



**SHAHEED MOHTARMA BENAZIR BHUTTO  
INSTITUTE OF TRAUMA (SMBBIT)**

**STANDARD BIDDING DOCUMENTS**

**TENDER REFERENCE# PROC/SMBBIT/(D&M-02)2019-20**

**“PROCUREMENT OF DRUGS / MEDICINES /  
CONTRAST MEDIA & ALLIED ITEMS  
ON FRAMEWORK CONTRACT BASIS (SPPRA RULE  
15(B))”**

|                                     |  |
|-------------------------------------|--|
| <b>COST OF TENDER<br/>DOCUMENTS</b> | <b>RS. 2,000/- (TWO THOUSAND RUPEES ONLY<br/>(NON-REFUNDABLE) IN SHAPE OF PAY<br/>ORDER / DEMAND DRAFT IN FAVOR OF<br/>SHAHEED MOHTARMA BENAZIR BHUTTO<br/>INSTITUTE OF TRAUMA</b> |
|-------------------------------------|--|

**NOTE:**

1. No tender will be accepted after closing of the Tender box, what so ever reason may be.
2. All the participants must sign each & every page of bid documents, else offer will be rejected.

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## **BIDDING DATA**

|                             |   |  |
|-----------------------------|---|--|
| Procuring Agency            | : | <b>SMBB Institute of Trauma</b>  |
| Address                     | : | <b>Chand Bibi Road, Karachi</b>  |
| Bid Validity                | : | 90 Days (As per SPPRA Rule 2010 (amended till date))   |
| Amount of Bid Security      | : | 2% of total bid value  |
| Last date of Selling of Bid | : | 14-10-2019 till 04:00 p.m.   |
| Date of Submission of Bid   | : | 15-10-2019 between 09:00 a.m. to 11:00 a.m.  |
| Place for Submission        | : | <b>13<sup>th</sup> Floor</b> of SMBBIT Procurement Department  |
| Date of Opening of Bid      | : | 15-10-2019 at 11:30 a.m.   |
| Place of Opening            | : | <b>12<sup>th</sup> Floor</b> of SMBBIT Seminar Hall  |
| Performance Security        | : | 5% of the Contract Value   |
| Language of Bid             | : | English  |
| Bid Price                   | : | PKR  |
| Advance Payment             | : | No Advance Payment will be allowed   |
| Period of Completion        | : | Financial Year 2019-20   |
| Liquidity Damages           | : | 0.03% of the bid price per day after the period of Completion up to 10% maximum depends upon the damages done due to non-supply. |
| Inspection Authority        | : | Nominated Inspection Committee   |
| Inspection Place            | : | Store of SMBB Institute of Trauma  |
| Place of Delivery           | : | Store of SMBB Institute of Trauma  |

# **INSTRUCTIONS TO BIDDERS**

1. **Shaheed Mohtarma Benazir Bhutto Institute of Trauma (SMBBIT)** invites sealed bids on **Single Stage Two Envelope Procedure 46(2)** as per Sindh Public Procurement Rules 2010, (Amended till date) from Manufacturers / Importers / Sole Agents / Distributors for **“Procurement of Drugs / Medicines / Contrast Media and Allied Items on Frame Work Contract Basis”**. **Tender Ref. #: PROC/SMBBIT/(D&M-02)/2019-20**.
2. The tender shall be submitted with all documents in sealed envelopes. The envelope must contain tender inquiry Number on the top, the name of the Bidder should be affixed on the face of the envelope. The Bidder should prepare the Tender in form of **Technical** and **Financial** proposals separately. The envelope should be marked **Technical Proposal** and **Financial Proposal** in BOLD and legible letters to avoid confusion. Envelopes should be sealed and addressed to Procurement Department Shaheed Benazir Bhutto Institute of Trauma, Karachi and inserted in Tender box by hand or mail on the scheduled date and time, else tender will not be entertained and would be returned unopened to the bidders.
3. Bidders are required to check that Tender Documents issued to them are complete in all respects as per table of content.
4. Bidders should examine carefully the table of content. They should visit and inspect the site at their own expense, responsibility and obtain all necessary information prior to submitting the tender. Any detail / specification missing in the document should be obtained from **Planning & Procurement Department** before bidding. Once the tender is submitted, it will be assumed that no further clarification was required.
5. Tender Fee in shape of pay order in favor of **Shaheed Mohtarma Benazir Bhutto Institute of Trauma (SMBBIT)** must be attached; else the offer will be rejected.
6. Bidder will attach **BID SECURITY** (as per amount mentioned under Bidding Data) in shape of pay order issued from any scheduled Bank of Pakistan in favor of **Shaheed Mohtarma Benazir Bhutto Institute of Trauma (SMBBIT)** in the financial proposal.
7. The original bid shall be typed or written in indelible ink by the bidder or person duly authorized. The person or persons signing the bid shall initial all pages of the bid. The name and designation of each person signing must be mentioned below the signature.
8. The Bidder shall indicate on the appropriate Price Schedule (in PKR) the units (where applicable) and total bid price of the goods / services it proposes to supply / execute under the contract.
9. No bidder shall be allowed to alter or modify his bid after the bids have been opened. However, the Procuring Agency may seek and accept clarification to the bids that do not change substances of the bids.
10. The Procuring Agency may reject all or any bid or proposal at any time prior to the acceptance of a bid or proposal. Subject to relevant provision of SPPRA Rules, 2010 (Amended till Date). The Procuring Agency upon request communicate to bidder who submitted a bid or proposal, the grounds for its rejection of all bids or proposal, but is not required to justify those grounds.

11. The quoted rates should include all costs of whatsoever description and expenses necessary for the whole work together with all risks, taxes, liabilities and obligations, specific or implied, in the Tender Documents. Arithmetical errors, if any shall be corrected and Tender price amended accordingly.
12. No unauthorized alteration may be made in the Tender documents. If any such alteration is made, tender may be liable for rejection.
13. Clarification, revision, addition or deletion, in the tender documents may be made by the authority before the submission and opening of Tender in the form of Addendum / Corrigendum. This will be made only by formal Addendum / Corrigendum issued by the concerned authority and will become part of the contract documents. Each Addendum shall be signed by the Vendor and returned with other Tender documents.
14. The vendor has to quote only one rate for each work as per tender specifications. Hand written tenders or any over writing, cutting, should be signed.
15. The entire Tender Documents, listed duly priced, signed & stamped on each page and completed must reach at designated place in due time and dates as defined in the Bidding Data of the Tender.
16. Contractors who win the tender will be required to enter into a Contract Agreement as defined in the Form of Agreement.
17. No bidder shall contact the Procuring agency on any matter relating to its bid, from the time of the bid opening to the time the contract is awarded. If the Bidder wishes to bring additional information to the notice of the Procuring agency, it should do so in writing.
18. The bid security will be forfeited to the Government, if the bidder withdraws his bid after opening and before the expiry of the bid validity period or fails to sign the contract in stipulated time if the bid is accepted.
19. Conditional tender and tender without bid security shall not be considered.
20. Bids shall remain valid for a period of 90 days after the date of bid opening and same may be extended in terms of Rule 38 (2) (3) (4) of SPPRA Rules.
21. Bids submitted late due to any reason whatsoever, shall not be considered and returned unopened to the bidder or his authorized representative.
22. Bid / offer will be evaluated as per criteria and the bid's terms & conditions.
23. **The quoted rates once offered by the firms will not be changed during the contract period.**
24. **The quoted rates should be in Pak. Rupees and must be valid till 30<sup>th</sup> June 2020.** Orders will be placed as per requirement after receiving demand from the concern department of Shaheed Benazir Bhutto Institute of Trauma.
25. All Bidders should provide at least **Two Samples** free of cost of the each quoted products.
26. The tendered rate should be inclusive of all applicable taxes to Federal & Provincial Govt. or local bodies and will be deducted from the bill of the contractors / suppliers.

27. **All the (applicable) Government taxes (Income Tax / Sindh Sales Tax (if applicable) / 0.35% Stamp Duty of the value of the contract amount will be affixed on the bills or on the contract agreement of the full contract value by the Contractors / Suppliers.**
28. **If the Contractors / Suppliers require Tax exemption facility regarding non deduction of Advance Income Tax vide CR No. 1(10) WHT/2001, dated 11th April, 2002, the required documents shall be submitted. The copy of the exemption certificate issued by the concerned authority must be attached and on a copy of Bill of Entry duly attached in case bid price is on C&F basis & Tax paid Challan copy duly attested should be attached with the bill along with an undertaking on Company Letter Head.**
29. Registration number, make or origin of the country of the drug must be mentioned for each item, for which quotation is given, otherwise it will not be considered. The bidder will also provide original warranty of Manufacturer / Importer with Batch number and Quantity at the time of supply of medicines.
30. The supplies should be stamped or print as **“Govt. of Sindh” & “Not for Sale”** with clear and indelible ink and delivered at the designated place of SMBBIT Karachi by the authorized representative of the firm at the risk and cost of the supplier. Any breakage or shortage of stock will be recovered from the supplier.
31. **All documents should be submitted duly paginated / flagged and the detailed of the documents should also be mentioned in front of the Index, else Procurement Committee reserves the right to accept or reject.**
32. The bidders shall quote their firm and final price both in figure and in words on free delivery basis to Shaheed Mohtarma Benazir Bhutto Institute of Trauma, Karachi.
33. Distributor once nominated by the manufacturer / importer will be for the whole contract period and manufacturer / importer cannot change its distributor during the contract period in any case.
34. No manufacturer / importer shall authorize their distributor / agent / any firm or person to quote the same item, which the manufacturer is quoting itself in any tender. Failing those offers of both the manufacturer as well as other bidder shall be ignored.

# **TERMS & CONDITIONS OF TENDER**

1. **Shaheed Mohtarma Benazir Bhutto Institute of Trauma (SMBBIT)** invites sealed bids on **Single Stage Two Envelope Procedure 46(2)** as per Sindh Public Procurement Rules 2010, (Amended till date) from Manufacturers / Importers / Sole Agents / Distributors for **“Procurement of Drugs / Medicines / Contrast Media and Allied Items on Frame Work Contract Basis”**. **Tender Ref. #: PROC/SMBBIT/(D&M-02)/2019-20.**
1. **PERFORMANCE SECURITY:** The successful bidders will have to deposit the requisite Performance Security Bond in the shape of a Pay Order / Demand Draft or Bank Guarantee as per amount mentioned under Bidding Data in favor of **Shaheed Mohtarma Benazir Bhutto Institute of Trauma (SMBBIT)**. The same will be released after successful completion of supply & contract period. Moreover, security deposit shall be forfeited by the Procuring Agency if contractor fails to comply with terms and condition of the contract at any stage during contract period.
2. Bid should be inclusive of all Government taxes (if applicable) and the same will be paid by the Contractor except withholding tax.
3. The firm will be responsible for supply of **Drugs / Medicines / Contrast Media and Allied Items** at consignee address. (**Shaheed Mohtarma Benazir Bhutto Institute of Trauma SMBBIT Karachi**). If it fails the Security Deposit will be forfeited.
4. Procurement Committee shall disqualify a contractor, whether pre-qualified or not, if it finds at any time, that the information submitted by bidder concerning his qualification and professional, technical, financial, legal, or managerial competence as contractor was false and materially inaccurate or incomplete at any stage.
5. The Procuring agency reserves the right at the time of contract award to increase / decrease & delete, the items / quantities of goods and services originally specified in the Schedule of Requirements without any change in unit price or other terms and conditions.
6. Arithmetical errors will be rectified on the following basis. If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail, and the total price shall be corrected. If the bidder does not accept the correction of the errors, its bid will be rejected, and its bid security may be forfeited.
7. 20% of the due Sindh Sales Tax (if applicable) will be deducted from the bill of the Contractors / Suppliers while remaining 80% will be deposited by the Contractors / Suppliers themselves.
8. Prices quoted shall remain valid up to 30<sup>th</sup> June 2020.
9. No tender will be entertained without Bid Security which will be forfeited to Government Treasury, in case of non-submission of Performance security within seven (7) days of receipt of letter of Acceptance.

10. Quantities of tender items are on estimated basis and could vary according to the amount sanctioned, released and as per discretion of Procurement Committee.
11. All manufactured and other items should be used in accordance with the instructions, specifications in the Tender Document and also in accordance with generally accepted norms of good workmanship.
12. The Bidder shall sign and stamp the Integrity Pact provided at Bid in the Bidding Document for all Provincial Government procurement contracts exceeding Rupees 10 million in case of goods and 2.5 million in case of services. Failure to sign such Integrity Pact shall make the bidder non-responsive.
13. If the Supplier fails to deliver any or all of the Goods or to perform the Services within the period(s) specified in the Contract, the Procuring agency shall, without prejudice to its other remedies under the Contract, deduct from the Contract Price, as liquidated damages, a sum equivalent to the percentage specified in Bidding Data of the delivered price of the delayed Goods or unperformed Services for each week or part thereof of delay until actual delivery or performance, up to a maximum deduction of the percentage specified in Bidding Data. Once the maximum is reached, the Procuring agency may consider termination of the Contract.
14. Supplies are required as early as possible. The bidder may, however, give their short guaranteed delivery period by which the supply will be completed positively.
15. The manufacturer / importer of sub-standard adulterated spurious, counterfeit, misbranded or contaminated medicine(s) item(s) etc., may be black listed by the competent authority (as per Rule-35 and relevant rules / regulations / polices / instructions of SPPRA).
16. If supplied goods are declared sub-standard, adulterated, Spurious, counterfeit, Misbranded or contaminated the Manufacturer and their Distributor are equally responsible and are bound to supply additional quantity of whole batch free of cost. (the case will be dealt in accordance to the Drug Act, 1976).
17. The successful bidder shall pay the testing fees directly to the Provincial Drug Testing Lab or from federal Drug Testing Laboratory for the batches to be supplied and should supply extra quantity of drug / drugs used for testing purpose.
18. The drugs shall be accompanied by the necessary warranty on Form 2-A (on non-judicial stamp paper) in accordance with the provision of the Drugs Act 1976 and rules framed there under.
19. The sample of the drugs supplied by the vendors will be drawn for test and analysis purpose under Drugs Act 1976.
20. The supply should be executed in minimum number of batches.
21. The vendors who quote dispensing items (Methylated spirit, paraffin etc.) must possess re-packing License issued from Drugs Regulatory Authority Pakistan (DRAP) or their offer will be rejected.
22. **The Technical evaluation carried out by the Committee Shaheed Mohtarma Benazir Bhutto Institute of Trauma, Karachi will be final, which will be assessed on clinical experience basis of the consultant(s) in the relevant speciality.**



23. If a sample of a batch of drug or item is declared in contravention of section 3 / 23 of drugs act 1976 on the basis of test analysis report on presence of any foreign particle seen by the competent authority, those will be destroyed and payment will not be made to the supplier. The supplier will be responsible to provide the fresh stock of standard quality within 45 days against the rejected batch. Otherwise amount equivalent to the supplied quantity of defective goods will be deducted from their bill and action will be initiated against the offending firm according to the Drugs Act. 1976 on terms and condition of the tender, whichever is applicable.
24. Manufacturer / Importer will issue an authorization letter as per attached sample Performa along with technical proposal.
25. Manufacturers / Importers / distributors will directly supply the goods as per supply order along with Bill of Warranty and Quality Certificate of each batch.
26. **PURCHASER'S RIGHT TO VARY QUANTITIES** The Shaheed Mohtarma Benazir Bhutto Institute of Trauma Authority reserves right to increase / decrease or delete the quantities of Drugs / Medicines etc., at the time of award of contract and also reserves the right to enhance the quantity of goods / services originally specified in the schedule of requirement without any change in unit price or other terms and conditions of goods at any time during defined period.
27. **PURCHASER'S RIGHT TO ACCEPT ANY BID AND REJECT ANY OR ALL BIDS:** The SMBBIT Authority reserves the right to purchase full or part of the store or ignore / scrap / cancel the tender as per relevant rules of SPPRA-2010 (Amended till date).
28. **SHELF LIFE REQUIRED:** No supply will be accepted having expiry date less than 70% of shelf life for the National manufacturer and 70% for imported items (wherever applicable).
29. **REDRESSAL:** Redressal of Grievances & settlement of dispute will be as per SPPRA Rule-2010 (Amended 2019).
30. **BID EVALUATION (T.E.R):** Bid evaluation will be considered on following grounds for approval of company.

I / We agree to above mentioned terms & conditions:

Name of Contractor \_\_\_\_\_ Signature \_\_\_\_\_

(CNIC NO \_\_\_\_\_ (Copy must be attached).)

Full Address \_\_\_\_\_

Rubber Stamp \_\_\_\_\_

**CRITERIA FOR EVALUATION OF BID****(Bidders are required to submit following documents in mentioned sequence)**

| <b>Technical Evaluation Criteria (Mandatory)</b> |   |            |           |
|--|---|------------|-----------|
| <b>S.#</b>                                       | <b>List of Documents</b>  | <b>Yes</b> | <b>No</b> |
| 1.   | Compliance of Terms & Conditions / Instructions mentioned in the SBD.   |            |           |
| 2.   | Relevant Experience with documentary proof (Last Three Years)   |            |           |
| 3.   | i) Registration with Income Tax – NTN Certificate<br>ii) Copy of Professional Tax 2019-20   |            |           |
| 4.   | a) General Sales Tax (Mandatory)<br>b) Sindh Sales Tax (if applicable) / Sindh Board of Revenue (Registration is not required in procurement of Goods)  |            |           |
| 5.   | Recent Bank Certificate / Bank Statement regarding financial soundness of the firm to do business up till <b>PKR 300 Million or more.</b>   |            |           |
| 6.   | Submission of undertaking on legal valid and attested stamp paper that the firm is not blacklisted and litigated by any institute of Federal, Provincial Government or any Department / Agency / Organization / autonomous body or Private Sector Organization anywhere in Pakistan.( <b>Undertaking should be as attached sample as per Table of Content Point # 12.</b> ) |            |           |
| 7.   | Submission of Undertaking regarding on legal valid and attested stamp paper that supply of required items within stipulated time with quality certificate from the authorized Laboratory.   |            |           |
| 8.   | Valid Drug Sales License whichever is applicable is the mandatory requirement of the bid.   |            |           |
| 9.   | Bidder already providing same services at <b>SMBBIT</b> should obtain & attach a satisfactory performance certificate from competent authority (for the financial year in which the bidder last provided its services).   |            |           |
| 10.  | Pay order / Bank Draft of Bid security / Earnest money should be attached along with bidding document.  |            |           |
| 11.  | Provision of relevant and correct information as required in the provided Performa.   |            |           |

**NOTE:**

1. The offer will not be entertained if the required documents are not found attached.
2. Items will be procured on approved quality/ sample basis; hence bidders are required to submit sample along with bidding documents. Brochures should also be attached where applicable.
3. The technical evaluation carried out by the Procurement Committee, SMBBIT, Karachi will be final, which will be assessed on technical aspect and clinical experience basis of the Consultant(s) in the relevant specialty.
4. Specifications approved by the Consultant(s) in the relevant specialty will be considered by the Procurement Committee.
5. All drug & disposables shall be DRAP Registered where applicable. (Certificate should also be attached which will be verified by concerned authority.

**SHAHEED MOHTARMA BENAZIR BHUTTO INSTITUTE OF**  
**TRAUMA (SMBBIT)**  
**PHARMACEUTICAL COMPANIES**  
**PROFILE**

- a. Please fill in the correct information carefully, submission of wrong/ vague information may lead to disqualification of the firm.  
b. Each page of the Performa must be duly signed & stamped.

**GENERAL INFORMATION**

|     |   |      |                |        |              |
|-----|---|------|----------------|--------|--------------|
| 1.  | <b>Name of the company</b>  |      |                |        |              |
| 1.a | <b>Year of establishment</b>  |      |                |        |              |
| 1.b | <b>Form of the company Annex copy of registration</b><br><ul style="list-style-type: none"> <li>• Individual</li> <li>• Private limited</li> <li>• Public limited</li> <li>• Partnership</li> <li>• Corporation</li> <li>• Other (specify)</li> </ul> |      |                |        |              |
| 1.c | <b>Address of the firm</b><br><ul style="list-style-type: none"> <li>• Registered office,</li> <li>• Telephone no.</li> <li>• Fax No. E mail address etc.</li> </ul>  |      |                |        |              |
| 1.d | <b>Location of the firm Annex certificate</b><br><ul style="list-style-type: none"> <li>• Industrial</li> <li>• Commercial</li> <li>• Residential</li> <li>• Agricultural</li> <li>• Other (specify)</li> </ul>                                       |      |                |        |              |
| 1.e | <b>Enlistment with any stock exchange</b><br>(in Pakistan / overseas. If any. Annex details)  |      |                |        |              |
| 1.f | <b>Blacklisting / complaint against the firm</b><br>(by any govt. or other org. if any)   |      |                |        |              |
| 2.  | <b>Drugs manufacturing license number</b><br>(Annex copy of Drugs manufacturing License)  |      |                |        |              |
| 2.a | <b>Type of activity being carried out by the company:-</b><br><ul style="list-style-type: none"> <li>• Formulation</li> <li>• Repacking</li> <li>• Other (specify)</li> </ul>   |      |                |        |              |
| 2.b | <b>Name &amp; Address of the companies / subsidiaries</b><br>and associated companies, <b>if any,</b><br>With whom there is collaboration or joint venture  | 1    |                |        |              |
|     |   | 2    |                |        |              |
|     |   | 3    |                |        |              |
| 2.c | <b>Annual sales turnover of the firm in the previous 3 years</b> (In millions)  | year | Domestic sales | Export | Govt. Sector |
|     | • 1.  |      |                |        |              |
|     | • 2.  |      |                |        |              |
|     | • 3.  |      |                |        |              |
| 2.d | <ul style="list-style-type: none"> <li>• Certificate from bank that manufacturer is capable of doing business up to and</li> <li>• financial worth of company</li> </ul>  |      |                |        |              |

|     |  |  |
|-----|--|--|
| 3.  | <b>Total area of the unit</b> (in sq ft)   |  |
| 3.a | <b>Total Covered Area</b><br>(in sq ft) Annex copy of approved lay out plan by Ministry of Health, Islamabad)  |  |
| 3.b | <b>Total covered Area of production</b> (in sq ft)   |  |
| 3.c | <b>Total covered area of quality control department</b> (Sq ft)  |  |
| 3.d | <b>Total covered area of administration block</b> (in Sq ft)   |  |
| 3.e | <b>Plant layout, design &amp; finishes</b> <ul style="list-style-type: none"> <li>• Enable avoidance of cross contamination</li> <li>• Enable proper cleaning, drainage, sanitization as per written sanitation program</li> <li>• Enable proper ventilation, air conditioning and maintenance.</li> </ul> |  |
| 4.  | <b>Income Tax no (NTN)</b> <ul style="list-style-type: none"> <li>• Attach copy of certificates,</li> <li>• Attach details of tax paid during past 3 years</li> <li>• Attach copy of last annual income tax return</li> </ul>  |  |
| 5.  | <b>Sales Tax Registration No. (if any. Applicable )</b><br><b>Attach copy of certificate, and details of sales tax Paid during past 3 years</b>  |  |
| 6.  | <b>G M P compliance certificate &amp; GMP audit report (attach report/ certificate)</b>  |  |
| 7.  | <ul style="list-style-type: none"> <li>• <b>Assay procedure of all product</b></li> <li>• <b>Reference Standard</b></li> <li>• <b>Bio-availability/ Bio-equivalence report of all product</b></li> </ul>   |  |
| 8.. | <b>Technical personnel involved in Manufacture of pharmaceutical products</b><br>(Attach section wise list with qualification & experience)  |  |
| 8.a | <b>Production</b>  |  |
|     | <ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• Chemist</li> <li>• Other technical persons</li> </ul>   |  |
| 8.b | <b>Quality Control</b>   |  |
|     | <ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• Chemists/ biochemist/ microbiologist</li> <li>• Other Technical Persons</li> </ul>  |  |
| 8.c | <b>Product/ formulation Development Section</b>  |  |
|     | <ul style="list-style-type: none"> <li>• <b>Pharmacist/chemist/other</b></li> </ul>  |  |
| 9   | <b>Total Employees (including Technical staff)</b>   |  |
|     | Management   |  |
|     | Production   |  |
|     | Quality control  |  |
|     | Research & Development Sales and Marketing Administration  |  |
|     | Others   |  |
|     | <b>Total Head Count</b>  |  |

| 10    | <b>Training of personnel</b> <ul style="list-style-type: none"> <li>On job training schedule</li> <li>Schedule/program for training of technical staff</li> <li>Schedule/program for training of worker (Including GMP and hygiene)</li> </ul>   |  |                      |   |   |  |  |   |  |  |   |  |  |  |
|-------|--|--|----------------------|---|---|--|--|---|--|--|---|--|--|--|
| 11    | <b>Medical checkup of worker:-</b> <ul style="list-style-type: none"> <li>Prior to induction</li> <li>Annual</li> <li>Periodic (worker doing optical checking)</li> </ul>  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 12    | <b>Manufacturing information</b>   |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 12.a  | <b>No of registered drugs</b>  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 12.b  | <b>No of drugs being manufactured (active)</b>   |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 12.c  | <b>No of PV listed items (Attach list)</b>   |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 13.   | <b>Raw materials (Active ingredients)</b><br>(Name of the source companies along with country of origin)   |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 14.   | <b><u>Dosage form and production capacity</u></b>  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
|       | <b><u>Dosage Forms</u></b> <ol style="list-style-type: none"> <li>Solid</li> <li>Liquid</li> <li>Inject able (liquid)</li> <li>Inject able (Dry powder)</li> <li>Ointments/ Creams/ Gels</li> <li>Capsules</li> <li>I V infusions</li> <li>Dialysis solutions</li> <li>Repacking / External preparations etc.</li> </ol> | <b><u>Production capacity (per 8 hours)</u></b><br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 |                      |   |   |  |  |   |  |  |   |  |  |  |
| 15    | <b>Cleanliness &amp; maintenance of :</b> <ul style="list-style-type: none"> <li>Equipment – List</li> </ul>   |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 16    | <b>Emergency power supply arrangements</b><br>(For at least critical areas of the unit)  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 17    | <b>Drug recalls system (volunteer) &amp; SOPs for recall</b><br>(Annex details)  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 18    | <b>Inspection record of the company</b>  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
|       | <table border="1"> <thead> <tr> <th>Years</th> <th>Inspecting Authority</th> <th>Brief remarks of the inspecting authority</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>                   | Years  | Inspecting Authority | Brief remarks of the inspecting authority | 1 |  |  | 2 |  |  | 3 |  |  |  |
| Years | Inspecting Authority   | Brief remarks of the inspecting authority  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 1     |  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 2     |  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 3     |  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 19    | <b>Market Availability and Since when (mention year)</b> <ul style="list-style-type: none"> <li>Products routinely manufactured</li> <li>Only occasionally / on request (Annex six batches certificates)</li> </ul>  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 20    | <b>Number of distributors/ authorized Agents</b><br>(Attach list indicating name, address / approx sales range of each)  |  |                      |   |   |  |  |   |  |  |   |  |  |  |
| 21    | <b>Source of Raw Material</b>  |  |                      |   |   |  |  |   |  |  |   |  |  |  |

**MANUFACTURING INFORMATION**  
**STORES / WARE HOUSES**

Covered area \_\_\_\_\_ (Annex details of each store)

| S. # | Criteria   | Available as per SOPs, GMP or cGMP | Partial | Not available | Remarks |
|------|--|------------------------------------|---------|---------------|---------|
| i.   | Separate stores for: <ul style="list-style-type: none"> <li>• Raw material</li> <li>• Labels &amp; packaging material and</li> <li>• Finished products</li> </ul>                              |                                    |         |               |         |
| ii.  | Separate quarantine facilities for :- Incoming raw material<br>Packaging materials   |                                    |         |               |         |
| Iii  | Cold rooms facility for: <ul style="list-style-type: none"> <li>• Vaccines, biological and other controlled temperature products</li> <li>• Cold chain facility</li> </ul>                     |                                    |         |               |         |
| Iv   | Temperature & humidity control facility in the stores.   |                                    |         |               |         |
| v.   | Identification slips for raw material: <ul style="list-style-type: none"> <li>• Approved</li> <li>• Rejected</li> <li>• Quarantine</li> </ul>  |                                    |         |               |         |
| Vi   | Source of raw materials <ul style="list-style-type: none"> <li>• Active and</li> <li>• Inactive</li> </ul> (Annex list of the source companies with countries of their origin, as at SR No 16) |                                    |         |               |         |
| Vii  | Separate dispensing area & equipment   |                                    |         |               |         |
| Viii | Proper storage of materials as per storage instructions on the label   |                                    |         |               |         |
| Ix   | Adequate space for the orderly storage of all materials  |                                    |         |               |         |
| X    | Segregation of material as; <ul style="list-style-type: none"> <li>• Quarantine</li> <li>• Approved,</li> <li>• Rejected</li> <li>• Recalled</li> <li>• Expired material/ drugs</li> </ul>     |                                    |         |               |         |
| Xi   | Storage of materials:- <ul style="list-style-type: none"> <li>• On pallet, stands</li> <li>• Shelves / racks</li> <li>• Off the floor,</li> <li>• Off the walls (in all stores)</li> </ul>     |                                    |         |               |         |
| Xii  | Safe/ separate storage of inflammable / hazardous materials / chemicals  |                                    |         |               |         |
| Xiv  | Separate storage facility for expired raw/ other materials   |                                    |         |               |         |
| Xv   | Dispensing of materials according to prescribed SOP & GMP requirements   |                                    |         |               |         |
| Xvi  | Traceability of specific batch from the distribution / sale records of finished goods.   |                                    |         |               |         |

## **SYRUPS / LIQUID SECTION**

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area of the section \_\_\_\_\_ Batch capacity \_\_\_\_\_

| S. #  | Criteria  | Available as per SOPs, GMP or cGMP | Partial | Not available | Remarks |
|-------|---|------------------------------------|---------|---------------|---------|
| I .   | Water source<br>City water supply/ deep-well other  |                                    |         |               |         |
| ii.   | Water treatment plant<br>Multi effect, fabricated with GMP standard lines, de- ionized water                              |                                    |         |               |         |
| iii.  | Treated water storage capacity  |                                    |         |               |         |
| iv.   | Equipment washing/ cleaning facility  |                                    |         |               |         |
| V     | Mixing equipment  |                                    |         |               |         |
| Vi    | Heat source<br>(Electricity, gas o r oil )  |                                    |         |               |         |
| Vii   | Storage capacity<br>(No of containers with capacity)  |                                    |         |               |         |
| Viii  | In-process production & quality control records   |                                    |         |               |         |
| Ix    | Filtration equipment  |                                    |         |               |         |
| X     | Water outlets system<br>(concealed or open drain system)  |                                    |         |               |         |
| Xi    | Bottles De-Carton ing Room  |                                    |         |               |         |
| Xii   | Facility for Bottles;<br><ul style="list-style-type: none"> <li>• Washing</li> <li>• Drying</li> <li>• Blowing</li> </ul> |                                    |         |               |         |
| xiii. | Automatic Filling Line & Machines<br>(No, Type & Capacity   |                                    |         |               |         |
| xiv.  | Caps Sealing Machines<br>(No, Type & Capacity)  |                                    |         |               |         |
| xv.   | Mode of Labeling<br>(Manual / Automatic)  |                                    |         |               |         |
| xvi.  | In Process Filling and QC Record  |                                    |         |               |         |
| xvii. | Transfer & Filling Lines Pipes<br>(SS or Other)   |                                    |         |               |         |
| Xviii | Q C Release Certificate   |                                    |         |               |         |

**TABLETS SECTION**

(Please give make, model, type, No and value of the equipment along with availability status, attach complete list)

Total covered Area \_\_\_\_\_

Batch Capacity \_\_\_\_\_

| S #  | Criteria   | Available as per SOPs GMP or cGMP | Partial | Not Available | Remarks |
|------|--|-----------------------------------|---------|---------------|---------|
| I    | Mixer (wet and Dry)<br>(type / Capacity)   |                                   |         |               |         |
| Ii   | Granulator (wet and Dry)<br>(No, Type / Capacity )   |                                   |         |               |         |
| Iii  | Dryers (FB / Tray)<br>(No, Type / Capacity)  |                                   |         |               |         |
| Iv   | Quarantine: <ul style="list-style-type: none"> <li>• Facility and Procedures for storing of granules prior to QC release for compression</li> <li>• Facility and procedures for storing of tables prior to QC release for packing</li> </ul> |                                   |         |               |         |
| V    | Compression machines<br>(No, Type & Number)  |                                   |         |               |         |
| Vi   | In process QC and compression record<br>[Weight variation / Hardness]  |                                   |         |               |         |
| Vii  | Mode of Coating being done<br>(Film / Sugar/ Automatic/ manual)  |                                   |         |               |         |
| Viii | Film Coating Machine, if available<br>(Number / capacity)  |                                   |         |               |         |
| iX   | Coating pans (Film & sugar)<br>(Number / capacity)   |                                   |         |               |         |
| X    | Ventilation & Exhaust system for film coating section [for coating section]  |                                   |         |               |         |
| Xi   | Batch Coating Capacity<br>(In consistent with batch capacity)  |                                   |         |               |         |
| Xii  | Strip Packing Machines<br>(Number / Capacity)  |                                   |         |               |         |
| Xiii | Blister Packing Machines<br>(Number / Capacity)  |                                   |         |               |         |
| Xiv  | Printing Machines<br>(Inject / Laser/ Other)   |                                   |         |               |         |
| Xv   | QC Batch Release Certificate<br>(prior to packing)   |                                   |         |               |         |



**CAPSULES SECTION**

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area \_\_\_\_\_

Batch Capacity \_\_\_\_\_

| S. # | Criteria   | Available as per GMP, cGMP & SOPs | Partial | Not available | Remarks |
|------|--|-----------------------------------|---------|---------------|---------|
| I    | Powder Mixer<br>No, Type & Capacity  |                                   |         |               |         |
| II   | Capsule filling Machine<br>(Auto / semi Auto No, Type, Capacity)   |                                   |         |               |         |
| III  | Temperature and humidity<br>Control (HV AC System)   |                                   |         |               |         |
| IV   | Dehumidifiers for capsules filling<br>(if being used, type)  |                                   |         |               |         |
| V    | In processing filling & QC record  |                                   |         |               |         |
| VI   | Blister packing Machines<br>Number / capacity, Make  |                                   |         |               |         |
| VII  | Blister Batch & Expiry Date Printing Facility<br>(inject, Laser / Other)   |                                   |         |               |         |
| VIII | Quarantine Facility <ul style="list-style-type: none"> <li>• For storing of material prior to QC release for filling</li> <li>• For storing of Capsules prior to QC release for packing</li> </ul> |                                   |         |               |         |

**DRY POWDER (ORAL)**

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Covered area \_\_\_\_\_

Batch Capacity \_\_\_\_\_

| S. # | Criteria  | Available as per SOPs GMP or cGMP | Partial | Not available | Remarks |
|------|---|-----------------------------------|---------|---------------|---------|
| i    | Powder Mixer<br>No, Type & Capacity   |                                   |         |               |         |
| ii   | Temperature and Humidity<br>Control (HV AC System)  |                                   |         |               |         |
| iii  | Filling Machine<br>Manual / Automatic/ Semi   |                                   |         |               |         |
| iv   | Bottles: <ul style="list-style-type: none"> <li>• De Cartooning</li> <li>• Washing Facility</li> <li>• Drying Facility</li> <li>• Blowing Facility</li> </ul> |                                   |         |               |         |
| v    | In process Filling and QC Record  |                                   |         |               |         |
| vi   | Labeling & Packing<br>Manual/ Automatic   |                                   |         |               |         |
| vii  | Quarantine Facilities<br>In process / Finished  |                                   |         |               |         |
| viii | Maintenance and Cleanliness   |                                   |         |               |         |

**OINEMENTS / CREAMS / GELS/**

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area \_\_\_\_\_

Batch Capacity \_\_\_\_\_

| S. #  | Criteria  | Available as per SOPs GMP or cGMP | Partial | Not available | Remarks |
|-------|---|-----------------------------------|---------|---------------|---------|
| i.    | Homogenizer / Mixing equipment (Type / capacity)                      |                                   |         |               |         |
| ii.   | Preparation & Mixing Equipment (Type / Capacity)                      |                                   |         |               |         |
| iii.  | Tube Filling / Sealing Equipment [Manual / Semi-Automatic/ Automatic] |                                   |         |               |         |
| iv.   | Temperatures / Humidity Control                                       |                                   |         |               |         |
| v.    | Type of preparation being produced [crams, Ointment, Gels]            |                                   |         |               |         |
| vi.   | Batch printing Facility (Laser/ Inject / Other)                       |                                   |         |               |         |
| vii.  | In process Filling Record & QC Record                                 |                                   |         |               |         |
| viii. | Equipment washing facility  |                                   |         |               |         |
| ix.   | Batch Record  |                                   |         |               |         |
| x.    | Quarantine Facility   |                                   |         |               |         |
| xi.   | Maintenance of the area   |                                   |         |               |         |

**STERILE AREA (DRY  
POWDERS VIALS)**

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)  
Total covered area \_\_\_\_\_ Batch Capacity \_\_\_\_\_

| S. #  | Criteria  | Available as per SOPs GMP or cGMP | Partial | Not available | Remarks |
|-------|---|-----------------------------------|---------|---------------|---------|
| i.    | Dedicated Air Handling Unit ( HV AC System) as per requirement of the area  |                                   |         |               |         |
| ii.   | Positive Pressure<br>(positive Pressure maintained in each filling room <0.05 inch of water column, Manometer                         |                                   |         |               |         |
| iii.  | Area. <ul style="list-style-type: none"> <li>• Sterilization record</li> <li>• Fumigation record</li> <li>• Mopping Record</li> </ul> |                                   |         |               |         |
| iv.   | Vials Washing Drying Blowing & Sterilization Facilities<br>(washing with filtered water under HEPA filter, if being washed)           |                                   |         |               |         |
| v.    | Laminar Flow Hood<br>(Over the filling machine)   |                                   |         |               |         |
| vi.   | Change Rooms Air Lock & Buffers<br>(Before filling / processing room)   |                                   |         |               |         |
| vii.  | Nitrogen / Inert gas flushing of the vials/ ampoules, if required so  |                                   |         |               |         |
| viii. | Vials Filling Machine<br>[Number, Type and capacity , & Make]   |                                   |         |               |         |
| ix.   | Vials sealing Machine<br>Number type, Capacity Make flip off cap or other   |                                   |         |               |         |
| x.    | Written procedure for handling of rejected vials  |                                   |         |               |         |
| xi.   | Vials batch over printing facility (Laser, Inject / Other)  |                                   |         |               |         |
| xii.  | Labeling & Packing ( Automatic semi-automatic Manual)   |                                   |         |               |         |
| xiii. | SOPs for the sterile area   |                                   |         |               |         |
| xiv.  | Equipment Cleaning Facility / Scheme  |                                   |         |               |         |

**GENERAL / ANTIBIOTIC**  
**(LIQUID INJECTABLE)**

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)  
Total covered area \_\_\_\_\_ Batch Capacity \_\_\_\_\_

| S. #   | Criteria  | Available as per SOPs GMP or cGMP | Partial | Not available | Remarks |
|--------|---|-----------------------------------|---------|---------------|---------|
| i.     | <b>Dedicated Air Handling Unit HVAC System</b> (As per requirement of the area)   |                                   |         |               |         |
| ii.    | <b>Positive pressure</b><br>Positive Pressure maintained in each filling room <0.05 inch of water col. Manometer installed  |                                   |         |               |         |
| iii.   | <b>Water Treatment Plant</b><br>Multi effect Multi col, Fabricated with GMP standard SS lines & pyrogen free water  |                                   |         |               |         |
| iv.    | <b>Water Storage Facility &amp; Capacity, If stored</b><br>(SS storage tank, with sufficient capacity, kept at 80c with 24 hours circulation through loop under UV light) |                                   |         |               |         |
| v.     | <b>Filtration of solution</b><br>(aseptically, through recommended filter)  |                                   |         |               |         |
| vi.    | Laminar Flow Hood for filling Machine   |                                   |         |               |         |
| vii.   | <b>Change Rooms &amp; Buffers</b><br>(Change Room, air lock and buffer room prior to filling room)  |                                   |         |               |         |
| viii.  | Sterilization and de-hydrogenation of filling equipment & their parts<br>(In autoclave prior to use)  |                                   |         |               |         |
| ix.    | Bulk Solution held under positive pressure during filling   |                                   |         |               |         |
| x.     | Ampoules Filling Machines<br>(Number, Type, Capacity & Make)  |                                   |         |               |         |
| xi.    | Equipment cleaning with treated water   |                                   |         |               |         |
| xii.   | Aseptic batching area sterilization Facilities / Mechanism  |                                   |         |               |         |
| xiii.  | Environmental monitoring program for the aseptic batching area, sterile filling room and filling line   |                                   |         |               |         |
| xiv.   | Integrity monitoring System for laminar flow hood and HVAC, serving sterile area  |                                   |         |               |         |
| xv.    | Ampoules Batch Printing Facility<br>(Laser / Inject / Other)  |                                   |         |               |         |
| xvi.   | Labeling & Packing<br>(Automatic / Manual)  |                                   |         |               |         |
| xvii.  | Equipment cleaning Facility/ Scheme   |                                   |         |               |         |
| xviii. | Biological indicators used in sterilization process   |                                   |         |               |         |
| xix.   | Record of sterilization cycle<br>(Temp / time)  |                                   |         |               |         |
| xx.    | Optical Checking Room Facility  |                                   |         |               |         |
| xxi.   | Eye Examination Record of Optical Inspectors  |                                   |         |               |         |

|       |  |  |  |  |  |
|-------|--|--|--|--|--|
| xxii  | Rejection Record   |  |  |  |  |
| xxiii | Ampoule Printing Facility<br>(overprinting)  |  |  |  |  |
| xxiv  | <b>Area and Environment Monitoring Record &amp; SOPs</b> <ul style="list-style-type: none"> <li>• installation, Operational &amp; Performance of all equipment being conducted &amp; maintained</li> <li>• Aseptic filling process monitoring through media fill and broth fill trial performed (biannually minimum)</li> <li>• sterilizers integrity checked and maintained</li> <li>• Calibrations of all measuring and monitoring devices being conducted / maintained regularly</li> </ul> |  |  |  |  |
| xxv   | Class of the Sterile Area<br>(As per standard requirement of the areas)  |  |  |  |  |
| xxvi  | Quarantine for the product waiting QC release  |  |  |  |  |

**QUALITY CONTROL / QUALITY ASSURANCE**  
**EQUIPMENTS**

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list) covered area \_\_\_\_\_

| S. # | Criteria                                       | Available as per SOPs GMP or cGMP | Partial | Not Available | Remarks |
|------|--|-----------------------------------|---------|---------------|---------|
| 1    | UV , Spectrophotometer                         |                                   |         |               |         |
| 2    | HPLC   |                                   |         |               |         |
| 3    | Moisture Analyzer                              |                                   |         |               |         |
| 4    | PH Meter                                       |                                   |         |               |         |
| 5    | Disintegration Apparatus                       |                                   |         |               |         |
| 6    | Dissolution Apparatus                          |                                   |         |               |         |
| 7    | Friability Testing Apparatus                   |                                   |         |               |         |
| 8    | Hardness tester                                |                                   |         |               |         |
| 9    | Melting point apparatus                        |                                   |         |               |         |
| 10   | Electric Ovens                                 |                                   |         |               |         |
| 11   | Digital balance                                |                                   |         |               |         |
| 12   | Gas Chromatography                             |                                   |         |               |         |
| 13   | Floury Meter                                   |                                   |         |               |         |
| 14   | Refract meter                                  |                                   |         |               |         |
| 15   | Polari meter                                   |                                   |         |               |         |
| 16   | I R Spectrophotometer                          |                                   |         |               |         |
| 17   | Micro Lab                                      |                                   |         |               |         |
| 18   | Pyrogen Testing Apparatus / Facility           |                                   |         |               |         |
| 19   | Laminar Flow Hood & Sterility Testing Facility |                                   |         |               |         |
| 20   | Particle Counter                               |                                   |         |               |         |
| 21   | Colony Counter                                 |                                   |         |               |         |
| 22   | Incubators Hot & cool                          |                                   |         |               |         |

|    |   |  |  |  |  |
|----|---|--|--|--|--|
| 23 | Electric Ovens  |  |  |  |  |
| 24 | Quality Control Procedures and Analytical Methods   |  |  |  |  |
| 25 | Analytical Record Of: <ul style="list-style-type: none"> <li>• Active Raw Material</li> <li>• Inactive Material</li> <li>• In process products</li> <li>• packing &amp; Packaging Materials</li> <li>• Finished Products</li> </ul>   |  |  |  |  |
| 26 | Shelf Life / Stability Studies  |  |  |  |  |
| 27 | Complete Batch History and Record   |  |  |  |  |
| 28 | Batch Release Certificates Record   |  |  |  |  |
| 29 | In process Q C Inspector [Appointed or Not]   |  |  |  |  |
| 30 | No of Technical personal working in the Lab with qualification (attach list) <ul style="list-style-type: none"> <li>• Chemist</li> <li>• pharmacists</li> <li>• Biochemist</li> <li>• Microbiologist</li> <li>• Others</li> </ul>   |  |  |  |  |
| 31 | Quality Standards being followed <ul style="list-style-type: none"> <li>• United State Pharmacopoeia</li> <li>• British Pharmacopoeia</li> <li>• Japanese Pharmacopoeia</li> <li>• Pakistan Pharmacopoeia</li> <li>• Chinese Pharmacopoeia</li> <li>• Any other / Own specifications</li> </ul> |  |  |  |  |
| 32 | Retention samples of each batch in its original container   |  |  |  |  |
| 33 | Quality Control tests invariably conducted for: <ul style="list-style-type: none"> <li>• Active</li> <li>• Non Active and</li> <li>• Packaging Materials</li> <li>• In process / Intermediate</li> <li>• Bulk and</li> <li>• Finished products</li> </ul>                                       |  |  |  |  |
| 34 | SOPs / Prescribed procedure for approval of vendor / source of starting materials   |  |  |  |  |
| 35 | Testing from each container of active starting material or other random sampling  |  |  |  |  |
| 36 | Procedures for releasing finished products SOP's  |  |  |  |  |
| 37 | Person responsible for release of batch (qualification & experience)  |  |  |  |  |
| 38 | Time period for retention of control samples (till expiry or one year after expiry)   |  |  |  |  |
| 39 | Other details of quality assurance/ QC procedures, if any (Annex Details)   |  |  |  |  |
| 40 | Stability tests and shelf life studies (for each products)  |  |  |  |  |
| 41 | Testing from each container of active starting material or other random sampling  |  |  |  |  |

**Signature** \_\_\_\_\_

(With name and Designation)

Stamp of Company

# IMPORTER / SOLE AGENT

Note.

- a. Please fill in the correct information carefully submission of wrong/ vague information may lead to disqualification of the firm.
- b. Each page of the Performa must be duly signed & stamped.

## GENERAL INFORMATION

|     |   |      |             |              |
|-----|---|------|-------------|--------------|
| 1.  | <b>Name of the company</b>  |      |             |              |
| 2.  | <b>Year of establishment</b>  |      |             |              |
| 3.  | <b>Address of the firm</b> <ul style="list-style-type: none"> <li>• Registered office,</li> <li>• Telephone no.</li> <li>• Fax No. E mail address etc.</li> </ul>   |      |             |              |
| 4.  | <b>Location of the Company</b> <ul style="list-style-type: none"> <li>• Industrial</li> <li>• Commercial</li> <li>• Residential</li> </ul>  |      |             |              |
| 5.  | <b>Form of the company Annex copy of MOA/ registration</b> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Private limited</li> <li>• Public limited</li> <li>• Partnership</li> <li>• Corporation</li> <li>• Other (specify)</li> </ul> |      |             |              |
| 6.  |   |      |             |              |
| 7.  | <b>Blacklisting / Complaint / Litigation against the firm</b><br>(By any govt. or other org. if any)  |      |             |              |
| 8.  | <b>Drugs sale license number, if applicable</b><br>(Annex copy License)   |      |             |              |
| 9.  | <b>Type of activity being carried out by the company:-</b> <ul style="list-style-type: none"> <li>• Manufacturing</li> <li>• Assembly /Repacking</li> <li>• Import</li> <li>• Other (specify)</li> </ul>  |      |             |              |
| 10. | <b>Name &amp; Address of the Principal(s) companies</b>   |      |             |              |
| 11. | <b>Capital value of the firm/sole agent;</b> <ul style="list-style-type: none"> <li>• Authorized Capital</li> <li>• Paid up capital</li> </ul>  |      |             |              |
| 12  | <b>Annual sales turnover of the firm in the previous 3 years</b> (In millions)  | Year | Market Sale | Govt. Sector |
|     | • 1.  |      |             |              |
|     | • 2.  |      |             |              |
|     | • 3.  |      |             |              |

|     |   |  |
|-----|---|--|
| 13. | <b>Income Tax no (NTN)</b> <ul style="list-style-type: none"> <li>• Attach copy of certificates,</li> <li>• Attach details of tax paid during past 3 years</li> <li>• Attach copy of last annual income tax return</li> </ul> |  |
| 14. | <b>Sales Tax Registration No. (if any. Applicable )</b><br>Attach copy of certificate, and details of sales tax Paid during past 3 years  |  |
| 15. | <b>G M P compliance certificate &amp; GMP audit report of the Principal(s)</b><br>(Attach report/ certificate) (if applicable)  |  |
| 16. | <b>Free Sale Certificate of the items in the country of origin</b>  |  |
| 17. | <b>Registration with MOH, Islamabad where applicable</b><br>Drugs/Surgical Disposable, attach separate sheet  |  |
| 18. | List of Technical personnel with qualification<br>(Attach List)   |  |
| 19. | Total Employees (Including Technical staff)   |  |
|     | Administration  |  |
|     | Technical   |  |
|     | Management  |  |
|     | Sales / Marketing   |  |
| 20. | <b>Market Availability</b> <ul style="list-style-type: none"> <li>• Products routinely manufactured/imported<br/>Only occasionally / on request</li> </ul>  |  |
| 21. | <b>No of registered / items of the principals</b><br>(In case of drugs only)  |  |
| 22. | <b>No of Thermo labile drugs</b><br>(if any)  |  |
| 23. | <b>Storage Facilities</b><br>[For thermo labile drugs]  |  |
| 24. | <b>Storage Facilities</b><br>[For the drugs to be stored at room temperature]   |  |
| 25. | <b>Cold Chain Facility including cold room / storage and during transport</b>   |  |
| 26. | GMP Certificate of the Principals, from the country of origin   |  |
| 27. | <b>Export of the products to the countries other than Pakistan</b>  |  |
| 28. | <b>Drug registration Certificate in the country of origin</b><br>(In case of drugs only)  |  |
| 29. | <b>Emergency power supply arrangements</b><br>(For at least critical area)  |  |

Signature \_\_\_\_\_ (With name and Designation) Stamp of Company



**SCHEDULE OF REQUIREMENT OF SHAHEED MOHTARMA  
BENAZIR BHUTTO INSTITUTE OF TRAUMA KARACHI (SMBBIT)**

**“PROCUREMENT OF DRUGS / MEDICINES / CONTRAST MEDIA AND ALLIED  
ITEMS ON FRAME WORK CONTRACT BASIS”.**

**TENDER REF. #: PROC/SMBBIT/(D&M-02)/2019-20.**

| <b>Section A “Tablets”</b> |  |                       |              |                   |                     |
|----------------------------|--|-----------------------|--------------|-------------------|---------------------|
| <b>S.#</b>                 | <b>Name / Detail / Specification of Items</b>                                | <b>Tentative Qty.</b> | <b>U.O.M</b> | <b>Unit Price</b> | <b>Total Amount</b> |
| 1                          | Acetylsalicylic Acid 75mg (Enteric Coated)                                   | 2,000                 | Tablets      |                   |                     |
| 2                          | Amlodopine 5mg   | 3,500                 | Tablets      |                   |                     |
| 3                          | Carbamazepine 200mg  | 600                   | Tablets      |                   |                     |
| 4                          | Clavulanic Acid + Amoxicillin 625mg  | 1,500                 | Tablets      |                   |                     |
| 5                          | Clavulanic Acid + Amoxicillin 1g   | 800                   | Tablets      |                   |                     |
| 6                          | Dexamethasone 0.5mg  | 1,500                 | Tablets      |                   |                     |
| 7                          | Diclofenac Sodium 50mg   | 7,000                 | Tablets      |                   |                     |
| 8                          | Dimenhydrinate 50mg  | 3,000                 | Tablets      |                   |                     |
| 9                          | Domperidone 10mg   | 1,400                 | Tablets      |                   |                     |
| 10                         | Gabapentin 100mg   | 1,500                 | Capsules     |                   |                     |
| 11                         | Omeprazole 20mg  | 5,000                 | Capsules     |                   |                     |
| 12                         | Ranitidine 150mg   | 900                   | Tablets      |                   |                     |
| 13                         | Tramadol 50mg  | 1,200                 | Capsules     |                   |                     |
| 14                         | Nimodipine 30mg  | 5,000                 | Tablets      |                   |                     |
| 15                         | Baclofen 10mg  | 1,200                 | Tablets      |                   |                     |
| 16                         | Levetiracetam 250mg  | 5,500                 | Tablets      |                   |                     |
| 17                         | Pregabalin 75mg  | 4,500                 | Tablets      |                   |                     |
| 18                         | Isoniazid 75mg + Rifampicin 150mg +<br>Ethambutol 275mg + Pyrazinamide 400mg | 3,500                 | Tablets      |                   |                     |
| 19                         | Betahistine dihydrochloride 8mg  | 800                   | Tablets      |                   |                     |
| 20                         | Acetazolamide 250mg  | 10,000                | Tablets      |                   |                     |
| <b>Total</b>               |  |                       |              |                   |                     |

| <b>Section B “Ointment”</b> |  |                       |              |                   |                     |
|-----------------------------|--|-----------------------|--------------|-------------------|---------------------|
| <b>S.#</b>                  | <b>Name / Detail / Specification of Items</b>                  | <b>Tentative Qty.</b> | <b>U.O.M</b> | <b>Unit Price</b> | <b>Total Amount</b> |
| 1                           | Lidocaine 2% Gel, 15g  | 15,000                | Tubes        |                   |                     |
| 2                           | Eye Ointment, 6g (Polymyxin B 10000IU +<br>Bacitracin 500IU/g) | 4,000                 | Tubes        |                   |                     |

| <b>Section B “Ointment”</b> |   |                       |              |                   |                     |
|-----------------------------|---|-----------------------|--------------|-------------------|---------------------|
| <b>S.#</b>                  | <b>Name / Detail / Specification of Items</b>                 | <b>Tentative Qty.</b> | <b>U.O.M</b> | <b>Unit Price</b> | <b>Total Amount</b> |
| 3                           | Skin Ointment, 20g (Polymyxin B 10000IU + Bacitracin 500IU/g) | 4,000                 | Tubes        |                   |                     |
| 4                           | Tobramycin 0.3%, Dexamethasone 0.1% Eye Ointment, 3.5g        | 600                   | Tubes        |                   |                     |
| <b>Total</b>                |   |                       |              |                   |                     |

| <b>Section C “Liquid / Syrups / Drops”</b> |  |                       |              |                   |                     |
|--|--|-----------------------|--------------|-------------------|---------------------|
| <b>S.#</b>                                 | <b>Name / Detail / Specification of Items</b>              | <b>Tentative Qty.</b> | <b>U.O.M</b> | <b>Unit Price</b> | <b>Total Amount</b> |
| 1  | Chloroxylenol Antiseptic Solution                          | 1,000                 | Liters       |                   |                     |
| 2  | Disinfectant Surface Cleaner (for general purpose)         | 500                   | Liters       |                   |                     |
| 3  | Formaldehyde 37% (Formalin) Sol. 1L                        | 400                   | Liters       |                   |                     |
| 4  | Hand Disinfectant (Alcoholic)                              | 4,000                 | Liters       |                   |                     |
| 5  | Hydrogen peroxide 450ml                                    | 3,000                 | Bottles      |                   |                     |
| 6  | Ibuprofen DS (200mg/5ml), 90ml                             | 800                   | Bottles      |                   |                     |
| 7  | Ipratropium bromide 1000mcg/4ml Inhalation Sol. (Atrovent) | 40,000                | Vials        |                   |                     |
| 8  | Lactulose (3.35g/5ml), 120ml                               | 1,000                 | Bottles      |                   |                     |
| 9  | Methylated Spirit (in Liters)                              | 500                   | Liters       |                   |                     |
| 10   | Polyvinyl Alcohol 1.4%, Povidone 0.6% Eye Drops, 10ml      | 1,000                 | Bottles      |                   |                     |
| 11   | Atropine 1% Eye Drops, 5ml                                 | 100                   | Bottles      |                   |                     |
| 12   | Cyclopentolate HCl 1% Eye Drops, 5ml                       | 150                   | Bottles      |                   |                     |
| 13   | Dexamethasone 0.1% Eye Drops, 5ml                          | 1,000                 | Bottles      |                   |                     |
| 14   | Flurometholone 0.1% Eye Drops, 5ml                         | 100                   | Bottles      |                   |                     |
| 15   | Moxifloxacin HCl 0.5% Eye Drops, 5ml                       | 100                   | Bottles      |                   |                     |
| 16   | Prednisolone acetate 1% Eye Drops, 5ml                     | 5,000                 | Bottles      |                   |                     |
| 17   | Proparacaine HCl 0.5% Eye Drops, 5ml                       | 500                   | Bottles      |                   |                     |
| 18   | Povidone Iodine Scrub 450ml                                | 5,000                 | Bottles      |                   |                     |
| 19   | Povidone Iodine Solution 450ml                             | 8,000                 | Bottles      |                   |                     |
| 20   | Instrument Disinfectant                                    | 50                    | Liters       |                   |                     |
| 21   | Salbutamol 100mcg/dose (CFC Free Inhaler)                  | 250                   | Pcs.         |                   |                     |
| 22   | Surface Disinfectant Concentrated Sol. (for O.T)           | 200                   | Liters       |                   |                     |
| 23   | Tropicamide 1% Eye Drops, 15ml                             | 700                   | Bottles      |                   |                     |

### Section C “Liquid / Syrups / Drops”

| S.#          | Name / Detail / Specification of Items  | Tentative Qty. | U.O.M   | Unit Price | Total Amount |
|--------------|---|----------------|---------|------------|--------------|
| 24           | Tobramycin 0.3% + Dexamethasone 0.1% Eye Drops, 5ml   | 350            | Bottles |            |              |
| 25           | Chlorhexidine 0.2% Antiseptic Mouthwash   | 250            | Liters  |            |              |
| 26           | Inh- Sevoflorane 250 ml<br>Note:- Undertaking for Supply of 15’s Sevoflorane compatible Vaporizer free of cost with life time free services and replacement warranty. | 500            | Bottles |            |              |
| 27           | Isoflorane 100ml<br>Note: Undertaking for supply of 15’s Isoflorane Vaporizer free of cost with life time free services and replacement warranty                      | 2,000          | Bottles |            |              |
| <b>Total</b> |   |                |         |            |              |

### Section D “Other Injections”

| S.# | Name / Detail / Specification of Items             | Tentative Qty. | U.O.M    | Unit Price | Total Amount |
|-----|--|----------------|----------|------------|--------------|
| 1   | Adrenaline (Epinephrine) 1mg/1ml                   | 15,000         | Ampoules |            |              |
| 2   | Albumin Human 20%, 50ml                            | 150            | Vials    |            |              |
| 3   | Amino Acid 5% with 20 Amino Acids, 500ml           | 2,000          | Vials    |            |              |
| 4   | Amino Acid 2.7% + Sorbitol 5%, 500ml               | 500            | Vials    |            |              |
| 5   | Amiodarone 150mg/3ml                               | 600            | Ampoules |            |              |
| 6   | Atracuriumbesylate 30mg/3ml                        | 50,000         | Ampoules |            |              |
| 7   | Atracuriumbesylate 50mg/5ml                        | 20,000         | Ampoules |            |              |
| 8   | Atropine sulphate 1mg/1ml                          | 10,000         | Ampoules |            |              |
| 9   | Bupivacaine HCl 0.5% (Heavy) for spinal anesthesia | 1500           | Ampoules |            |              |
| 10  | Bupivacaine HCl 50mg/10ml, Plain                   | 1,000          | Ampoules |            |              |
| 11  | Calcium gluconate 10%, 1g/10ml                     | 1,000          | Ampoules |            |              |
| 12  | Chlorphenamine maleate 10mg/1ml                    | 3,000          | Ampoules |            |              |
| 13  | Dexamethasone 4mg/1ml                              | 50,000         | Ampoules |            |              |
| 14  | Dexmedetomidine Injection 100mcg/2ml               | 900            | Ampoules |            |              |
| 15  | Dextrose 25%, 20 ml                                | 6,000          | Ampoules |            |              |
| 16  | Diazepam 10mg/2ml                                  | 25,000         | Ampoules |            |              |
| 17  | Diclofenac sodium 75mg/2ml                         | 500            | Ampoules |            |              |
| 18  | Dimenhydrinate 50mg/1ml                            | 45,000         | Ampoules |            |              |
| 19  | Distill Water 5ml (Water for Injection)            | 70,000         | Ampoules |            |              |
| 20  | Dobutamine 250mg/5ml                               | 450            | Ampoules |            |              |
| 21  | Enoxaparin 40mg/0.4ml                              | 8,500          | Vials    |            |              |
| 22  | Enoxaparin 60mg/0.6ml                              | 1,500          | Vials    |            |              |
| 23  | Enoxaparin 80mg/0.8ml                              | 500            | Vials    |            |              |
| 24  | Furosemide 20mg/2ml                                | 7,000          | Ampoules |            |              |

### Section D “Other Injections”

| S.# | Name / Detail / Specification of Items                             | Tentative Qty. | U.O.M    | Unit Price | Total Amount |
|-----|--|----------------|----------|------------|--------------|
| 25  | Glycopyrolate 0.2mg/1ml  | 4,500          | Ampoules |            |              |
| 26  | Glycopyrolate 0.5mg + Neostigmine methylsulphate 2.5mg/ 1ml        | 7,000          | Ampoules |            |              |
| 27  | Heparin 25000IU/5ml  | 2,100          | Vials    |            |              |
| 28  | Hydralazine HCl 20mg/1ml   | 1,500          | Ampoules |            |              |
| 29  | Hydrocortisone sodium succinate 250mg                              | 2,500          | Vials    |            |              |
| 30  | Insulin NPH 1000IU/10ml  | 30             | Ampoules |            |              |
| 31  | Insulin Plain (Regular) 1000IU/10ml                                | 50             | Ampoules |            |              |
| 32  | Insulin Premixed 70/30 (70% NPH + 30% Regular) 1000IU/10ml         | 80             | Ampoules |            |              |
| 33  | Ketamine 200mg/2ml   | 1,500          | Ampoules |            |              |
| 34  | Ketorolac 30mg/1ml   | 100,000        | Ampoules |            |              |
| 35  | Levetiracetam 500mg/5ml  | 5,000          | Ampoules |            |              |
| 36  | Lignocaine HCl 2% + Adrenaline (200mg+50mcg/10ml)                  | 15,000         | Ampoules |            |              |
| 37  | Lignocaine HCl 2%, 10ml  | 8,000          | Ampoules |            |              |
| 38  | Lipid Emulsion 20%, 250ml  | 700            | Vials    |            |              |
| 39  | Metoclopramide 10mg/2ml  | 50,000         | Ampoules |            |              |
| 40  | Midazolam 5mg/5ml  | 75,000         | Ampoules |            |              |
| 41  | Nalbuphine 10mg/1ml  | 60,000         | Ampoules |            |              |
| 42  | Noradrenaline 4mg/4ml (Norepinephrine)                             | 4,000          | Ampoules |            |              |
| 43  | Octreotide 0.05mg/1ml  | 250            | Ampoules |            |              |
| 44  | Octreotide 0.1mg/1ml   | 500            | Ampoules |            |              |
| 45  | Octreotide 20mg (LAR Depot)  | 20             | Vials    |            |              |
| 46  | Omeprazole 40mg  | 20,000         | Vials    |            |              |
| 47  | Ondansetron 8mg/4ml  | 1,000          | Ampoules |            |              |
| 48  | Paracetamol / (Acetaminophen) 1g/100ml                             | 120,000        | Vials    |            |              |
| 49  | Phenylephrine 10mg/1ml   | 700            | Ampoules |            |              |
| 50  | Potassium chloride 7.4%, 20ml (KCl)                                | 15,000         | Ampoules |            |              |
| 51  | Propofol 1% (10mg/ml) 20ml with Long and Medium Chain Triglyceride | 6,000          | Ampoules |            |              |
| 52  | Ranitidine 50mg/2ml  | 50,000         | Ampoules |            |              |
| 53  | Sodium bicarbonate 0.7%, 50ml                                      | 3,000          | Vials    |            |              |
| 54  | Sodium valproate 500mg/5ml   | 1,000          | Ampoules |            |              |
| 55  | Suxamethonium chloride 100mg/2ml                                   | 4,000          | Ampoules |            |              |
| 56  | Tetanus Immunoglobulin 250IU/1ml                                   | 2,000          | Ampoules |            |              |
| 57  | Tetanus Toxoid 40IU/0.5ml WHO Recommended                          | 150,000        | Ampoules |            |              |
| 58  | Tramadol 100mg/2ml   | 40,000         | Ampoules |            |              |
| 59  | Tranexamic Acid 250mg/5ml  | 500            | Ampoules |            |              |

### Section D “Other Injections”

| S.#          | Name / Detail / Specification of Items                           | Tentative Qty. | U.O.M    | Unit Price | Total Amount |
|--------------|--|----------------|----------|------------|--------------|
| 60           | Tranexamic Acid 500mg/5ml  | 10,000         | Ampoules |            |              |
| 61           | Haloperidol 5mg/1ml  | 400            | Ampoules |            |              |
| 62           | Metoprolol 5mg/5ml   | 400            | Ampoules |            |              |
| 63           | Magnesium sulphate 1g/2ml  | 10,000         | Ampoules |            |              |
| 64           | Mitomycin C 2mg  | 150            | Vials    |            |              |
| 65           | Vitamin K1 10mg/1ml (I.V Inj.)                                   | 2,000          | Ampoules |            |              |
| 66           | Protamine sulphate 50mg/5ml                                      | 800            | Ampoules |            |              |
| 67           | Cardioplegia (Magnesium chloride) 200mg/10ml                     | 500            | Vials    |            |              |
| 68           | Multivitamin 10ml (Vitamin A, B Complex, C, D, Folic Acid)       | 500            | Ampoules |            |              |
| 69           | Bevacizumab 400 mg /16ml   | 10             | Ampoules |            |              |
| 70           | Sodium Chloride 0.9% 500ml                                       | 90,000         | Bottles  |            |              |
| 71           | Sodium Chloride 0.9% 100ml with Eurocap                          | 100,000        | Bottles  |            |              |
| 72           | Ringer Lactate, 1000ml   | 30,000         | Bottles  |            |              |
| 73           | Dextrose 5% + Sodium Chloride 500ml                              | 20,000         | Bottles  |            |              |
| 74           | Mannitol 20% 500ml   | 5,000          | Bottles  |            |              |
| 75           | 4% Modified Fluid Gelatin, 500ml                                 | 3,500          | Bottles  |            |              |
| 76           | Balance Solution ISO 1000ml                                      | 200            | Bottles  |            |              |
| 77           | Dextrose Water 5% 500ml  | 2,000          | Bottles  |            |              |
| 78           | Antihaemophilic Factor VIII 250IU                                | 10             | Ampoules |            |              |
| 79           | Antihaemophilic Factor VIII 500IU                                | 10             | Ampoules |            |              |
| 80           | Fibrinogen, Factor XIII, Aprotinin, Thrombin Combination set 1ml | 10             | Ampoules |            |              |
| <b>Total</b> |  |                |          |            |              |

### Section E “Antibiotics I.V.”

| S.# | Name / Detail / Specification of Items | Tentative Qty. | U.O.M | Unit Price | Total Amount |
|-----|--|----------------|-------|------------|--------------|
| 1   | Amphotericin B 50mg                    | 80             | Vials |            |              |
| 2   | Cefepime 1g                            | 100            | Vials |            |              |
| 3   | Cefoperazone + Sulbactam 1g            | 2,000          | Vials |            |              |
| 4   | Cefotaxime Sodium 1g                   | 200            | Vials |            |              |
| 5   | Ceftazidime 1g                         | 1,100          | Vials |            |              |
| 6   | Ceftriaxone sodium 1g                  | 60,000         | Vials |            |              |
| 7   | Ciprofloxacin 200mg/100ml              | 6,000          | Vials |            |              |
| 8   | Ciprofloxacin 400mg/100ml              | 2,000          | Vials |            |              |
| 9   | Clavulanic Acid + Amoxicillin 1.2g     | 22,000         | Vials |            |              |
| 10  | Colistimethate sodium 1 Million IU     | 90,000         | Vials |            |              |
| 11  | Colistimethate sodium 2 Million IU     | 45,000         | Vials |            |              |
| 12  | Fluconazole 100mg/50ml                 | 2,500          | Vials |            |              |

### Section E “Antibiotics I.V.”

| S.#          | Name / Detail / Specification of Items | Tentative Qty. | U.O.M | Unit Price | Total Amount |
|--------------|--|----------------|-------|------------|--------------|
| 13           | Gentamycin 80mg/2ml                    | 3,000          | Vials |            |              |
| 14           | Imipenem + Cilastatin 500mg            | 3,300          | Vials |            |              |
| 15           | Linezolid 600mg/300ml                  | 750            | Vials |            |              |
| 16           | Meropenem 1g                           | 400            | Vials |            |              |
| 17           | Metronidazole 500mg/100ml              | 8,500          | Vials |            |              |
| 18           | Piperacillin + Tazobactam 4.5g         | 2,000          | Vials |            |              |
| 19           | Tigecycline 50mg                       | 50             | Vials |            |              |
| 20           | Clarithromycin 500mg                   | 50             | Vials |            |              |
| 21           | Levofloxacin 500mg/100ml               | 200            | Vials |            |              |
| 22           | Moxifloxacin 400mg/250ml Infusion      | 300            | Vials |            |              |
| 23           | Benzyl Penicillin 500000IU             | 4,500          | Vials |            |              |
| 24           | Clindamycin 300mg/2ml                  | 38,000         | Vials |            |              |
| 25           | Cefuroxime 1.5g                        | 1,500          | Vials |            |              |
| 26           | Vancomycin 1g                          | 2,000          | Vials |            |              |
| <b>Total</b> |  |                |       |            |              |

### Section F “Radiology”

| S.#          | Name / Detail / Specification of Items   | Tentative Qty. | U.O.M | Unit Price | Total Amount |
|--------------|--|----------------|-------|------------|--------------|
| 1            | Disposable Syringes for CT injectors 190ml (Imaxeon Salient) compatible with existing  | 365            | Pcs.  |            |              |
| 2            | E-Z- HD Barium Contrast 200gm  | 500            | Pcs.  |            |              |
| 3            | <b>X-Ray Films size 10 x 14 inch (or equivalent)</b><br>Compatible with existing Printer of CT/ MRI / Angiography system etc. <b>with placement of equipment</b> | 7,500          | Pcs.  |            |              |
| 4            | <b>X-Ray Films size 14 x 17 inch (or equivalent)</b><br>Compatible with existing Printer of CT/ MRI / Angiography system etc. <b>with placement of equipment</b> | 6,000          | Pcs.  |            |              |
| 5            | Non ionic contrast Injection for CT Scan (370mg/ml), 50ml  | 10,000         | Pcs.  |            |              |
| 6            | 76% (Amidotrizote meglumine + Sodium amidotrizoate) X-Ray Contrast   | 500            | Pcs.  |            |              |
| 7            | China Barium Contrast, 200gm   | 1,000          | Pcs.  |            |              |
| 8            | CT Films 14x17 Compatible with existing Printer of CT/ MRI / Angiography system etc. <b>with placement of equipment</b>  | 1,500          | Pcs.  |            |              |
| 9            | Ultra Sound Roll   | 800            | Roll  |            |              |
| <b>Total</b> |  |                |       |            |              |

| Section G "Solids" |   |                |         |            |              |
|--------------------|---|----------------|---------|------------|--------------|
| S.#                | Name / Detail / Specification of Items        | Tentative Qty. | U.O.M   | Unit Price | Total Amount |
| 1                  | Oral Rehydration Salt (O.R.S) Sachet          | 1,000          | Sachets |            |              |
| 2                  | Sodium Dichloroisocyanurate (Chlorine Tablet) | 1,000          | Tablets |            |              |
| <b>Total</b>       |   |                |         |            |              |

**Note:**

1. Items will be procured on approved quality/ sample basis; hence bidders are required to submit sample along with bidding documents. Brochures should also be attached where applicable.
2. The technical evaluation carried out by the Procurement Committee, SMBBIT, Karachi will be final, which will be assessed on technical aspect and clinical experience basis of the Consultant(s) in the relevant specialty.
3. Specifications approved by the Consultant(s) in the relevant specialty will be considered by the Procurement Committee.
4. All drug & disposables shall be DRAP Registered where applicable.  
(Certificate should also be attached which will be verified by concerned authority.

Signature of Manufacturers /Importers/Sole Agents/Contractors: - \_\_\_\_\_

Name of Medical Store: - \_\_\_\_\_

Full Address: - \_\_\_\_\_

Telephone No. Shop:- \_\_\_\_\_ Cell No:- \_\_\_\_\_

Email Address (if any) \_\_\_\_\_

# BID LETTER FORM

From:

(Registered name and address of the bidder)

To:

Chief Operating Officer,  
Shaheed Mohtarma Benazir Bhutto Institute of Trauma,  
Karachi – 74200

Dear Sir / Madam,

Having examined the bidding document and amendment thereon we the undersigned, offer to provide services to the works including in conformity with the terms and conditions of the bidding document and amendments there on, for the following project in response to your tender call dated\_\_\_\_\_

**Tender Title:**

We undertake to provide services/execute the above project or it part assigned to us in conformity with the said bidding documents for an estimated sum of Rs.\_\_\_\_\_ (Rupees - \_\_\_\_\_) (total bid amount in words and figures) which may vary in accordance with the schedule of prices attached herewith and coverage options made by SMBBIT or its user organization.

**If our bid is accepted, we undertake to;**

- 1) Provide services/execute the work according to the time schedule specified in the bid document,
- 2) Obtain the performance guarantee of bank in accordance with bid requirements for the due performance of the contract, and
- 3) Agree to abide by the bid conditions, including pre-bid meeting minutes if any, which remain binding upon us during the entire bid validity period and bid may be accepted any time before the expiration of that period.
- 4) We understand that you are not bound to accept the lowest or any bid you may receive, nor to give any reason for the rejection of any bid and that you will not defray any expenses incurred by us in bidding.

Place:

Date:

Bidder's signature  
and seal.



# **CONTRACT AGREEMENT**

## **Tender Title**

This Contract Agreement (hereinafter called the Agreement) made on \_\_\_ day of \_\_\_\_\_ Year.

## **BETWEEN**

**M/s.**

A Contractor, having its office at **Bidder's address.** (Hereinafter mentioned as Contractor), which expression shall be deemed to mean and include its successors-in-interest and permitted assigns;

**AND**

**SHAHEED MOHTARMA BENAZIR BHUTTO ISTITUTE OF TRAUMA** A department under Government of Sindh, having its office at SMBBIT, Chand Bibi Road, Karachi Sindh, Pakistan hereinafter mentioned as “the Client”, which expression shall be deemed to mean and include its successors-in-interest and permitted assigns;

WHEREAS the Contractor has agreed to render certain services i.e. “**Tender Title**” to SMBBIT Karachi and has necessary know how and staff in the respect.

**AND**

WHEREAS the Client is desirous of availing the services offered by the contractor for “**Tender Title**” for its premises at the cost of **Rs. \_\_\_\_\_/-** (The contract amount) as per below mentioned BOQ.

Brief particulars of the services which shall be supplied / provided by the Supplier are as under:

| <b>Item. #</b> | <b>DESCRIPTION</b> | <b>Unit<br/>Quantity</b> | <b>Unit</b> | <b>Quoted<br/>Rate</b> |
|----------------|--------------------|--------------------------|-------------|------------------------|
|                |                    |                          |             |                        |
|                |                    |                          |             |                        |

Now this agreement witnesseth as follows:

1. In this agreement words and expression shall have the same meanings as are respectively assigned to them in the Terms & Conditions of Tender Enquiry referred to.
2. The Following documents after incorporating addenda, if any except these parts relating to Instruction to bidders, shall be deemed to form and be read and constructed as part of this Agreement, viz:
  - a. Purchase order(s)/ Letter of Acceptance where applicable.
  - b. The completed Form of Bid along with Schedules to Bid.
  - c. Condition of Contract & Contract Data
  - d. The priced Scheduled of prices
  - e. The specifications

3. In consideration of the payments to be made by the Purchaser to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Purchaser to execute and complete the Works and remedy defects therein in conformity and in all respects within the provisions of the Contract.
4. The Purchaser hereby covenants to pay the Supplier, in consideration of the execution and completion of the Works as per provisions of the Contract, the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed by the Contract.
5. The Contract Price of tender will be Rs: \_\_\_\_\_/Year;
6. That estimated cost of tender is on approximate basis and may vary in case of forced majeure or as per the demand of situation.

IN WITNESS WHEREOF the parties hereto have caused this Contract Agreement in accordance with their respective hands and seals, the day, month and the year first above written.

This contract will be extendible on the same rates till the allocation of new tender.

Signature of the Supplier

Signature of the Purchaser

\_\_\_\_\_

\_\_\_\_\_

(Seal)

(Seal)

# FORM OF PERFORMANCE SECURITY (Bank Guarantee)

Guarantee No.:

Executed on:

Expiry date: \_\_\_\_\_

[Letter by the Guarantor to the Employer]

Name of Guarantor (Bank) with complete address (Scheduled Bank in Pakistan):

\_\_\_\_\_

Name of Principal (Contractor, Manufacturer, Supplier or any bidder) with complete address:

\_\_\_\_\_

Penal Sum of Security (express in words and figures):

\_\_\_\_\_

\_\_\_\_\_

Letter of Acceptance No. \_\_\_\_\_ Dated:

\_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that in pursuance of the terms of the Bidding Documents and above said Letter of Acceptance (hereinafter called the Documents) and at the are e of the said Principal we, the Guarantor above named, are held and firmly bound unto the Chief Operating Office (COO), SMBBIT, Karachi (hereinafter called the Employer) in the penal sum of the amount stated above for the payment of which sum well and truly to be made to the said Employer, we bind ourselves, our heirs, executors, administrators and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that whereas the Principal has accepted the Employer's above said Letter of Acceptance for \_\_\_\_\_ (Name of Contract) for the \_\_\_\_\_ (Name of Project).

NOW THEREFORE, if the Principal (Contractor) shall well and truly perform and fulfill all the undertakings, covenants, terms and conditions of the said Documents during the original terms of the said Documents and any extensions thereof that may be granted by the Employer, with or without notice to the Guarantor, which notice is, hereby, waived and shall also well and truly perform and fulfill all the undertakings, covenants terms and conditions of the Contract and of any and all modifications of said Documents that may hereafter be made, notice of which modifications to the Guarantor being hereby waived, then, this obligation to be void; otherwise to remain in full force and virtue till all requirements of Condition of Contract are fulfilled.

Our total liability under this Guarantee is limited to the sum stated above and it is a condition of any liability attaching to us under this Guarantee that the claim for payment in writing shall be received by us within the validity period of this Guarantee, failing which we shall be discharged of our liability, if any, under this Guarantee.

We, \_\_\_\_\_ (the Guarantor), waiving all objections and defences under the Contract, do hereby irrevocably and independently guarantee to pay to the Employer without delay upon the Employer's first written demand without cavil or arguments and without requiring the Employer to prove or to

show grounds or reasons for such demand any sum or sums up to the amount stated above, against the Employer's \_\_\_\_\_ written \_\_\_\_\_ declaration that the Principal has refused or failed to perform the obligations under the Contract which payment will be effected by the Guarantor to Employer's designated Bank & Account Number.

PROVIDED ALSO THAT the Employer shall be the sole and final judge for deciding whether the Principal (Contractor) has duly performed his obligations under the Contractor has defaulted in fulfilling said obligations and the Guarantor shall pay without objection any sum or sums up to the amount stated above upon first written demand from the Employer forthwith and without any reference to the Principal or any other person.

IN WITNESS WHEREOF, the above-bounden Guarantor has executed this Instrument under its seal on the date indicated above, the name and corporate seal of the Guarantor being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness:

1. \_\_\_\_\_  
Guarantor (Bank)  
\_\_\_\_\_  
(Name, Title, Signature & Seal)
  
2. \_\_\_\_\_  
\_\_\_\_\_  
(Name, Title, Signature & Seal)

Signature: \_\_\_\_\_

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

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

## **AFFIDAVIT (on Judicial Stamp Paper)**

I/We, the undersigned [Name of the Supplier] hereby solemnly declare and undertake that:

1. We have read the contents of the Bidding Document and have fully understood it.
2. The Bid being submitted by the undersigned complies with the requirements enunciated in the bidding documents.
3. The Goods that we propose to supply under this contract are eligible goods within the meaning of this SBD.
4. The undersigned are also eligible Bidders within the meaning of the Standard Bidding Documents.
5. The undersigned are solvent and competent to undertake the subject contract under the Laws of Pakistan.
6. The undersigned have not paid nor have agreed to pay, any Commissions or Gratuities to any official or agent related to this bid or award or contract.
7. The undersigned are not blacklisted or facing debarment from any Government, or its organization or project.
8. That undersigned has not employed any child labor in the organization/unit.
9. We understand that the Selection and Rate Contracting Committee of the Procuring Agency is not bound to accept the lowest or any other bid they may receive.

We affirm that the contents of this affidavit are correct to the best of our knowledge and belief.

Signatures with stamp

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

Designation: \_\_\_\_\_

CNIC No. \_\_\_\_\_

For Messrs. [Name of Supplier]

# INTEGRITY PACT

## DECLARATION OF FEES, COMMISSION AND BROKERAGE ETC PAYABLE BY THE SUPPLIERS/CONTRACTORS/CONSULTANTS

Contract Number: **NO.**  
Contract Value: **Rs.**  
Contract Title:

**Dated:**

**M/s.** \_\_\_\_\_ hereby declares that it has not obtained or induced the procurement of any contract, right, interest, privilege or other obligation or benefit from Government of Sindh (GoS) or any administrative subdivision or agency thereof or any other entity owned or controlled by it (GoS) through any corrupt business practice.

Without limiting the generality of the foregoing, **M/s.** \_\_\_\_\_ represents and warrants that it has fully declared the brokerage, commission, fees etc. paid or payable to anyone and not given or agreed to give and shall not give or agree to give to anyone within or outside Pakistan either directly or indirectly through any natural or juridical person, including its affiliate, agent, associate, broker, consultant, director, promoter, shareholder, sponsor or subsidiary, any commission, gratification, bribe, finder's fee or kickback, whether described as consultation fee or otherwise, with the object of obtaining or inducing the procurement of a contract, right, interest, privilege or other obligation or benefit, in whatsoever form, SMBBIT Karachi (PA), except that which has been expressly declared pursuant hereto.

**M/s.** \_\_\_\_\_ certifies that it has made and will make full disclosure of all agreements and arrangements with all persons in respect of or related to the transaction with PA and has not taken any action or will not take any action to circumvent the above declaration, representation or warranty.

**M/s.** \_\_\_\_\_ accepts full responsibility and strict liability for making any false declaration, not making full disclosure, misrepresenting facts or taking any action likely to defeat the purpose of this declaration, representation and warranty. It agrees that any contract, right, interest, privilege or other obligation or benefit obtained or procured as aforesaid shall, without prejudice to any other right and remedies available to PA under any law, contract or other instrument, be voidable at the option of PA.

Notwithstanding any rights and remedies exercised by PA in this regard, **M/s.** \_\_\_\_\_ agrees to indemnify PA for any loss or damage incurred by it on account of its corrupt business practices and further pay compensation to PA in an amount equivalent to ten times the sum of any commission, gratification, bribe, finder's fee or kickback given by **M/s.** \_\_\_\_\_ as aforesaid for the purpose of obtaining or inducing the procurement of any contract, right, interest, privilege or other obligation or benefit, in whatsoever form, from PA.

\_\_\_\_\_  
**M/s.** \_\_\_\_\_

\_\_\_\_\_  
**Chief Operating Officer (COO)**