



**PQ-07/17-001-PPP**

**TERMS OF REFERENCE (TORs) OF PREQUALIFICATION  
PROCESS FOR PROCUREMENT OF MEDICINES,  
SURGICALS, LABORATORY, DENTAL AND X-RAY ITEMS**

FOR 06 TEHSIL HEADQUARTER HOSPITALS (THQ'S) AND 105 RURAL HEALTH CENTRES (RHCS) OF 20 DISTRICTS OF SINDH IN A PROJECT IMPLEMENTED BY INTEGRATED HEALTH SERVICES UNDER PUBLIC PRIVATE PARTNERSHIP WITH THE DEPARTMENT OF HEALTH, GOVERNMENT OF SINDH

July 30, 2017

**IHS**  
Integrated Health Services

P. O. Box 230, Islamabad

[www.ihspakistan.com](http://www.ihspakistan.com)



## Preface

Integrated Health Services (IHS) is one of Pakistan's leading health organization involved in health service delivery through establishing clinics, hospitals, labs and home and emergency medical response systems (covering both curative and preventive aspects) besides school, occupational and corporate health services, health research, consultancies and health infrastructure development. IHS objective is to develop state-of-the-art health systems that are efficient, quality oriented, cost effective, self-sustainable and meet the health needs of all spectrums of the society.

Under the public private partnership act of the Government of Sindh IHS has a 10 years contract with the department of health, GOS, to manage and operate 105 RHCs and 6 THQs spread over 20 districts in Sindh. Objective of IHS and the government through this project is to improve the health service delivery at these facilities bringing them at par with the private sector while providing free healthcare to the public. Implementation of this project is being done in 2 phases. In the first phase IHS started operating 25 health facilities in late 2016. Remaining 86 facilities are to be added this year.

Considering the large volume of equipment and supplies to be procured IHS intends to expand the pool of its pre-qualified vendors by selecting reputed and sound applicants who can meet its long term procurement needs. Parties so pre-qualified then will be asked from time to time for supplies as per project needs. IHS would also like to enter in to annual rate contract with suppliers of such products that are required on a regular periodic basis like medicines, surgicals, etc.



## PRE-QUALIFICATION INSTRUCTIONS & PROCEDURE

1. Instructions to Applicants
2. Evaluation of Applications
3. Documents Required
4. Application Forms

### 1. Instructions to Applicants

- 1.1. The applications for pre-qualifications under notice dated 30<sup>th</sup> July 2017, Ref. No. PQ-07/17-001-PPP, are being invited for procurement of items under following categories. Brief description of categories are as under:

Category Code	Category Name	Brief Description
CAT-01	Pharmaceutical Products	Medicines for THQ's and RHCs as per essential drugs list of the government.
CAT-02	Laboratory Items	Diagnostic equipment, reagents and test kits.(Rental / lease options available for some locations)
CAT-03	Surgical/ Disposable Items	Surgical and disposable items used in hospitals e.g. Disposable syringes, adhesives and Cannulas etc.
CAT-04	Dental Items	Supplies related to Dentistry e.g. H files , K files, filling material etc.
CAT-05	X-ray Films & Allied Items	Supplies related to X-ray e.g. X-ray films, Developer, fixer etc.

- 1.2. Detail specifications of items to be procured would be provided to prequalified vendors after evaluation of companies / suppliers.
- 1.3. The applicant must have 3 to 5 years' experience of relevant category in which applicant is applying.
- 1.4. Applicants should not have a conflict of interest. Direct or Indirect relation of the applicant with any officer, employee or any partner of IHS, who may influence the process or disclose the information, shall be considered a conflict of interest.
- 1.5. Applicant must have not been blacklisted by any competent court or any government department.
- 1.6. IHS accepts no responsibility for the incompleteness of the tender document.
- 1.7. The applicant is expected to examine all instructions, forms, and terms in the tender document and to furnish all information or documentation required.
- 1.8. An applicant requiring any clarification can contact IHS in writing through the email address: [procurement@ihspakistan.com](mailto:procurement@ihspakistan.com) before 1700 hrs, 11th August 2017. No information or



- clarification requests will be entertained if made through verbal means including telephone calls or by visiting IHS office.
- 1.9. At any time prior to deadline for submission of applications, IHS may amend the final date for submission of prequalification documents.
  - 1.10. The applicant shall bear all cost associated with the preparation and submission of its application. IHS will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the prequalification process.
  - 1.11. The application as well as all written correspondence and documents relating to the tender exchanged by the applicant and IHS, any supporting documents and printed literature shall be in English.
  - 1.12. All currency related figures such as prices, rates or turnover to be mentioned/quoted shall be in Pak Rupee only.
  - 1.13. The application shall comprise of the following:
    - a) Application submission form
    - b) Documentary evidence establishing the applicant's technical eligibility
    - c) Documentary evidence establishing the applicant's financial eligibility
    - d) Proof of similar institutional / bulk business in last 3-5 years
    - e) Authority letter / distribution certificate in case of non-manufacturer / Importer.
    - f) Any other relevant supporting documents reflecting bidders experience and capabilities
  - 1.14. The applicant shall prepare an application form using the form furnished below. The form must be completed without any alteration to its format.
  - 1.15. The original application form be typed or written in indelible ink shall be signed and stamped by a person duly authorized to sign on behalf of the applicant. Authorized person would sign and stamp all the pages of application form.
  - 1.16. The applicant shall enclose the application in sealed envelope that shall:
    - Bear the name and address of the applicant and category applied for.
    - Be addressed to Procurement Manager, Integrated Health Services
    - Applications must be submitted only to P. O. Box 230 Islamabad, application must reach before **1700 hrs. 15<sup>th</sup> August, 2017.**
  - 1.17. Applications submitted by hand, facsimile transmission, telex or e-mail will not be considered for evaluation.

## 2. Evaluation of Application

- 2.1. IHS will open the applications for evaluation after completion of maximum limit of time for submission of prequalification applications.
- 2.2. To assist in the evaluation of applications, IHS may, at its discretion, ask any applicant for a clarification of its application which shall be submitted within stated reasonable period of time.
- 2.3. IHS reserves the right to accept or reject any application, and to annul the tender process and reject all applications at any time, without thereby incurring any liability or responsibility.
- 2.4. Applicants whose applications have met all specified threshold requirements will, to the exclusion of all others, be prequalified by IHS.



### 3. Documents Required

The applicant shall submit following documents:

- a) Original application required for form submission, applicant must print this application on its letterhead. This application must be signed and be stamped by authorized representative of the organization.
- b) Authority letter / distribution certificate in case of non-manufacturer/ importer.
- c) Company profile (if any)
- d) Copy of registration/ Incorporation certificate
- e) Copy of National Tax Number
- f) Copy of sales tax registration certificate (if any)
- g) Verifiable evidence of holding exclusive right, license or membership (if any)
- h) Copies of documents showing major supplies along with detail of clients.
- i) Verifiable evidence of other relevant experience including copies of contracts, agreements, purchase orders, delivery notes or any other documents.
- j) Evidence of financial strength: latest audit report or bank statements of the bank account which is being used for business operations.
- k) Any other relevant information



#### 4. Application Letter & Form

### APPLICATION FOR PRE-QUALIFICATION

Date: \_\_\_\_\_

To,

**Procurement Manager,  
Integrated Health Services  
P. O. Box 230 Islamabad**

**Subject: SUBMISSION OF APPLICATION FOR PRE-QUALIFICATION (PQ-07/17-001-PPP)**

Dear Sir,

We the undersigned, apply to be prequalified for the procurement related to IHS-PPP Sindh project being implemented by Integrated Health Services and declare that:

- a) We have examined and have no reservations on the tender documents.
- b) Information provided by us in application form and in all the annexes is correct.
- c) We are a legal entity and have attached our registration certificate with this application.
- d) We have not been blacklisted by any competent court and/or any department of Government of Pakistan.
- e) We do not have any conflict of interest.
- f) We understand that IHS may cancel the process at any time and IHS is neither bound to accept any application that has been received nor to invite the prequalified applicants to quote subject of this prequalification, without incurring any liability or responsibility towards the applicants.
- g) IHS and its authorized representatives are hereby authorized to conduct any inquiries or investigations to verify the statements, documents, and information submitted in connection with this application.

Signature and Stamp \_\_\_\_\_

Name \_\_\_\_\_

Designation/Title \_\_\_\_\_

Organization Name \_\_\_\_\_



## PRE-QUALIFICATION FORM

IHS - PPP Sindh Project (PQ-07/17-001-PPP)

Please insert code of the category for which you are applying (For codes see point 1.1 above)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

1. Name of the company \_\_\_\_\_

2. Full address of the company \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

3. Telephone no. \_\_\_\_\_

4. Fax no. \_\_\_\_\_

5. Name of authorized person \_\_\_\_\_

6. Mobile no of authorized person \_\_\_\_\_

7. Official email address \_\_\_\_\_

8. Type of organization (Check the box)

Sole proprietorship       Partnership       Company

Others (Please specify) \_\_\_\_\_

9. Registration/ Incorporation date \_\_\_\_\_

10. Registration/ Incorporation no \_\_\_\_\_

11. National tax number \_\_\_\_\_

12. Sales tax registration number (if any) \_\_\_\_\_

13. Activity category (Check the box)

Manufacturer       Distributor       Wholesaler

Importer       Authorized Agent       Others (please specify)



14. Number of employees (Full time) \_\_\_\_\_

15. In case of authorized agent, do you hold exclusive right/ license?  Yes  No

If yes, please state the name and address of principal

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Annual turnover (in PKR) \_\_\_\_\_

Previous major business conducted (during the last 2 years) with health related institutes including governmental hospitals, private hospitals and other organizations.

17.

	Date	Value (PKR)	Organization Name, Address & Tel No.
	(Provide at least three references)		
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

18. Any other relevant information related to the applicant's organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_