



POF 1262-A  
(INDIGENOUS SUPPLIES)

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

To

M/s

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Dear Sirs,

Reference : TENDER ENQUIRY NO. 0003/HOSP/LP/50

DATED 03-07-2020

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

**1. SUBMISSION OF TENDER**

1.1 Tenders will be opened at 1200 hours on 04-08-2020 in Bid Centre adjacent to Rabita Hall POF Wah Cantt. Tenders must reach this office on or before 1130 hours. The tender received late will not be entertained. You may witness the opening of the tender if you so desire. If a representative is deputed, he should bring a letter of authority from you.

1.2 Only one tender should be included in one envelope. The outside of the envelope should be inscribed with:-

Tender Enquiry No: 0003/HOSP/LP/50 DT. 03-07-2020  
Tender to be opened on: 04-08-2020  
Address as follows:-

I/C CR SECTION C-04

POF WAH CANTT

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

**2. GENERAL INSTRUCTIONS REGARDING PREPARATION OF QUOTATIONS**

2.1 For materials, the prices should be filled in column 5 and delivery date in column 6 of the schedule to this Tender Enquiry. The undertaking should be signed at the bottom of the Schedule which shall form the Quotation. You may use a separate sheet if necessary.

2.2 For all kinds of tenders, you are required to quote in two parts:-

**Part I "Technical Offer":** It should exclusively give technical details and literatures/brochures of the offered plant, machinery and equipment; validity date; delivery schedule; and signed undertaking given on the schedule to this Tender Enquiry. It must not indicate price, costs etc.

Cont....P-2

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

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

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

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

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

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

2.7 Quotations should be based on:-

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

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

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

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

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

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

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

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

### **3. INSPECTION**

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

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

**4. TENDER FEE**

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

Tender Fee Is Rs, 500.

**4.1 TENDER SAMPLE**

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

**5. BID MONEY**

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

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

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

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

**6. ACCEPTANCE OF OFFERS.**

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

**6.2 PERFORMANCE BOND**

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

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

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

6.4 FAILURE TO SUPPLY THE STORES

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

6.5 PAYMENT

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

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

7. SECURITY OF INFORMATION

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

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

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

Yours faithfully

**HAFIZ MUHAMMAD BASHIR**  
**MANAGER PURCHASE-HOSP**

for **PAKISTAN ORDNANCE FACTORIES**

## PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0003/HOSP/LP/50

03-JUL-20

(1) FOR MATERIALS

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
<b>Indent No. 0003/LP/HOSP/50 Dated 03-02-2020</b>					
001	CLEXANE 40 MG INJ Spec: ENOXAPARIN	SANOFI AVENTIS OR EQUIVALENT	AMPULES	3000	
002	CLEXANE 60 MG INJ Spec: ENOXAPARIN	SANOFI AVENTIS OR EQUIVALENT	AMPULES	6000	
003	CLEXANE 80 MG INJ Spec: ENOXAPARIN	SANOFI AVENTIS OR EQUIVALENT	AMPULES	2000	
004	HEPARIN 5000 IU/ML INJ//HEPARINOL 5000 IU/ML INJ//HEPAROTEX 5000 IU/ML INJ Spec: HEPARIN	B. BRAUN/BIOMEDICS /ROTEX MEDIKA GERMANY OR EQUIVALENT	VIAL	8000	
005	VIT-K 10 MG INJ//VIT-K 10 MG INJ//VIT-K 10 MG INJ Spec: PHYTOMENADIONE (VITAMIN K1)	MUNWAR PHARMA/VENUS PHARMA/LAWRANCE OR EQUIVALENT	AMPULES	3000	
006	XAROBAN 10 MG TAB//XCEPT 10 MG TAB Spec: RIVAROXABAN	SEARLE/PHARM EVO OR EQUIVALENT	NO	1000	
007	ANEXATE 1 MG / 10 ML INJ Spec: FLUMAZENIL	MARTIN DOW OR EQUIVALENT	VIAL	100	
008	ASUNRA 100 MG TAB Spec: DEFERASIROX	NOVARTIS OR EQUIVALENT	NO	5000	
009	ASUNRA 400 MG TAB Spec: DEFERASIROX	NOVARTIS OR EQUIVALENT	NO	10000	
010	DESFERAL 500 MG INJ Spec: DESFERRIOXAMINE MESYLATE	NOVARTIS OR EQUIVALENT	NO	2000	
011	HUMAN ALBUMIN 20% 50 ML//HUMAN ALBUMIN 20% 50 ML//HUMAN ALBUMIN 20% 50 ML Spec: HUMAN ALBUMIN	NABIQASIM/CSL BEHRING/BIOTEST OR EQUIVALENT	VIAL	500	
012	KOATE DVI 250 IU INJ Spec: ANTIHEMOPHILIC FACTOR	TELECRIS OR EQUIVALENT	VIAL	1200	
013	ALCAINE 15 ML E/D//OPCAINE (ALCAINE) Spec: PROPARACAINE	ALCON/ALCON OR EQUIVALENT	BTL	100	
014	EYEMOX 5 ML E/D//MEGAMOX 5 ML E/D//VIGAMOX 5 ML E/D Spec: MOXIFLOXACIN	VEGA/SANTE/ALCON OR EQUIVALENT	BTL	100	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
015	EYFEM 5 ML E/D//FML 5 ML E/D//OCUFLUR 5 ML E/D Spec: FLUOROMETHOLONE	KOBEC/BARRETT HODGSON/SANTE OR EQUIVALENT	BTL	200	
016	POLYFEX EYE OINT 6 GM Spec: SILVER SULPHADIAZINE	GSK OR EQUIVALENT	NO	500	
017	NEO-MERCAZOLE 5 MG TAB Spec: CARBIMAZOLE	RAY PHARMA OR EQUIVALENT	NO	1000	
018	THYROXINE 50 MG TAB Spec: THYROXINE	GSK OR EQUIVALENT	NO	1000	
019	ANAFORTAN PLUS 4 ML INJ Spec: PHLOROGLUCINOL AND TRIMETHYLPHLOROGLUCINOL	AGP OR EQUIVALENT	VIAL	2000	
020	ARTHROTEC-50 50 MG TAB//BREEKY 50 MG TAB Spec: DICLOFENAC SODIUM AND MISOPROSTOL	PFIZER/SAMI OR EQUIVALENT	NO	5000	
021	BRINO 500 MG CAP//MAXNA 500 MG CAP//TRANSAMIN 500 MG CAP//XAMIG 500 MG CAP Spec: TRANEXAMIC ACID	WILSHIRE/AGP/HILT ON/HIGHNOON OR EQUIVALENT	NO	6000	
022	BRINO 500 MG INJ//MAXNA 500 MG INJ//TRANSAMIN 500 MG INJ//XAMIG 500 MG INJ Spec: TRANEXAMIC ACID	WILSHIRE/AGP/HILT ON/HIGHNOON OR EQUIVALENT	AMPULES	10000	
023	CANESTEN VAG 100 MG TAB Spec: CLOTRIMAZOLE	BAYER HEALTH CARE OR EQUIVALENT	NO	100	
024	CEROPHENE 50 MG TAB//CLOMID 50 MG TAB//PROLIFEN 50 MG TAB Spec: CLOMIPHENE CITRATE	HILTON/PACIFIC PHARMA/CHEIESI OR EQUIVALENT	NO	500	
025	DOPERGIN 0.2 MG TAB Spec: LISURIDE	BAYER HEALTH CARE OR EQUIVALENT	NO	3000	
026	DUPHASTON 10 MG TAB Spec: DYDROGESTERONE	ABBOTT OR EQUIVALENT	NO	3000	
027	ENVEPE 10/10 MG TAB Spec: DOXYLAMINE AND VITAMIN B6	RG PHARMA OR EQUIVALENT	NO	3000	
028	HYDRALAZINE 20 MG INJ Spec: HYDRALAZINE	ZAFA OR EQUIVALENT	VIAL	200	
029	IVF-C 5000 IU INJ Spec: CHORIONIC GONADOTROPHIN, HUMAN (HCG)	GALAXY OR EQUIVALENT	VIAL	200	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
030	MAGNESSIUM SULPHATE 10 ML INJ Spec: MAGNESIUM SULPHATE	ZAFA OR EQUIVALENT	AMPULES	200	
031	METNI-V 75 MG VAGINAL CREAM Spec: METRONIDAZOL	SHAIGAN OR EQUIVALENT	NO	500	
032	OSNATE 830 MG TAB Spec: OSSEIN MINERAL COMPLEX	AGP OR EQUIVALENT	NO	3000	
033	OXYTOCIN 5 IU INJ//OXYTOCIN 5 IU INJ//SYNTOCINON 5 IU INJ//TOCINOX 5 IU INJ Spec: OXYTOCIN	NOVARTIS/AMN PHARMA/NOVARTIS/G EOFMAN OR EQUIVALENT	AMPULES	15000	
034	PRIMOLUT N 5 MG TAB Spec: NORETHISTERONE	BAYER HEALTH CARE OR EQUIVALENT	NO	3000	
035	AMVAX-B 10 MCG INJ (PAEDS)//ENGERIX-B 10 MCG INJ (PAEDS)//EUVAX-B 10 MCG INJ (PAEDS) Spec: HEPATITIS B VACCINE	AMSON/GSK/SANOFI AVENTIS OR EQUIVALENT	AMPULES	200	
036	BERIRAB-P 2 ML INJ//HYPERRAB 2 ML INJ//RABUMAN 2 ML INJ Spec: RABIES IMMUNOGLOBULIN	CSL BEHRING/TELECRIS/BERNA OR EQUIVALENT	VIAL	100	
037	IMATET//TETANUS TOXOID VACCINE INJ Spec: TETANUS TOXOID (ADSORBED)	AMSON/ HOSPITAL SERVICES OR EQUIVALENT	VIAL	2000	
038	INFLUVAC 0.5 ML INJ//VAXIGRIP 0.5 ML INJ Spec: INFLUENZA VACCINE	ABBOTT/SANOFI AVENTIS OR EQUIVALENT	VIAL	500	
039	LYSSAVAC-N INJ//RABI-GENE INJ//RABIO INJ//RABIPUR INJ//VERORAB INJ Spec: RABIES VACCINE	CSL BEHRING/GENE-TECH/ATLANTIC PHARMACEUTICALS/N OVARTIS/SANOFI AVENTIS OR EQUIVALENT	AMPULES	2000	
040	PENTAGLOBIN 10 ML INJ//PENTAGLOBIN 10 ML INJ Spec: IMMUNE GLOBULIN (HUMAN) IV	NABIQASIM/BIOTEST OR EQUIVALENT	VIAL	100	
041	PNEUMO 23 INJ//PREVENAR 13 INJ//SYNFLORIX INJ Spec: PNEUMOCOCCAL VACCINE	SANOFI AVENTIS/PFIZER/GSK OR EQUIVALENT	VIAL	100	
042	HILFOVIR 300 MG TAB//TENOFVIR 300 MG TAB//TENOVIR 300 MG TAB Spec: TENOFVIR DISOPROXIL	HILTON/GETZ/PHARM EVO OR EQUIVALENT	NO	3000	
043	SOVELA 400 MG + 100 MG TAB//VELPAGET 400 MG + 100 MG TAB Spec: SOFOSBUVIR + VELPATASAVIR	SEARLE/GETZ PHARMA OR EQUIVALENT	NO	10000	

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03-JUL-20

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
044	ARCEVA 40/240 MG TAB//ARTECXIN FORTE 40/240 MG TAB//ARTEM-DS PLUS 40/240 MG TAB//ARTHEGET DS 40/240 MG TAB//DEFAL 40/240 MG TAB Spec: ARTEMETHER AND LUMEFANTRINE	SAMI/HIGHNOON/HILTON/GETZ/ABBOTT OR EQUIVALENT	NO	2000	
045	ABOCAIN SP 7.5 MG / 2 ML INJ//BUPICAIN SP 7.5 MG / 2 ML INJ Spec: BUPIVACAINE	ABBOTT/LCPW OR EQUIVALENT	AMPULES	2000	
046	ACURON 5 ML INJ//ATRELAX 5 ML INJ//TRACRIUM 5 ML INJ Spec: ATRACURIUM BESYLATE	BROOKS/ABBOTT/GSK OR EQUIVALENT	AMPULES	3500	
047	DIPRIVAN 20 ML INJ//POFOL 20 ML INJ//PROPOFOL 20 ML INJ//PROPOFOL 20 ML INJ Spec: PROPOFOL	ICI/AKHAI/ABBOTT/B.BRAUN OR EQUIVALENT	AMPULES	2000	
048	DORMICUM 5 ML INJ Spec: MEDAZOLAM	MARTIN DOW OR EQUIVALENT	AMPULES	10000	
049	FENTRA 0.05 MG INJ Spec: FENTANYL	BROOKS OR EQUIVALENT	AMPULES	500	
050	FORANE 100 ML INJ//RESTANE 100 ML INJ Spec: ISOFLURANE	GETZ/USA OR EQUIVALENT	BTL	500	
051	KETAMINE 10 ML INJ Spec: KETAMINE	HAJI MEDICINES OR EQUIVALENT	AMPULES	500	
052	LIGNOCAIN 2% INJ Spec: LOCAL ANAESTHETIC	BARRETT HODGSON OR EQUIVALENT	AMPULES	1000	
053	LIGNOCAIN WITH ADRENALINE INJ Spec:	S.J&G OR EQUIVALENT	AMPULES	1000	
054	LIGNOCAIN GEL Spec: LOCAL ANAESTHETIC	LCPW OR EQUIVALENT	NO	20000	
055	NITRONAL 10 MG / 10 ML INJ Spec: GLYCERYL TRINITRATE	A.J & CO OR EQUIVALENT	AMPULES	400	
056	PRECIDEX 100 MCG / ML INJ Spec: DEXMEDETOMIDINE	BROOKS OR EQUIVALENT	VIAL	500	
057	SEVORANE 250 ML LIQ//SEVORANE 250 ML LIQ//SEVORANE 250 ML LIQ Spec: SEVOFLURANE	GETZ/LOCAL/ABBOTT OR EQUIVALENT	BTL	50	



## PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0003/HOSP/LP/50

03-JUL-20

(2) For Plant & Machinery:  
Specification:-

**(3) Special Conditions**

- 01 Only one rate should be quoted.
- 02 The delivered medicines/store which are subsequently found un-registered or nearing the expiry date at any stage during the currency of the contract, shall have to be replaced by the supplier at its own expense.
- 03 Quotation must be valid for 90 days and on free delivery at POF Hospital Wah Cantt.
- 04 Samples be submitted if required by purchaser.
- 05 Each delivery challan must bear batch No, Date of manufacture and date of expiry of delivered Store.
- 06 Sales Tax Registration No. issued by Excise & Taxation Department must be given in quotation.
- 07 S.Tax will not be paid by POF Hospital in accordance with S.No.52-A in 6th schedule of S.Tax Act-1990 through Finance Bill. 2008 being teaching hospital over 500 beds.
- 08 The supplier is responsible to deliver the medicines as and when required by the purchaser.
- 09 The supplies must be of fresh manufacture and must possess at least 85% to 90% of the labeled life on receipt by the consignee.
- 10 The supplier will make sure that the medicines/Store are not sub-standard and have prescribed life printed on packing. The medicines shall be delivered in original sealed packing/containers from the manufacturers.
- 11 The delivery is required immediately.
- 12 Brand name must clearly be Mentioned against which the rate is quoted.
- 13 Supplier must assure the quality of items supplied. In case of any complaint from end user, the supplier will replace the item on his own expense.
- 14 Supplier provide authorized distribution letter of their manufacturer/ importer.
- 15 Only registered suppliers (with Sales Tax & Income Tax Deptt) who are on Active Taxpayer List (ATL) of FBR are eligible to supply goods/services to Government departments.
- 16 The payment to the registered persons may be linked with the active taxpayer status of the suppliers as per FBR database. If any registered suppliers is not in ATL his payment should be stopped till he mandatory returns and appears on ATL of FBR.

**(4) Undertaking**

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

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