



POF 1262-A
(INDIGENOUS SUPPLIES)

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

To

M/s

Dear Sirs,

Reference : TENDER ENQUIRY NO. 0004/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 06-08-2020 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: 0004/HOSP/LP/50 DT. 03-07-2020
Tender to be opened on: 06-08-2020
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.

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. 0004/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.)

Indent No. 0004/LP/HOSP/50 Dated 29-02-2020

001	ACLASTA 5 MG INJ Spec: ZOLEDRNIC ACID	NOVARTIS OR EQUIVALENT	VIAL	20	
002	ARIMIDEX 1 MG TAB Spec: ANASTROZOLE	ICI OR EQUIVALENT	NO	5000	
003	AROMASIN 25 MG TAB//EXEMESTANE 25 MG TAB Spec: EXEMESTANE	PFIZER/ MERIXIL OR EQUIVALENT	NO	766	
004	AVASTIN 100 MG / 4 ML INJ Spec: BEVACIZUMAB	ROCHE OR EQUIVALENT	VIAL	40	
005	BIOPAC 30 MG INJ//INTAXEL 30 MG INJ//ONCOTAXEL 30 MG INJ//PACLITAXEL 30 MG INJ//TAXOL 30 MG INJ Spec: PACLITAXEL	BH/ATCO/PHARMEVO/GSK/GSK OR EQUIVALENT	VIAL	900	
006	BONVIVA 150 MG TAB//IBANDRO 150 MG TAB Spec: IBANDRONIC ACID	ROCHE/PHARMEVO OR EQUIVALENT	NO	300	
007	CARBOPLATIN 150 MG INJ//CARPSOL 150 MG INJ//KEMOCARB 150 MG INJ Spec: CARBOPLATIN	BIOPHARMA/PFIZER/ATCO OR EQUIVALENT	VIAL	100	
008	CASODEX 50 MG TAB Spec: BICALUTAMIDE	ICI OR EQUIVALENT	NO	6000	
009	CEPLATIN 10 MG INJ//KEMOPLAT 10 MG INJ//PLATOSIN 10 MG INJ Spec: CISPLATIN	PHARMADIC/ATCO/PHARMACHEMIE OR EQUIVALENT	VIAL	100	
010	CEPLATIN 50 MG INJ//CISPLASOL 50 MG INJ//KEMOPLAT 50 MG INJ//PLATOSIN 50 MG INJ Spec: CISPLATIN	PHARMADIC/PFIZER/ATCO/PHARMACHEMIE OR EQUIVALENT	VIAL	100	
011	CYCLOMIDE 1 GM INJ//ENDOXAN 1 GM INJ Spec: CYCLOPHOSPHAMIDE	PHARMADIC/AGP OR EQUIVALENT	VIAL	100	
012	CYCLOMIDE 500 MG INJ//ENDOXAN 500 MG INJ Spec: CYCLOPHOSPHAMIDE	PHARMADIC/AGP OR EQUIVALENT	VIAL	60	
013	DAXOTEL 20 MG INJ//DOZEP 20 MG INJ//TAXOTERE 20 MG INJ Spec: DOCETAXEL	ATCO/PHARMADIC/SANOFI AVENTIS OR EQUIVALENT	VIAL	100	
014	EMTHEXATE 50 MG INJ//METHOTREXATE 50 MG INJ//METHOTREXATE 50 MG INJ//PHARMTREXATE 50 MG INJ Spec: METHOTREXATE	PHARMACHEMIE/PFIZER/BIOPHARMA/PHARMADIC OR EQUIVALENT	AMPULES	100	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/50

03-JUL-20

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
015	FEMARA 2.5 MG TAB Spec: LETROZOLE	NOVARTIS OR EQUIVALENT	NO	6000	
016	FIVE-FU 250 MG INJ//UTORAL 250 MG INJ//FIVEFLU 250 MG INJ//FLURACIL 250 MG INJ Spec: FLUOROURACIL	HIGHNOON/AL HABIB PHARMA/BIO PHARMA OR EQUIVALENT OR EQUIVALENT	VIAL	100	
017	FIVE-FU 500 MG INJ//UTORAL 500 MG INJ//FIVEFLU 500 MG INJ//FLURACIL 500 MG INJ Spec: FLUOROURACIL	HIGHNOON/AL HABIB PHARMA/BIO PHARMA OR EQUIVALENT	VIAL	50	
018	GEMITA 1 GM INJ//GEMNIL 1 GM INJ//GEMZAR 1 GM INJ//PAMIGEN 1GM INJ Spec: GEMCITABINE	ATCO/RAEES/LILLY/ FEROZSONS OR EQUIVALENT	VIAL	80	
019	GEMITA 200 MG INJ//GEMNIL 200 MG INJ//GEMZAR 200 MG INJ//PAMIGEN 200 GM INJ Spec: GEMCITABINE	ATCO/RAEES/LILLY/ FEROZSONS OR EQUIVALENT	VIAL	50	
020	GLIVEC 100 MG TAB Spec: IMATINIB MESYLATE	NOVARTIS OR EQUIVALENT	NO	500	
021	GLIVEC 400 MG TAB Spec: IMATINIB MESYLATE	NOVARTIS OR EQUIVALENT	NO	1500	
022	HYDRA 500 MG CAP//HYDREA 500 MG CAP//HYDROUREA 500 MG CAP Spec: HYDROXYUREA	MEDINET/GSK/PHARM ADIC OR EQUIVALENT	NO	2000	
023	KUNYRINE 15 MG TAB Spec: CALCIUM FOLINATE (CALCIUM LEUCOVORIN)	AL-HABIB PHARMA OR EQUIVALENT	VIAL	100	
024	NOLVADEX 10 MG TAB//TAMOPLEX 10 MG TAB//TAMOX 10 MG TAB Spec: TAMOXIFEN	ICI/PHARMACHEMIE/ PHARMADIC OR EQUIVALENT	NO	10000	
025	ONSET 8 MG INJ//ZOFTRAN 8 MG INJ Spec: ONDANSETRON	PHARMEDIC/GSK OR EQUIVALENT	VIAL	4000	
026	PHARMACRISTINE 1 MG INJ//VINCRISTINE 1 MG INJ Spec: VINCRISTINE	PHARMADIC/PHARMAC EMIE OR EQUIVALENT	VIAL	100	
027	TASIGNA 150 MG TAB Spec: NILOTNIB	NOVARTIS OR EQUIVALENT	NO	200	
028	TASIGNA 200 MG TAB Spec: NILOTNIB	NOVARTIS OR EQUIVALENT	NO	2300	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/50

03-JUL-20

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
029	XELODA 500 MG TAB Spec: CAPECITABINE	ROCHE OR EQUIVALENT	NO	5000	
030	ZOMETA 4 MG INJ Spec: ZOLEDRONIC ACID	NOVARTIS OR EQUIVALENT	VIAL	100	
031	QALSAN-D TAB Spec: CALCIUM CARBONATE	NOVARTIS OR EQUIVALENT	NO	5000	
032	DECADRON 4 MG / 1 ML INJ//ORADAXON 4 MG / 1 ML INJ Spec: DEXAMETHASONE	OBS PHARMA/OBS PHARMA OR EQUIVALENT	VIAL	10000	
033	DELTACORTRIL 5 MG TAB//PREDNISOLONE 5 MG TAB//PRESOLONE 5 MG TAB Spec: PREDNISOLONE	PFIZER/UNEXO/GEOFMAN OR EQUIVALENT	NO	50000	
034	DEXAMETHASONE 0.5 MG TAB/DEXAMETHASONE 0.5 MG TAB/DEXAMETHASONE 0.5 MG TAB Spec: DEXAMETHASONE	GEOFMAN/TABROS/UNEXO LAB OR EQUIVALENT	NO	2000	
035	HY-CORTISONE 100 MG INJ//HYDRO SOD SUS 100 MG INJ//HYDROCORT 100 MG INJ//HYZONATE 100 MG INJ//SOLU-CORTEF 100 MG INJ//SOLU-HYDROCART 100 MG INJ Spec: HYDROCORTISONE SODIUM SUCCINATE	CIRIN/ZAFI/AKHAI/AMSON/PFIZER/HAJI MEDICINE OR EQUIVALENT	VIAL	8000	
036	SOLU-MEDROL 1 GM INJ Spec: METHYLPREDNISOLONE SODIUM SUCCINATE	PFIZER OR EQUIVALENT	VIAL	50	
037	SOLU-MEDROL 500 MG INJ Spec: METHYLPREDNISOLONE SODIUM SUCCINATE	PFIZER OR EQUIVALENT	VIAL	100	
038	GADOVIST 7.5 ML INJ Spec: GADOPUTROL	BAYER HEALTH CARE OR EQUIVALENT	VIAL	400	
039	OMNIVIST 15 ML INJ Spec: GADOPENTETATE	GRATON OR EQUIVALENT OR EQUIVALENT	VIAL	400	
040	ULTRAVIST 370 MG I /ML 100 ML INJ Spec: LOPROMIDE	BAYER SCHERING OR EQUIVALENT	BTL	2000	
041	ULTRAVIST 370 MG I /ML 50 ML INJ Spec: LOPROMIDE	BAYER SCHERING OR EQUIVALENT	BTL	1500	
042	EPOKINE 10000 IU INJ//EPREX 10000 IU INJ Spec: EPOETIN ALFA	RG PHARMA/JANSSEN-CILAG OR EQUIVALENT	VIAL	800	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/50

03-JUL-20

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
043	EPOKINE 2000 IU INJ//EPREX 2000 IU INJ//RECORMON 2000 IU INJ Spec: EPOETIN ALFA	RG PHARMA/JANSSEN-CILAG/ROCHE OR EQUIVALENT	VIAL	500	
044	EPOKINE 4000 IU INJ//EPREX 4000 IU INJ Spec: EPOETIN ALFA	RG PHARMA/JANSSEN-CILAG OR EQUIVALENT	AMPULES	2000	
045	EPPRA 250 MG TAB//KEPPRA 250 MG TAB//LERACE 250 MG TAB Spec: LEVETIRACETAM	GLOBAL/UCB/HILTON OR EQUIVALENT	NO	1000	
046	EPPRA 500 MG TAB//KEPPRA 500 MG TAB//LERACE 500 MG TAB Spec: LEVETIRACETAM	GLOBAL/UCB/HILTON OR EQUIVALENT	NO	2000	
047	AMINOLEBAN 500 ML INJ Spec: AMINOACIDS	OTSUKA OR EQUIVALENT	BTL	300	
048	AMINOVEL 600 5 % 500 ML INJ Spec: AMINOACIDS	OTSUKA OR EQUIVALENT	BTL	500	
049	DEXTROSE 10 % 1000 ML//MEDISOL 10 % 1000 ML INJ//PLADEX 10 % 1000 ML INJ//SETRIFLUID-10 % 1000 ML INJ//ZEESOL 10 % 1000 ML INJ Spec: DEXTROSE	ZAFA/MEDIPAK/OTSUKA/FDL/ZEESOL OR EQUIVALENT	BTL	1000	
050	DEXTROSE 25 % 20 ML INJ//LIFESOL 25 % 20 ML INJ//MEDISOL 25 % 20 ML INJ Spec: DEXTROSE	ZAFA/GEOFMAN/MEDIPAK OR EQUIVALENT	BAG	9000	
051	DEXTROSE 5 % + NACL 0.9 % 1000 ML INJ//LIFESOL 5 % + NACL 0.9 % 1000 ML INJ//MEDISOL-S 5 % + NACL 0.9 % 1000 ML INJ//PLADEXSAL 5 % + NACL 0.9 % 1000 ML INJ//STERIFLUID-DS 1000 ML INJ Spec: DEXTROSE 5% AND SODIUM CHLORIDE 0.9%	SIZA/GEOFMAN/MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	2000	
052	DEXTROSE 5 % 1000 ML INJ//LIFESOL 5 % 1000 ML INJ//MEDISOL 5 % 1000 ML INJ//PLADEX-5 5 % 1000 ML INJ//STERIFLUID-5 % 1000 ML INJ Spec: DEXTROSE	LCPW/GEOFMAN/MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	1000	
053	IMMUNASOL NS 0.9 % NACL 1000 ML//LIFESOL 0.9 % NACL 1000 ML INJ//MEDISOL NS 0.9 % NACL 1000 ML INJ//PLASALINE 0.9 % NACL 1000 ML INJ//STERIFLUID-NS 0.9 % NACL 1000 ML INJ Spec: SODIUM CHLORIDE 0.9%	A-Z PHARMA/GEOFMAN/MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	40000	
054	LIFESOL 0.9 % NACL 500 ML INJ//MEDISOL NS 0.9 % NACL 500 ML INJ//PLASALINE 0.9 % NACL 500 ML INJ//STERIFLUID-NS 0.9 % NACL 500 ML INJ Spec: SODIUM CHLORIDE 0.9 % IV SOLN	GEOFMAN/MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	10000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/50

03-JUL-20

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
055	LIPOFUNDIN 20 % 250 ML INJ Spec: LIPID SUSPENSION	B. BRAUN OR EQUIVALENT	BAG	200	
056	MANNITOL 500 ML INJ//MEDISOL-MANNITOL 500 ML INJ//OSMOTOL 500 ML INJ Spec: MANNITOL	B. BRAUN/MEDIPAK/OTSUKA OR EQUIVALENT	BTL	500	
057	MEDISOL NS 0.9 % NAACL 100 ML INJ//PLASALINE 0.9 % NAACL 100 ML INJ//STERIFLUID-NS 0.9 % NAACL 100 ML INJ Spec: SODIUM CHLORIDE 0.9 % IV SOLN	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	80000	
058	MEDISOL RINGER 1000 ML INJ//RINSOL RINGER'S 1000 ML INJ//STERIFLUID RL 1000 ML INJ Spec: RINGER'S INF	MEDIPAK/GEOFMAN/FDL OR EQUIVALENT	BAG	10000	
059	MEDISOL RINGER 500 ML INJ//RINGER'S SOLUTION 500 ML INJ//RINSOL RINGER'S 500 ML INJ//STERIFLUID RL 500 ML INJ Spec: RINGER'S INF	MEDIPAK/OTSUKA/GEOFMAN/FDL OR EQUIVALENT	BAG	10000	
060	MEDISOL ½ STR SALINE 500 ML INJ//PLADEXSAL ½ STR SALINE 500 ML INJ Spec: SODIUM CHLORIDE 0.45%	MEDIPAK/OTSUKA OR EQUIVALENT	BAG	5000	
061	ALP 0.5 MG TAB//PROLAM 0.5 MG//XANAX 0.5 MG TAB Spec: ALPRAZOLAM	HILTON/GLITZ/PFIZER OR EQUIVALENT	NO	2000	
062	AMYLIN 25 MG TAB//TRYPTANOL 25 MG TAB Spec: AMITRIPTYLINE	SIZA/OBS PHARMA OR EQUIVALENT	NO	1500	
063	CIPRALEX 10 MG TAB//ESGLIT 10 MG TAB Spec: ESCITALOPRAM	LUNDBECK/GLITZ OR EQUIVALENT	NO	5000	
064	CLOPIXOL DEPOT 200 MG / 1 ML INJ Spec: ZUCLOPENTHIXOL	LUNDBECK OR EQUIVALENT	AMPULES	50	
065	DEPFREE 30 MG TAB Spec: DULOXETINE	GLITZ OR EQUIVALENT	NO	1000	
066	ESZOPIC 2 MG TAB Spec: ESZOPICLONE	GLITZ OR EQUIVALENT	NO	2000	
067	GEROX 20 MG TAB Spec: PAROXETINE	GLITZ OR EQUIVALENT	NO	2500	
068	GRASET 50 MG TAB//SEROFT 50 MG TAB//SERT 50 MG TAB//ZOLOFT 50 MG TAB Spec: SERTRALINE	GLITZ/PHARMATEC/BARRETT HODGSON/PFIZER OR EQUIVALENT	NO	1000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/50

03-JUL-20

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
069	KEMADRIN 5 MG TAB//KEMPRO 5 MG TAB Spec: PROCYCLIDINE	GSK/ADAMJEE OR EQUIVALENT	NO	2000	
070	LEXILIUM 3 MG TAB//LEXTONIL 3 MG TAB Spec: BROMAZEPAM	SAMI/MARTIN DOW OR EQUIVALENT	NO	25000	
071	PEQUIT 100 MG TAB//QUTIA 100 MG TAB//QUSEL 100 MG TAB/ Spec: QUETIAPINE	MEDIZAN/GLITZ/HILTON OR EQUIVALENT	NO	2000	
072	PEQUIT 25 MG TAB//QUTIA 25 MG TAB//QUSEL 25 MG TAB Spec: QUETIAPINE	MEDIZAN/GLITZ/HILTON OR EQUIVALENT OR EQUIVALENT	NO	2000	
073	PRACIT 75 MG TAB Spec: VENLAFAXINE	GLITZ OR EQUIVALENT	NO	1000	
074	RAZE 2 MG TAB Spec: RISPERIDONE	GLITZ OR EQUIVALENT	NO	1000	
075	SERENACE 5 MG / 1 ML INJ Spec: HALOPERIDOL	SEARLE OR EQUIVALENT	AMPULES	500	
076	VALIUM 10 MG / 2 ML INJ Spec: DIAZEPAM	MARTIN DOW OR EQUIVALENT	VIAL	3000	
077	AZM 250 MG TAB Spec: ACETAZOLAMIDE	ETHICAL OR EQUIVALENT	NO	1000	
078	BREDIN 10 MG INJ//NIMOTOP 10 MG INJ Spec: NIMODIPINE	MEDISURE/BAYER SCHERING OR EQUIVALENT	VIAL	50	
079	BREDIN 30 MG TAB//NIMOTOP 30 MG TAB Spec: NIMODIPINE	MEDISURE/BAYER SCHERING OR EQUIVALENT	NO	500	
080	BRILOX 15 MG TAB//LOXATEC 15 MG TAB//MELFAX 15 MG TAB//MELOR 15 MG TAB//MOBIX 15 MG TAB//XOBIX 15 MG TAB Spec: MELOXICAM	MAX PHARMA/MARTIN DOW/AGP/SAMI/GLOBAL PHARMA/HILT OR EQUIVALENT	NO	4000	
081	COBOLMIN 500 MCG INJ//MABIL 500 MCG INJ//MECOBAL 500 MCG INJ//METHYCOBAL 500 MCG INJ//MYLAXON 500 MCG INJ Spec: MECOBALAMIN	MACTOR/SAMI/NABI QASIM/HILT/BARRETT HODGSON OR EQUIVALENT	VIAL	2000	
082	COBOLMIN 500 MCG TAB//MABIL 500 MCG TAB//MECOBAL 500 MCG TAB//MECOTEC 500 MCG TAB//METHYCOBAL 500 MCG TAB Spec: MECOBALAMIN	MACTER/SAMI/NABI QASIM/PHARMATEC/HILT OR EQUIVALENT	NO	12000	
083	LACOLEP 50 MG TAB/LACOLIT 50 MG TAB/NUROSA 50 MG TAB Spec: LACOSAMIDE	HILTON PHARMA/SEARLE/HELIIX OR EQUIVALENT	NO	3000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/50

03-JUL-20

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
084	MOVAX 2 MG TAB//TERNELIN 2 MG TAB Spec: TIZANIDINE	SAMI/NOVARTIS OR EQUIVALENT	NO	10000	
085	ACTIFLOR 250 MG SACH//ENFLOR 250 MG SACH Spec: SACCHAROMYCES BOULARDII	PHARMEVO/HILTON OR EQUIVALENT	SACH	8000	
086	MOTILIUM 120 ML SYP//PELTON 120 ML SYP Spec: DOMPERIDONE	JANSEEN CILAG/GLOBAL PHARMA OR EQUIVALENT	BTL	500	
087	OSIRIS 20 MG / 60 ML SYP//ZINCAT OD 20 MG / 60 ML SYP//ZYNQ 20 MG / 60 ML SYP Spec: ZINC SULPHATE MONOHYDRATE	SAMI/ATCO/NABIQAS IM OR EQUIVALENT	BTL	1000	
088	SPASLAR-P 60 ML SYP Spec: HYOSCINE	AGP OR EQUIVALENT	BTL	800	

(2) For Plant & Machinery:
Specification:-

(3) Special Conditions

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

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0004/HOSP/LP/50

03-JUL-20

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 supplier 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.

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