN 10 MG INJ Spec: DOXORUBICIN	PFIZER/ATCO/PHARMADIC/PHARMACHEMIE OR EQUIVALENT	VIAL	350	
003	ADRIPL 50 MG INJ//D-RUBICIN 50 MG INJ//DOXORUBICIN 50 MG INJ Spec: DOXORUBICIN	ATCO/PHARMADIC/PHARMACHEMIE OR EQUIVALENT	VIAL	150	
004	ANDROCUR 50 MG TAB//ANDROCUR 50 MG TAB Spec: CYPROTERONE ACETATE	BAYER SCHERING/BIO HEALTH CARE OR EQUIVALENT	NO	1500	
005	ARIMIDEX 1 MG TAB Spec: ANASTROZOLE	ICI OR EQUIVALENT	NO	4000	
006	BONVIVA 150 MG TAB//IBANDRO 150 MG TAB Spec: IBANDRONIC ACID	ROCHE/PHARMEVO OR EQUIVALENT	NO	100	
007	CARBOPLATIN 150 MG INJ//CARPSOL 150 MG INJ//KEMOCARB 150 MG INJ Spec: CARBOPLATIN	BIOPHARMA/PFIZER/ATCO OR EQUIVALENT	VIAL	70	
008	CARBOPLATIN 450 MG INJ//CARPSOL 450 MG INJ//KEMOCARB 450 MG INJ Spec: CARBOPLATIN	BIO PHARMA/PFIZER/ATCO OR EQUIVALENT	VIAL	40	
009	CASODEX 50 MG TAB Spec: BICALUTAMIDE	ICI OR EQUIVALENT	NO	4000	
010	CEPLATIN 10 MG INJ//KEMOPLAT 10 MG INJ//PLATOSIN 10 MG INJ Spec: CISPLATIN	PHARMADIC/ATCO/PHARMACHEMIE OR EQUIVALENT	VIAL	150	
011	CEPLATIN 50 MG INJ//CISPLASOL 50 MG INJ//KEMOPLAT 50 MG INJ//PLATOSIN 50 MG INJ Spec: CISPLATIN	PHARMADIC/PFIZER/ATCO/PHARMACHEMIE OR EQUIVALENT	VIAL	80	
012	CYCLOMIDE 1 GM INJ//ENDOXAN 1 GM INJ Spec: CYCLOPHOSPHAMIDE	PHARMADIC/AGP OR EQUIVALENT	VIAL	100	
013	CYCLOMIDE 500 MG INJ//ENDOXAN 500 MG INJ Spec: CYCLOPHOSPHAMIDE	PHARMADIC/AGPOR EQUIVALENT	VIAL	60	
014	DAXOTEL 20 MG INJ//DOZEP 20 MG INJ//TAXOTERE 20 MG INJ Spec: DOCETAXEL	ATCO/PHARMADIC/SANOFI AVENTIS OR EQUIVALENT	VIAL	150	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
015	EMTHEXATE 50 MG INJ//METHOTREXATE 50 MG INJ//METHOTREXATE 50 MG INJ//PHARMTREXATE 50 MG INJ Spec: METHOTREXATE	PHARMACHEMIE/BIOPHARMA/PFIZER/PHARMADIC OR EQUIVALENT	AMPULES	120	
016	FEMARA 2.5 MG TAB Spec: LETROZOLE	NOVARTIS OR EQUIVALENT	NO	8000	
017	FILATIL 300 MCG INJ//FILGEN 300 MCG INJ//FILGRAS 300 MCG INJ//NEUPOGEN 300 MCG INJ Spec: FILGRASTIN	MEDINET/ FEROSONS /PHARMADIC/ ROCHE OR EQUIVALENT	VIAL	1000	
018	FIVUFLU 500 MG INJ//FLURACIL 500 MG INJ Spec: FLUOROURACIL	ATCO/BIOPHARMA OR EQUIVALENT	VIAL	200	
019	GENEPLAT 1.5 MG INJ//THROMBOMAX 12 MIU / 1.5 MG INJ Spec: RECOMBINENT HUMAN INTERLEUKIN-11	MEDINET PHARMA/AMGOMED OR EQUIVALENT	VIAL	200	
020	GLIVEC 100 MG TAB Spec: IMATINIB MESYLATE	NOVARTIS OR EQUIVALENT	NO	5000	
021	GLIVEC 400 MG TAB Spec: IMATINIB MESYLATE	NOVARTIS OR EQUIVALENT	NO	1500	
022	HYDRA 500 MG CAP//HYDREA 500 MG CAP//HYDROUREA 500 MG CAP Spec: HYDROXYUREA	MEDINET/GSK/ PHARMADIC OR EQUIVALENT	NO	2000	
023	INTAXEL 30 MG INJ//ONCOTAXEL 30 MG INJ//TAXOL 30 MG INJ Spec: PACLITAXEL	ATCO/ PHARMEVO/GSK OR EQUIVALENT	VIAL	500	
024	KYTRIL 3 MG INJ Spec: GRANISETRON	ROCH OR EQUIVALENT	VIAL	300	
025	NAVOBAN 5 MG INJ//NILSETRON 5 MG INJ Spec: TROPISETRON	NOVARTIS/MASS / PHARMA HEALTH OR EQUIVALENT	VIAL	500	
026	NOLVADEX 10 MG TAB/TAMOPLEX 10 MG TAB/TAMOX 10 MG TAB Spec: TAMOXIFEN	ICI/PHARMACHEMIE/ PHARMADIC OR EQUIVALENT	NO	6000	
027	ONSET 4 MG INJ/ ZOFTRAN 4 MG Spec: ONDANSETRON	PHARMADED/ GSK OR EQUIVALENT	VIAL	1500	
028	ONSET 8 MG INJ//ZOFTRAN 8 MG INJ Spec: ONDANSETRON	PHARMEDIC/GSK OR EQUIVALENT	VIAL	3000	
029	ONSET 8 MG TAB//ZOFTRAN 8 MG TAB Spec: ONDANSETRON	PHARMEDIC/GSK OR EQUIVALENT	NO	600	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
030	XELODA 500 MG TAB Spec: CAPECITABINE	ROCHE OR EQUIVALENT	NO	3770	
031	ZOMETA 4 MG INJ Spec: ZOLEDRONIC ACID	NOVARTIS OR EQUIVALENT	VIAL	150	
032	DECADRON 4 MG / 1 ML INJ//ORADRON 4 MG / 1 ML INJ Spec: DEXAMETHASONE	OBS PHARMA/OBS PHARMA OR EQUIVALENT	VIAL	10000	
033	DELTACORTRIL 5 MG TAB//PREDISOLONE 5 MG TAB//PRESOLONE 5 MG TAB Spec: PREDNISOLONE	PFIZER//TABROS/GEOFMAN OR EQUIVALENT	NO	50000	
034	DEPO-MEDROL 40 MG INJ Spec: METHYLPREDNISOLONE ACETATE	PFIZER OR EQUIVALENT	AMPULES	300	
035	HY-CORTISONE 100 MG INJ//HYDRO SOD SUS 100 MG INJ//HYDROCORT 100 MG INJ//HYZONATE 100 MG INJ//SOLU-CORTEF 100 MG INJ//SOLU-HYDROCART 100 MG INJ Spec: HYDROCORTISONE SODIUM SUCCINATE	CIRIN/ZAFI/AKHAI/AMSON/PFIZER/HAJI MEDICINE OR EQUIVALENT	VIAL	20000	
036	METHYL PRED 1 GM INJ//SOLU-MEDROL 1 GM INJ Spec: METHYLPREDNISOLONE SODIUM SUCCINATE	HAJI MEDICINE/PFIZER OR EQUIVALENT	VIAL	200	
037	BARIUM SULPHATE POWDER//EZ PAQUE Spec: BARIUM SULPHATE	EZEM/S.EJAZUDDIN OR EQUIVALENT	BTL	300	
038	GADOVIST 7.5 ML INJ Spec: GADOPUTROL	BAYER HEALTH CARE OR EQUIVALENT	VIAL	600	
039	ULTRAVIST 300 / 100 ML INJ Spec: LOPROMIDE	BAYER SCHERING OR EQUIVALENT	BTL	1000	
040	ULTRAVIST 370 / 50 ML INJ Spec: LOPROMIDE	BAYER SCHERING OR EQUIVALENT	BTL	1500	
041	UROGRAFIN 20 ML SOLUTION Spec: DIAGNOSTIC CONTRAST MEDIA	BAYER HEALTH CARE OR EQUIVALENT	BTL	300	
042	BONE-ONE 0.5 MCG CAP//ONE-ALPHA 0.5 MCG CAP//ONE-ALPHA 0.5 MCG CAP Spec: ALFACALCIDOL	MARTIN DOW/LEO/ZAM ZAM OR EQUIVALENT	NO	6000	
043	CELLCEPT 500 MG TAB Spec: MYCOPHENOLATE MOFETIL	ROCHE OR EQUIVALENT	NO	3600	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
044	CHEWCAL TAB//QALSAN-D TAB Spec: CALCIUM SUPPLEMENT	GSK/NOVARTIS OR EQUIVALENT	NO	80000	
045	EPOKINE 10000 IU INJ//EPREX 10000 IU INJ Spec: EPOETIN ALFA	RG PHARMA/JANSSEN-CILAG OR EQUIVALENT	VIAL	2000	
046	EPOKINE 2000 IU INJ//EPREX 2000 IU INJ//RECORMON 2000 IU INJ Spec: EPOETIN ALFA	RG PHARMA/JANSSEN-CILAG/ROCHE OR EQUIVALENT	VIAL	6000	
047	EPOKINE 4000 IU INJ//EPREX 4000 IU INJ Spec: EPOETIN ALFA	RG PHARMA/JANSSEN-CILAG OR EQUIVALENT	AMPULES	1500	
048	LOPHOS 667 MG TAB Spec: CALCIUM SUPPLEMENT	RG PHARMA OR EQUIVALENT	NO	15000	
049	DERMAZIN 50 GM CREAM//FLAMAZINE 50 GM CREAM//QUENCH 50 GM CREAM Spec: SILVER SULPHADIAZINE	NOVARTIS/BSN/FERO ZSONS OR EQUIVALENT	TUBE	2000	
050	RIVOTRIL 0.5 MG TAB Spec: CLONAZEPAM	MARTIN DOW OR EQUIVALENT	NO	1000	
051	RIVOTRIL 2 MG TAB Spec: CLONAZEPAM	MARTIN DOW OR EQUIVALENT	NO	1000	
052	COMBIVAIR 400/6 MCG ROTACAP Spec: FORMOTEROL FUMARATE AND BECLOMETHASONE DIPROPIONATE	HIGHNOON OR EQUIVALENT	NO	3000	
053	ETOSIL 2 ML INJ/PROMETHAZINE 2 ML INJ Spec: PROMETHAZINE (HCL)	ELITE PHARMA/LCPW OR EQUIVALENT	AMPULES	1000	
054	REVOLIZER ROTACAP SPACER Spec: SPACER	HIGHNOON OR EQUIVALENT	NO	600	
055	TIOVAIR ROTACAP Spec: TIOTROPIUM	HIGHNOON OR EQUIVALENT	NO	1500	
056	DACLA C TAB/DACLA GET/MACLANZA Spec: DACLATASVIR	GLOBAL PHARMA/GETZ/MACTOR OR EQUIVALENT	NO	10000	
057	AMINOLEBAN 500 ML INJ Spec: AMINOACIDS	OTSUKA OR EQUIVALENT	BTL	400	



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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
058	AMINOVEL 600 5 % 500 ML INJ Spec: AMINOACIDS	OTSUKA OR EQUIVALENT	BTL	1000	
059	DEXTROSE 10 % 1000 ML//MEDISOL 10 % 1000 ML INJ//PLADEX 10 % 1000 ML INJ//SETRIFLUID-10 % 1000 ML INJ//ZEESOL 10 % 1000 ML INJ Spec: DEXTROSE	ZAFA/MEDIPAK/OTSUKA/FDL/ZEESOL OR EQUIVALENT	BTL	2500	
060	DEXTROSE 25 % 20 ML INJ//LIFESOL 25 % 20 ML INJ//MEDISOL 25 % 20 ML INJ Spec: DEXTROSE	ZAFA/GEOFMAN/MEDIPAK OR EQUIVALENT	BAG	8000	
061	DEXTROSE 5 % + NACL 0.9 % 1000 ML INJ//LIFESOL 5 % + NACL 0.9 % 1000 ML INJ//MEDISOL-S 5 % + NACL 0.9 % 1000 ML INJ//PLADEXSAL 5 % + NACL 0.9 % 1000 ML INJ//STERIFLUID-DS 1000 ML INJ Spec: DEXTROSE 5% AND SODIUM CHLORIDE 0.9%	SIZA/GEOFMAN/MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	5000	
062	DEXTROSE 5 % 1000 ML INJ//LIFESOL 5 % 1000 ML INJ//MEDISOL 5 % 1000 ML INJ//PLADEX-5 5 % 1000 ML INJ//STERIFLUID-5 % 1000 ML INJ Spec: DEXTROSE	LCPW/GEOFMAN/MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	2000	
063	GEOFUSINE 500 ML INJ//HAEMACCEL 500 ML INJ//HAES-STERIL 500 ML INJ Spec: GELATIN, SUCCINYLATED (PLASMA SUBSTITUTE)	B. BRAUN/SANOFI AVENTIS/MEDIPAK OR EQUIVALENT	BTL	2000	
064	IMMUNASOL NS 0.9 % NACL 1000 ML//LIFESOL 0.9 % NACL 1000 ML INJ//MEDISOL NS 0.9 % NACL 1000 ML INJ//PLASALINE 0.9 % NACL 1000 ML INJ//STERIFLUID-NS 0.9 % NACL 1000 ML INJ Spec: SODIUM CHLORIDE 0.9%	A-Z PHARMA/GEOFMAN/MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	40000	
065	LIFESOL 0.9 % NACL 500 ML INJ//MEDISOL NS 0.9 % NACL 500 ML INJ//PLASALINE 0.9 % NACL 500 ML INJ//STERIFLUID-NS 0.9 % NACL 500 ML INJ Spec: SODIUM CHLORIDE 0.9 % IV SOLN	GEOFMAN/MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	7000	
066	LIPOFUNDIN 20 % 250 ML INJ Spec: LIPID SUSPENSION	B.BRAUN OR EQUIVALENT	BAG	100	
067	MANNITOL 500 ML INJ//MEDISOL-MANNITOL 500 ML INJ//OSMOTOL 500 ML INJ Spec: MANNITOL	B. BRAUN/MEDIPAK/OTSUKA OR EQUIVALENT	BTL	1000	
068	MEDISOL NS 0.9 % NACL 100 ML INJ//PLASALINE 0.9 % NACL 100 ML INJ//STERIFLUID-NS 0.9 % NACL 100 ML INJ Spec: SODIUM CHLORIDE 0.9 % IV SOLN	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	60000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
069	MEDISOL RINGER 1000 ML INJ//RINSOL RINGER'S 1000 ML INJ//STERIFLUID RL 1000 ML INJ Spec: RINGER'S INF	MEDIPAK/GEOFMAN/FDL OR EQUIVALENT	BAG	40000	
070	MEDISOL RINGER 500 ML INJ//RINGER'S SOLUTION 500 ML INJ//RINSOL RINGER'S 500 ML INJ//STERIFLUID RL 500 ML INJ Spec: RINGER'S INF	MEDIPAK/OTSUKA/GE OFMAN/FDL OR EQUIVALENT	BAG	30000	
071	MEDISOL ½ STR SALINE 500 ML INJ//PLADEXSAL ½ STR SALINE 500 ML INJ Spec: SODIUM CHLORIDE 0.45%	MEDIPAK/OTSUKA OR EQUIVALENT	BAG	5000	
072	POTASSIUM CHLORIDE 20 ML INJ Spec: POTASSIUM CHLORIDE	B. BRAUN OR EQUIVALENT	AMPULES	2000	
073	SODIUM BICARBONATE 8.4 % 50 ML INJ//SODIUM BICARBONATE 8.4 % 50 ML INJ Spec: SODIUM BICARBONATE	HOSPITAL SUPPLY/MEDIPAK OR EQUIVALENT	VIAL	2400	
074	ALP 0.25 MG TAB//XANAX 0.25 MG TAB Spec: ALPRAZOLAM	HILTON/PFIZER OR EQUIVALENT	NO	5000	
075	ALP 0.5 MG TAB//XANAX 0.5 MG TAB Spec: ALPRAZOLAM	HILTON/PFIZER OR EQUIVALENT	NO	5000	
076	CLOPIXOL ACUPHASE 50 MG / 1 ML INJ Spec: ZUCLOPENTHIXOL	LUNDBECK OR EQUIVALENT	AMPULES	300	
077	CLOPIXOL DEPOT 200 MG / 1 ML INJ Spec: ZUCLOPENTHIXOL	LUNDBECK OR EQUIVALENT	AMPULES	300	
078	DEPFREE 30 MG TAB Spec: DULOXETINE	GLITZ OR EQUIVALENT	NO	300	
079	ESGLIT 10 MG TAB Spec: ESCITALOPRAM	GLITZ OR EQUIVALENT	NO	10000	
080	GALAXY 20 MG CAP Spec: FLUOXETINE	GLITZ OR EQUIVALENT	NO	10000	
081	GEROX 20 MG TAB Spec: PAROXETINE	GLITZ OR EQUIVALENT	NO	2500	
082	KEMADRIN 5 MG TAB//KEMPRO 5 MG TAB Spec: PROCYCLIDINE	GSK/ADAMJEE OR EQUIVALENT	NO	2000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
083	LEXILIUM 3 MG TAB//LEXOTANIL 3 MG TAB Spec: BROMAZEPAM	SAMI/MARTIN DOW OR EQUIVALENT	NO	3000	
084	OLANZIA 5 MG CAP//ZYPREXA 5 MG CAP Spec: OLANZAPINE	WERRICK/ELI LILLY OR EQUIVALENT	NO	1000	
085	OZIP 5 MG CAP Spec: OLANZAPINE	GLOBAL PHARMA OR EQUIVALENT	NO	3000	
086	PRACIT 75 MG TAB Spec: VENLAFAXINE	GLITZ OR EQUIVALENT	NO	1000	
087	RAZE 2 MG TAB Spec: RISPERIDONE	GLITZ OR EQUIVALENT	NO	3000	
088	SERENACE 5 MG / 1 ML INJ Spec: HALOPERIDOL	SEARLE OR EQUIVALENT	AMPULES	1000	
089	SERENACE 5 MG TAB Spec: HALOPERIDOL	SEARLE OR EQUIVALENT	NO	5000	
090	VALIUM 10 MG / 2 ML INJ Spec: DIAZEPAM	MARTIN DOW OR EQUIVALENT	VIAL	2500	
091	ZYCLIDINE 10 MG INJ Spec: PROCYCLIDINE	A' RAF OR EQUIVALENT	AMPULES	300	
092	SINEDOPA 275 MG TAB//SINEMET 275 MG TAB Spec: LEVODOPA+CARBIDOPA TAB	VALOR/OBS PHARMA OR EQUIVALENT	NO	2500	
093	BRILOX 15 MG TAB//LOXATEC 15 MG TAB//MELFAX 15 MG TAB//MELOR 15 MG TAB//MOBIX 15 MG TAB//XOBIX 15 MG TAB Spec: MELOXICAM	MAX PHARMA/MARTIN DOW/AGP/SAMI/GLOBAL PHARMA/HILT OR EQUIVALENT	NO	4000	
094	COBOLMIN 500 MCG INJ//MABIL 500 MCG INJ//MECOBAL 500 MCG INJ//METHYCOBAL 500 MCG INJ//MYLAXON 500 MCG INJ Spec: MECOBALAMIN	MACTOR/SAMI/NABI QASIM/HILT/BARRETT HODGSON OR EQUIVALENT	VIAL	4000	
095	COBOLMIN 500 MCG TAB//MABIL 500 MCG TAB//MECOBAL 500 MCG TAB//MECOTEC 500 MCG TAB//METHYCOBAL 500 MCG TAB Spec: MECOBALAMIN	MACTER/SAMI/NABIQ ASIM/PHARMATEC/HILT OR EQUIVALENT	NO	3000	
096	EPIGRAN 250 MG/1 ML INJ Spec: PHENYTOIN SODIUM	ATCO OR EQUIVALENT	VIAL	150	

## PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/48

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
097	LOXATEC 7.5 MG TAB//MELFAX 7.5 MG TAB//MELOR 7.5 MG TAB//MOBIX 7.5 MG TAB//XOBIX 7.5 MG TAB Spec: MELOXICAM	MARTIN DOW/AGP/SAMI/GLOBAL PHARMA/HILT OR EQUIVALENT	NO	4000	
098	MOVAX 2 MG TAB//TERNELIN 2 MG TAB Spec: TIZANIDINE	SAMI/NOVARTIS OR EQUIVALENT	NO	10000	
099	ACTIFLOR 250 MG SACH//ENFLOR 250 MG SACH Spec: SACCHAROMYCES BOULARDII	PHARMEVO/HILTON OR EQUIVALENT	SACH	9000	
100	BRITANYL 60 ML SYP//MEXAIR 60 ML SYP Spec: TERBUTALINE	BARRETT HODGSON/SIZA OR EQUIVALENT	BTL	500	
101	CARICEF DS 200 MG SYP//CEFEXOL DS 200 MG SYP//CEFIGET DS 200 MG SYP//CEFIM DS 200 MG SYP//FIXVAL 200 MG SYP//MAXIMA DS 200 MG SYP Spec: CEFIXIME	SAMI/NABIQASIM/GETZ/HILTON/GSK/MACTER OR EQUIVALENT	BTL	5000	
102	MOTILIUM 120 ML SYP//PELTON 120 ML SYP Spec: DOMPERIDONE	JANSEEN CILAG/GLOBAL PHARMA OR EQUIVALENT	BTL	5000	
103	OSIRIS 20 MG / 60 ML SYP//ZINCAT OD 20 MG / 60 ML SYP//ZYNQ 20 MG / 60 ML SYP Spec: ZINC SULPHATE MONOHYDRATE	SAMI/ATCO/NABIQASIM OR EQUIVALENT	BTL	2400	
104	SPASLAR-P 60 ML SYP Spec: HYOSCINE	AGP OR EQUIVALENT	BTL	800	

(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 own 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 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.

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/48

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