PREQUALIFICATION DOCUMENTS

**(SURGICAL & DISPOSABLE ITEMS (OT, ANESTHESIA & OTHER DEPARTMENTS)**

## (Original manufacturers/their authorized sole agents/suppliers and in case of imported goods their authorized agents/importers/suppliers in Pakistan)

****

**(FINANCIAL YEAR 2021-22)**

**RAWALPINDI INSTITUTE OF CARDIOLOGY**

**RAWAL ROAD, RAWALPINDI**

**Phone No: 051-9281111-20**

**Fax No: 051-9281357**

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**INVITATION FOR PREQUALIFICATION (2021-22)**

Original **manufacturers/their authorized sole agents/suppliers and in case of imported goods their authorized agents/importers/suppliers in Pakistan**

**REFERENCE NO. RIC/PO/259/21, DATED 13-07-2021**

1. Rawalpindi Institute of Cardiology, Rawal Road, Rawalpindi, invites the eligible bidders (original manufacturers/their authorized sole agents/suppliers and in case of imported goods their authorized agents/importers/suppliers in Pakistan for supply of Goods) for prequalification of medicine / drugs.

1. Prequalification shall be conducted as per the procedure specified in the Prequalification Documents.
2. A complete set of original Documents shall be downloaded from [**www.ppra.punjab.gov.pk**](http://www.ppra.punjab.gov.pk/) & [**www.ric.gop.pk**](http://www.ric.gop.pk) until the closing date for the submission of documents.
3. Firm shall pay a non-refundable Prequalification fee of **Rs. 1000/-** from the Account office of Rawalpindi Institute of Cardiology, Rawal Road, Rawalpindi after submission of a written application on letter head.
4. **Pre-bid meeting** will be held on **19-07-2021** **at 10:00 am** under the chairmanship of Executive Director, Rawalpindi institute of cardiology Rawalpindi. (If any query)

1. Prequalified documents to be submitted by the interested bidders on **27-07-2021 at 11:00 AM** positively in the Purchase Office at Rawalpindi Institute of Cardiology, Rawal Road Rawalpindi. The bids received till the stipulated date & time shall be opened on the same day at **11:30 AM** in the presence of the bidders or their authorized representatives (who choose to attend) by the purchase committee.
2. The Request for Proposals (RFP) will be called only from the Prequalified Firms by the concerned procuring agencies.
3. In an event where the last date for submission of bids be declared a public holiday the due date for submission and opening of bids shall be the following working day at the same appointed timings and venue.

**Note: The procurement shall be governed by the Punjab Procurement Rules, 2014. (amended 2020)**

**Executive Director**

**Rawalpindi Institute of Cardiology**

**Rawal Road, Rawalpindi**

**051-9281111-20**

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**Section I: Instructions to Applicants (ITA)**

|  |  |  |
| --- | --- | --- |
| **A. General** |  |  |
| **1. Scope of Application** | 1.1 | In connection with the Invitation for Prequalification “as per PPRA 2014” the Rawalpindi Institute of Cardiology, Rawalpindi, issues this Prequalification Document (PQD) to applicants interested to prequalify Pharmaceutical Manufacturing Units & Sole Agents of Foreign Principals for Drugs/Medicines against the list of items/sections contained in the Prequalification Documents. This prequalification will be concluded for RIC. Prequalification will be carried only for the items which comes under the definition of drugs under Drugs Act 1976/DRAP Act 2012/Punjab Drugs Rules 2007/ Punjab Drugs Amendment Act 2017 for Drug items & Medical Devices Rules 2018.Procuring agency may physically verify firm’s claim regarding submitted documents. |
|  |  |  |
| **2. Fraud and Corruption** | 2.1 | Rawalpindi Institute of Cardiology, Rawalpindi requires that applicant observe the highest standard of ethics during the submission of application for prequalification and further documents required for prequalification. |
|  |  | 1. In pursuance to this, the following terms are defined:
	1. “corrupt practice” is the offering, giving, receiving or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;
 |
|  |  | (ii) “fraudulent practice” is any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party toobtain a financial or other benefit or to avoid an obligation; |
|  |  | (iii) “collusive practice” is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party; |
|  |  | (iv) “coercive practice” is impairing or harming, or threatening to impair or harm, directly or indirectly, anyparty or the property of the party to influence improperly the actions of a party; |
|  |  | ( v ) “obstructive practice” is deliberately destroying, falsifying, altering or concealing of evidence material to the investigation or making false statements to investigators in order to materially impede a Bank investigation into allegations of a corrupt, fraudulent, coercive or collusive practice; and/or threatening, |

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| --- | --- | --- |
|  |  | harassing or intimidating any party to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation; or1. Rawalpindi Institute of Cardiology, Rawalpindi will reject a proposal for prequalification if it determines that the applicant has directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive or obstructive practices in competing for the prequalification in question;
2. Rawalpindi Institute of Cardiology, Rawalpindi will declare ineligible, either indefinitely or for a stated period of time, if it, at any time, determines that the firm has, directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive or obstructive practices in competing for prequalification.
3. The prequalified firms are required to participate in RFP/bidding process announced by any procuring agency. In case of failure to participate, procuring agency may disqualify respective firm (fully or in partially) from pre-qualification 2021-22 and may initiate legal proceeding against the said firm.
 |
| **3. Eligible Applicants** | 3.1 | An Applicant can be a private or public entity registered with FBR having NTN & SRTN Registration. |
|  | 3.2 | If Government of Pakistan prohibits commercial relations with any Country, the firms dealing with such countries are ineligible toapply. |
|  | 3.3 | A firm declared disqualified / blacklisted / debarred by any of thepublic sector organization in Pakistan shall be ineligible for prequalification |
| **B. Contents of the Prequalification Documents** |
| **4. Sections of Prequalification Documents** | 4.1 | The documents for the prequalification of Applicants (hereinafter **-** “prequalification documents”) consists of all the sections indicated below, and should be read in conjunction with any Addendum if issued.Section I. Instructions to Applicants (ITA) Section II. Prequalification criteriaSection III. A: Application FormB: Application affidavit |
|  | 4.2 | The “Invitation for Prequalification Applications” (IPA) issued by the Procuring Agency is part of the prequalification documents. |
|  | 4.3 | Rawalpindi Institute of Cardiology, Rawalpindi accepts no responsibility for the completeness of the prequalification documents and its addenda unless the original receipt of the fee deposit slip is attached with the documents. |

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| --- | --- | --- |
|  | 4.4 | The Applicant is expected to examine all instructions, forms, and terms in the Prequalification Documents and to furnish all information or documentation required by the Prequalification Documents. |
| **5. Clarification of Prequalification Document** | 5.1 | A prospective Applicant requiring any clarification of the Prequalification Documents shall contact the Rawalpindi Institute of Cardiology, Rawalpindi in writing at the address indicated in the **Invitation for Pre-Qualification of Drugs/Medicines.** The Rawalpindi Institute of Cardiology, Rawalpindi will respond in writing to any request for clarification provided that such request is received no later than Ten (10) days prior to the deadline for submission of applications. Rawalpindi Institute of Cardiology, Rawalpindi forward copies of its response to all applicants who have acquired the prequalification documents through its official website including a description of the inquiry but without identifying its source. Rawalpindi Institute of Cardiology, Rawalpindi deemed it necessary to amend the prequalification documents as a result of a clarification it shall do under intimation to all the applicants who have obtained the prequalification documents through its official website. |
| **6. Amendment of Prequalification Document** | 6.1 | At any time prior to the deadline for submission of applications, the Rawalpindi Institute of Cardiology, Rawalpindi may amend the PrequalificationDocuments by issuing addenda/Corrigendum. |
|  | 6.2 | Any addendum/corrigendum/minutes of pre-application conference issued shall be part of the Prequalification Documents and shall be communicated in writing to all who have obtained the prequalification documents from the RIC. The minutes shall also be uploaded on ppra.punjab.gov.pk |
|  | 6.3 | To give prospective Applicants reasonable time to take an addendum/corrigendum into account in preparing their applications, the Rawalpindi Institute of Cardiology, Rawalpindi may, at its discretion, extend the deadline for the submission of applications |
| **C. Preparation of Applications** |
| **7. Cost of Applications** | 7.1 | The Applicant shall bear all costs associated with the preparation and submission of its application. Rawalpindi Institute of Cardiology, Rawalpindi will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the prequalification process. |
|  | 7.2 | Payment Receipt may be collected from Accounts Branch, Rawalpindi Institute of Cardiology, Rawalpindi after submitting fee of Rs:1,000/- with providing request letter on firm’s original letter head as per specimen of request letter attached in **Annexure-1.** |

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| --- | --- | --- |
| **8. Language of Application** | 8.1 | The application as well as all correspondence and documents relating to the prequalification exchanged by the Applicant and Rawalpindi Institute of Cardiology, Rawalpindi, shall be written in the language specified in the **Prequalification Documents.** Supporting documents and printed literature that are part of the application may be in another language, provided they are accompanied by an accurate translation of the relevant passages in the language specified in the **Prequalification Documents,** in which case, for purposes of interpretation of the application, the translation shall govern. |
| **9. Documents Comprising the Application (Hard copy)** | 9.1 | The application shall comprise the following:1. Application Submission Form, in accordance with Information To Applicants (ITA);
2. Documentary evidence establishing the Applicant’s eligibility to prequalify, in accordance with ITA & Prequalification Criteria;
3. Documentary evidence establishing the Applicant’s qualifications, in accordance with ITA and & Prequalification Criteria
4. Any other document required as specified in the Prequalification Documents.
5. **All information, statements and description contained in the Application (online and hard copy) are in all respect true, correct and complete to the best of our knowledge and belief and there is no difference in information provided online and submitted in hard**

**copy.** |
| **10.Application Submission** | 10.1 | The printed online application along with necessary documents shall be submitted (in tape binding) by hand in Purchase Cell Rawalpindi Institute of Cardiology, Rawalpindi before date and time mentioned in the advertisement. |

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| **11. Documents Establishing the Qualifications of the Applicant** | 11.1 | To establish its qualifications the Applicant shall provide the information requested in the corresponding Information Sheets included in Section III, Prequalification Criteria |
| **12. Signing of the Application** | 12.1 | The Applicant shall prepare and submit the application for prequalification as described in ITA & Prequalification Documents. The application shall be typed or written in indelible ink and shall be signed by a person duly authorized to sign on behalf of the Applicant. |
|  **D. Submission of Applications**  |
| **13. Sealing and Identification of Applications** | 13.1 13.2 | The Applicant shall enclose the application in a sealed envelope that shall:1. bear the name and address of the Applicant;
2. be addressed to the Rawalpindi Institute of Cardiology, Rawalpindi in accordance with ITA; and
3. bear the specific identification of this prequalification process indicated in the Prequalification Documents

The Procuring Agency will accept no responsibility for not processing any envelope that was not identified as required. |
| **14.Deadline for Submission of Applications** | 14.1 | Applicants will submit their applications (Hard Copy) by hand. Applications shall be received by the Purchase Cell Rawalpindi Institute of Cardiology, Rawalpindi at the address and no later than the deadline indicated in the **Invitation for Prequalification.** |
|  | 14.2 | Rawalpindi Institute of Cardiology, Rawalpindi may, at its discretion, extend the deadline for the submission of applications by amending the Prequalification Documents in which case all rights and obligations of the Rawalpindi Institute of Cardiology, Rawalpindi and the Applicants subject to the previous deadline shall thereafter be subject to the deadline as extended. |
| **15. Late Applications** | 15.1 | Any application received by the Rawalpindi Institute of Cardiology, Rawalpindi after the deadline for submission of applications will not be entertained as indicated in the **Invitation for Prequalification**. |
| **16. Opening of Applications** | 16.1 | Rawalpindi Institute of Cardiology, Rawalpindi shall open all Applications at the date, time and place specified in the **Invitation for Prequalification**. Late Applications shall be treated in accordance with ITA. |

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| **E. Procedures for Evaluation of Applications** |
| **17. Confidentiality** | 17.1 | Information relating to the evaluation of applications, and recommendation for prequalification, shall not be disclosed to Applicants or any other persons not officially concerned with such process until the notification of prequalification is made to all Applicants. |
|  | 17.2 | From the deadline for submission of applications to the time of notification of the results of the prequalification, any Applicant that wishes to contact the Rawalpindi Institute of Cardiology, Rawalpindi on any matter related to the prequalification process, may do so but only in writing. |
| **18. Clarification of Applications** | 18.1 | To assist in the evaluation of applications, Rawalpindi Institute of Cardiology, Rawalpindi may, at its discretion, ask any Applicant for a clarification of its application (both online and hard copy) which shall be submitted within a stated reasonable period of time. Any request for clarification and all clarifications shall be in writing. |
|  | 18.2 | If an Applicant does not provide clarifications of the information requested by the deadline, the application shall be evaluated based on the information and documents available at the time of evaluation of the application. |
| **19. Responsiveness of Applications** | 19.1 | All applications not responsive to the requirements of the prequalification document shall be rejected. |
| **20. Domestic Bidder Preference** | 20.1 | A margin of preference for domestic bidders shall not apply in the bidding process resulting from this prequalification. |
| **F. Evaluation of Applications and Prequalification of Applicants** |
| **21. Evaluation of application** | 21.1 | Prequalification shall be done Section/Item wise/firm wise for Drugs/Medicines which the Applicant meets the appropriate requirements of this prequalification document. The information provided in response to the invitation for prequalification will be evaluated as per Prequalification Documents and may physically verified by the department through inspection teams to inspect the premises of the firm for verification of firm’s claims. Good manufacturing practices and good storage practices as defined under Drugs Act 1976/DRAP Act 2012/ Punjab Drugs Amendment Act 2017 and Punjab Drugs Rules 2007/Medical DevicesRules respectively. |
|  | 21.2 | The Prequalification will be item wise/section wise/firm wise, however in case of any addition in the formulary, the qualification against prequalification section will be considered and in certain cases where any principal of procurement will going to be violated,the procuring agency may invite open competitive bidding in best public interests. |
| **22.** R**ight to accept or reject the applications** | 22.1 | Rawalpindi Institute of Cardiology, Rawalpindi reserves the right to accept or reject all the Applications, and to annul the prequalification process, without thereby incurring any liability to Applicants. |
| **23. prequalification of applicants** | 23.1 | All Applicants whose applications have met the specified requirements will, to the exclusion of all others, be prequalified by Rawalpindi Institute of Cardiology, Rawalpindi . |
| **24. Notification of prequalification** | 24.1 | Once the Rawalpindi Institute of Cardiology, Rawalpindi has completed the evaluation of the applications it shall notify all Applicants in writing and through PPRA website www.ppra.punjab.gov.pk  |
| **25. Validity of Pre- Qualification** | 25.1 | The Pre-Qualification shall be valid for FINANCIAL YEAR 2021-22 |

Annex-1-(On firm’s Original Letter Head)

**Request Application for Prequalification Documents (2020-21) Drugs & Non-Drugs**

Ref.No/ Dated:

The Executive Director,

Rawalpindi Institute of Cardiology,

Rawalpindi

Subject: **Request Application for Prequalification Documents (2021-22) Drugs & Non-Drugs/Medical Devices**

Dear Sir,

With reference to your advertisement regarding prequalification of Drugs & Non-Drugs (2021-22) advertised on \_\_\_\_\_\_\_\_\_\_ in the Daily -------------Newspaper, it is requested to provide the Prequalification Documents against the following categories.

***(Tick Appropriate Box)***

1. ***Local Manufacturers (Drugs/Medicines)***

#### Sole Agents (Drugs/Medicines)

1. ***Sole Agents (Non-Drugs/Medical Devices)***

**M/s**

Mr./Ms

hereby authorize

Designation No.

CNIC

Official Email (**For Login I.D),** Mobile No. (for sms alerts) to fill/complete/submit the prequalification application via online portal “pqod.pshealth.punjab.gov.pk”.

**Firm’s NTN:**

**Firm’s STN:**

#### Authorized By

Name Designation Contact No. Stamp

Signature

## Section II-A: PREQUALIFICATION CRITERIA (SURGICAL & DISPOSABLE ITEMS / MEDICAL DEVICES) Other Than Surgical Dressings) FOR MANUFACTURER/SOLE AGENTS

## 1-KNOCK DOWN CRITERIA (Firm Wise)

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Knock Down Clause** | **Status** |
| 1 | Valid DML/ License to Manufacture Medical Devices on form-3 /License to ImportMedical Devices on form-4 issued by DRAP. | Yes/No |
| 2 | The firm must provide Drugs Sale License.(Where applicable) | Yes/No |
| 3 | The firm undertakes that it has provided Valid Sole Agency Agreement issued from atleast one year till the date of submission of PQD. (For Sole agent). | Yes/No |
| 4 | The firm undertakes that currently it is not blacklisted/debarred by any procuring agency. The firm will provide undertaking in this regard on legalized and notarizedJudicial stamp paper of Rs 100.Any false claim leads to disqualification of the firm. | Yes/No |
| 5 | Firm will provide valid ISO 13485. | Yes /No |
| 6 | Firm will provide valid GMP Certificate issued by DRAP (For local manufacturer only) | Yes /No |
| 7 | The firm has provided/attached valid ISO/Quality Management System Certificate. | Yes/No |
| 8 | The firm has provided/attached the product’s valid CE/UNFPA/JMHLW/US FDA approval certification or prequalification by WHO.Certificates provided by the firm on its own letter head are not acceptable, CEcertification must be from notified bodies of European Commission. | Yes/No |
| 9 | The firm undertakes that has proper warehouse and storage facility as per recommendation of the manufacturer and at required temperature and follows good storage and distribution practice. Firm will provide undertaking on legally notarized judicial stamp paper of rupees 100. Procuring Agency may physically verify firm’s claim. Firm must mentioned address of its storage facility on undertaking. | Yes/No |
| 10 | The firm undertake on Rs.100 judicial stamp paper legally notarized that the Information provided by the firm at Annexure-A, B or C and any other informationprovided by the firm in accordance with terms & conditions of the prequalification documents. | Yes/No |
| 11 | Minimum Annual turnover of sole agent for any single financial year (i.e. 2018-19/2019-20/2020-21) is not less than **100 Million Rupees**. Firm will provide FBR income tax return/sales Tax return. | Yes/No |
| 12 | The applicant will submit valid registration of manufacturing firm with chamber of commerce from country of manufacture. | Yes/No |
| 13 | The firm will provide building fitness certificate of its manufacturing site issued by concerned authority.(For manufacturer only) | Yes/No |
| 14 | The firm will submit undertaking on Rs.100 judicial stamp paper that the firm follows the labor laws (Including child free labor and minimum wages as perGovernment policy). (For manufacturer only) | Yes/No |
| 15 | The firm will provide form-29 issued by SECP.(Article of association of companies) (For manufacturer only) | Yes/No |
| 16 | Any Conviction by Drug Court against firm.The firm will submit undertaking on Rs.100 Judicial Stamp Paper legally legalized/notarized. | Yes/No |

**2-KNOCK DOWN CRITERIA (Quoted Product/Item Wise) Manufacturer/Sole Agents-Surgical & Disposable Items / MEDICAL DEVICES**

**WEIGHTED (65% Marks are mandatory for pre qualification)**

**MARKING CRITERIA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Parameters** | **Detail** | **Total marks** | **Remarks** |
| **01** | Past Performanceof the Bidder (Last two years) | (Government /Semi-Government) served:

|  |  |  |
| --- | --- | --- |
|  | 1 | **2** |
|  | 2 to 3 | **4** |
|  | 4 to 5 | **6** |
|  | 6 to 7 | **8** |
|  | 8 & above | **10** |

 | **10** | The claim requires documentation (Purchase Orders, Receipt Certificates & Delivery Challans etc.) of the institution(s). |
| **02** | Marketexperienceof quotedProduct. |

|  |  |  |
| --- | --- | --- |
|  | Market Availability ofquoted item in leadingChain stores & pharmacies for last 02 years | **7** |
|  | 1-2 years | **3** |
|  | 3-4 years | **5** |
|  | 5-6 years | **8** |

 | **15** | For Parameter (i) market availability in leading Chain Stores & Pharmacies of quoted item will be calculated from the date of commercial invoice.For parameter (ii) to (iv) market availability of quoted item relates to availability in open market other than Pharmacies & leading chain stores. The firm will attach purchase orders of the quoted item of any Government/ Semi-Government Institution / private institution registered with income tax department |
| **03** | Credibility & Certification of Manufacturer |

|  |  |  |
| --- | --- | --- |
|  | Valid ISO Certification | **5** |
|  | Any Other international reputed certification. | **3** |
|  | Pre-qualification with Govt./ Semi Govt. & AutonomousInstitutions. | **2** |

 | **10** | Valid copies ofcertificates/lettersrequired. |
| **04** | Financial status of Bidders |

|  |  |  |
| --- | --- | --- |
|  | Last year AuditedBalance Sheet | **3** |
|  | Tax Returns (Last 3years) | **2** |

 | **5** | Acknowledgement ofTax Returns must beattached. |
| **05** | Technical Staff of Manufacturer |

|  |  |  |
| --- | --- | --- |
|  | Plant Manager | **2** |
|  | Production Pharmacist | **2** |
|  | Quality control manager + analyst | **2** |
|  | In process quality assurance inspector | **2** |
|  | Quality assurance manager | **2** |

 | **10** | The bidder isrequired to attachattested copy of therelevant Degree andappointment letter ofconcerned incumbenttechnical staff. |
| **06** | Production Capacity of the Manufacturer |

|  |  |  |
| --- | --- | --- |
|  | Per day production capacity of quoted items against the total advertised quantity | **2** |
|  | Less than 1% | **2** |
|  | 1% | **2** |
|  | 1.1% - 1.5% | **2** |
|  | 1.6% - 2% | **2** |
|  | At least 6 number of batches of quoted item produced during last 12 months by the manufacturer | **3** |
|  | At least 10 number of batches of quoted item produced during last 12 months by the manufacturer. | **5** |

 | **10** | Importer to provideproduction capacityof the principal/manufacturer.Manufacturer willsubmit a certificate inthis regard. |
| **07** | Batch History for Last Three Years |

|  |  |  |
| --- | --- | --- |
|  | No batch failed during last three year of the quoted item from any statutory lab | **3** |
|  | No Batch failed during last two year of the quoted item form any statutory lab | **2** |

 | **05** | The firm will provideundertaking in thisregard. Thepurchaser reservesthe right to verify theclaim. |

To establish its qualification, the firm shall provide the information requested in the respective annexures and requirements with documentary proof:

Note: The firm will be prequalified for the particular item/ brand.

## Section II-B: PREQUALIFICATION CRITERIA (Surgical Dressing Only) FOR MANUFACTURER/SOLE AGENTS

**1-KNOCK DOWN CRITERIA (Firm Wise)**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Knock Down Clause** | **Status** |
| 1 | Valid DML/ License to Manufacture Medical Devices on form-3 /License to Import Medical Devices on form-4 issued by DRAP. | Yes/No |
| 2 | The firm must provide Drugs Sale License.(Where applicable) | Yes/No |
| 3 | The firm undertakes that it has provided Valid Sole Agency Agreement issued from at least one year till the date of submission of PQD. (For Sole agent). | Yes/No |
| 4 | The firm undertakes that currently it is not blacklisted/debarred by any procuringagency. The firm will provide undertaking in this regard on legalized and notarized Judicial stamp paper of Rs 100.Any false claim leads to disqualification of the firm. | Yes/No |
| 5 | Firm will provide valid ISO 13485. | Yes /No |
| 6 | Firm will provide valid GMP Certificate issued by DRAP (For local manufacturer only) | Yes /No |
| 7 | The firm has valid ISO/Quality Management System Certificate. | Yes/No |
| 8 | The firm undertakes that has proper warehouse and storage facility as perrecommendation of the manufacturer and at required temperature and follows good storage and distribution practice. Firm will provide undertaking on legally notarized | Yes/No |
|  | judicial stamp paper of rupees 100. Firm must mentioned address of its storage facility on undertaking. |  |
| 9 | The firm undertake on Rs.100 Judicial stamp paper dully legalized/notarized that Information provided by the firm at Annexure-A, B or C and any other information provided by the firm in accordance with terms & conditions of the prequalificationdocuments. | Yes/No |
| 10 | Minimum Annual turnover of applicant for financial year request letter on firm’s original letter head as per specimen of request letter attached in **Annexure-1.** not less than **100 Million Rupees**. Firm will provide FBR income tax return/salesTax return. | Yes/No |
| 11 | The applicant will submit valid registration of manufacturing firm with chamber of commerce from country of manufacture. | Yes/No |
| 12 | The firm will provide building fitness certificate of its manufacturing site issued by concerned authority.(For manufacturer only) | Yes/No |
| 13 | The firm will submit undertaking on Rs.100 judicial stamp paper that the firm follows the labor laws (Including child free labor and minimum wages as perGovernment policy). (For manufacturer only) | Yes/No |
| 14 | The firm will provide form-29 issued by SECP.(Article of association of companies) (For manufacturer only) | Yes/No |
| 15 | Any Conviction by Drug Court against firm.The firm will submit undertaking on Rs.100 Judicial Stamp Paper legally legalized/notarized. | Yes/No |

**2-KNOCK DOWN CRITERIA (Quoted Product/Item Wise)- Manufacturer/Sole Agents-Surgical Dressing.**

**WEIGHTED (65% Marks are mandatory for pre qualification)**

**MARKING CRITERIA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Parameters** | **Detail** | **Total marks** | **Remarks** |
| **01** | Past Performanceof the Bidder (Last two years) | (Government /Semi-Government) served:

|  |  |  |
| --- | --- | --- |
|  | 1 | **2** |
|  | 2 to 3 | **4** |
|  | 4 to 5 | **6** |
|  | 6 to 7 | **8** |
|  | 8 & above | **10** |

 | **10** | The claim requires documentation (Purchase Orders, Receipt Certificates & Delivery Challans etc.) of the institution(s). |
| **02** | Marketexperienceof quotedProduct. |

|  |  |  |
| --- | --- | --- |
|  | Market Availability ofquoted item in leadingChain stores & pharmacies for last 02 years | **7** |
|  | 1-2 years | **3** |
|  | 3-4 years | **5** |
|  | 5-6 years | **8** |

 | **15** | For Parameter (i) market availability in leading Chain Stores & Pharmacies of quoted item will be calculated from the date of commercial invoice.For parameter (ii) to (iv) market availability of quoted item relates to availability in open market other than Pharmacies & leading chain stores. The firm will attach purchase orders of the quoted item of any Government/ Semi-Government Institution / private institution registered with income tax department |
| **03** | Credibility & Certification of Manufacturer |

|  |  |  |
| --- | --- | --- |
|  | Valid ISO Certification | **5** |
|  | Any Other international reputed certification. | **3** |
|  | Pre-qualification with Govt./ Semi Govt. & AutonomousInstitutions. | **2** |

 | **10** | Valid copies ofcertificates/lettersrequired. |
| **04** | Financial status of Bidders |

|  |  |  |
| --- | --- | --- |
|  | Last year AuditedBalance Sheet | **3** |
|  | Tax Returns (Last 3years) | **2** |

 | **5** | Acknowledgement ofTax Returns must beattached. |
| **05** | Technical Staff of Manufacturer |

|  |  |  |
| --- | --- | --- |
|  | Plant Manager | **2** |
|  | Production Pharmacist | **2** |
|  | Quality control manager + analyst | **2** |
|  | In process quality assurance inspector | **2** |
|  | Quality assurance manager | **2** |

 | **10** | The bidder isrequired to attachattested copy of therelevant Degree andappointment letter ofconcerned incumbenttechnical staff. |
| **06** | Production Capacity of the Manufacturer |

|  |  |  |
| --- | --- | --- |
|  | Per day production capacity of quoted items against the total advertised quantity | **2** |
|  | Less than 1% | **2** |
|  | 1% | **2** |
|  | 1.1% - 1.5% | **2** |
|  | 1.6% - 2% | **2** |
|  | At least 6 number of batches of quoted item produced during last 12 months by the manufacturer | **3** |
|  | At least 10 number of batches of quoted item produced during last 12 months by the manufacturer. | **5** |

 | **10** | Importer to provideproduction capacityof the principal/manufacturer.Manufacturer willsubmit a certificate inthis regard. |
| **07** | Batch History for Last Three Years |

|  |  |  |
| --- | --- | --- |
|  | No batch failed during last three year of the quoted item from any statutory lab | **3** |
|  | No Batch failed during last two year of the quoted item form any statutory lab | **2** |

 | **05** | The firm will provideundertaking in thisregard. Thepurchaser reservesthe right to verify theclaim. |

To establish its qualification, the firm shall provide the information requested in the respective annexures and requirements with documentary proof:

Note: The firm will be prequalified for the particular item/ brand.

**Annexure “A”**

## Authorized Sole agent for Foreign Manufacturer

### (Surgical & Disposable / Medical Devices)

Product applied for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No. of the item** | **Name of Item** | **Name of Manufacturer** | **Country of Origin** | **Quality Compliance standards** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Name of firm

Address Phone Fax E-mail URL [http://www.](http://www/)

Type of firm:

Sole Proprietor

Partner Ship

Limited

Other Date of establishment

List of Board of Directors, Partners, Key Management Personnel (both Technical, Sales &Management - include position, professional qualification, experience).

Total area of the firm premises

Owned

Rented

Total Area of ware house Facilities in ware house

Total no. of Employees: Technical Non – Technical National Tax Number Date General Tax Number Date Registrations / Prequalification with other departments:

**Detail of Head / Branch Office / Workshop (s):**

Address: Phone Fax Address Phone Fax

**Sales / Marketing Staff:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Designation / Responsibility** | **Qualification** | **Total Experience** | **Experience with Current Firm** | **Training Detail (Local &abroad)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Technical Staff:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Designation / Responsibility** | **Qualification** | **Total Experience** | **Experience with Current Firm** |
|  |  |  |  |  |
|  |  |  |  |  |

Name & Capacity of the Authorized Contact Person: Signature of the Authorized Contact Person: Date: Stamp of the Firm: **DOCUMENTS TO BE ATTACHED (COPIES)**

The firm must attached relevant documents

**“Annex-B”**

**NAME OF APPLICANT FIRM (Local Manufacturer) Non-Drugs/SURGICAL / DISPOSABLE / MEDICAL DEVICES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ItemCode | Generic Name | Section | QuotedBrand | D/Form | Volume(ml) | Quotedstrength | PackSize | MfgBy | Mfgfor | MRPfixedbyDRAP | DrugReg.No | DrugReg.Date | MfgCapacity/Day (quoted item inFinis hedunits) | Section(Validation/ calibration | RequiredStorageTempt (quoted item) | SpuriousSample (last 3 years) | DTLSubstandArd (NotOver 5%)From (01-01-2018) | SubstandardBatch Recall Histor y(01- 01-19) | PunitiveAction by DRAPfrom(01-01-19) | PunitiveAction byPQCBfrom(01-01-2019) | Convicted byDrug Courtfrom(01-01-2019) |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**“Annex-C”**

**NAME OF APPLICANT FIRM (Sole Agent)-Non-Drugs/SURGICAL / DISPOSABLE / MEDICAL DEVICES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item Cod e | Generic Name | Section | Quoted Brand | Quoted strength/size | pack Size | Country of Origin | Mfg By | Mfg for | MRP (Rs) | Quality Compliance Standards | Required Storage tempt (quoted item) | Valid Sole Agency Agreement | Date of Sole agency agreement | Product 3-years’ experience in Pakistan | Verified/ Not Verified (Valid sole agency Authorizati on) |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Annexure-D**

**Section III: Application Forms**

# Application Submission Form

To

Date: *\_ /\_ /2021*

**Executive Director**

 **Rawalpindi Institute of Cardiology,**

**Rawalpindi**

I/we, the undersigned, apply to be prequalified for the referenced Pre-qualification and declare that:

1. I/we have examined and have no reservations to the Prequalification Documents, including Addendum(s). (if any) issued in accordance with Instructions to Applicants (ITA) *[insert the number and issuing date of each addendum].*
2. I/we, have nationalities from eligible countries, in accordance with ITA *[insert the nationality of the Applicant, including that of all partners in case of a Joint Venture /Consortium if applicable];*
3. I/we, for any part of the application resulting from this prequalification, do not have any conflict of interest;
4. I/we for any part of the contract resulting from this prequalification, have not been declared disqualified / blacklisted by any of the public organization of the Procuring Agency’s country
5. I/we understand that you may cancel the prequalification process at any time, the prequalification does not bound the procuring agency to call for the bids from the prequalified firms.
6. All information, statements and description contained in the Application (online and hard copy) are in all respect true, correct and complete to the best of our knowledge and belief and there is no difference in information provided online and submitted in hard copy.

Signed *[insert signature(s) of an authorized representative(s) of the Applicant] Name [insert full name of person signing the application]* In the Capacity of *[insert capacity of person signing the application]*

Duly authorized to sign the application for and on behalf of: Applicant’s Name *[insert full name of Applicant]*

Address *[insert street number/town or city/country/ address]*

Dated on *\_* -*\_/\_* -*\_/2021*

# Affidavit

(Pak Rs.100/-)

1. *Applicants signed affidavit on PKR 100.00 judicial paper confirming not having been declared ineligible by any of the public sector organization in Pakistan, as described in the documents.*
2. *Applicants confirming not having been involved in any litigation during last three years.*

Signed *[insert signature(s) of an authorized representative(s) of the Applicant] Name [insert full name of person signing the application]*

In the Capacity of *[insert capacity of person signing the application]*

Duly authorized to sign the application for and on behalf of: Applicant’s Name *[insert full name of Applicant]*

Address *[insert street number/town or city/country*/ *address]*

Dated on *\_* -*\_/\_* -*\_/2021*

**LIST FOR SURGICAL & DISPOSABLE ITEMS FOR OT, ANESTHESIA AND OTHER DEPARTMENTS FOR THE FINANCIAL YEAR 2021-22**

|  |  |  |
| --- | --- | --- |
| **S#** | **NAME OF ITEM** | **SPECIFICATION** |
| **A** | **OT & PERFUSION DEPARTMENTS** |
|   | **PROLENE** |  |
| 1 | Prolene 3/0 round body  | 26mm |
| 2 | Prolene 4/0 round body  | 20mm |
| 3 | Prolene 5/0 round body 17mm | 17mm |
| 4 | Prolene 5/0 round body 13mm | 13mm  |
| 5 | Prolene 5/0 round body 11mm | 11mm  |
| 6 | Prolene 6/0 round body | 11 – 13mm |
| 7 | Prolene 7/0 round body  | 9 – 10mm |
| 8 | Prolene 8/0 round body | 7 – 8mm |
|   | **ETHIBOND** |  |
| 9 | Ethibond 2/0 round body double needle with pledget  | 26mm  |
| 10 | Ethibond 2/0 round body double needle without pledget  | 26mm  |
| 11 | Ethibond 2/0 round body double needle without pledget  | 17mm |
| 12 | Ethibond 2/0 round body double needle with pledget  | 17mm |
|   | **VICRYL** |  |
| 13 |  Vicryl 3/0 round body |  26 mm |
| 14 |  Vicryl 2/0 round body |  26 mm |
| 15 |  Vicryl 1/0 round body |  26 mm |
|   | **MONOCRYL** |  |
| 16 | Monocryl 4/0 curved  | 26mm round body |
|   | **SILK** |  |
| 17 | Silk 1 round body | 26 – 31mm |
| 18 | Silk 4/0 silk free tie |   |
| 19 | Silk 2/0 Silk | cuting needle |
|   | **OT ITEMS** |  |
| 20 | Aortic punch | 2.4,3.4,4.4 |
| 21 | Chest drain bottle  | three chamber |
| 22 | Bone wax |   |
| 23 | Vascular tornique set |   |
| 24 | Pledget | Hard pack of 06 |
| 25 | Surgical blade  | 11, 15, 23 |
| 26 | Cardiac sponges  |   |
| 27 | Cardiac vascular pack |   |
| 28 | Vessel cannula |   |
| 29 | Bull dog |   |
| 30 | Chest tube  | 14, 16, 18, 20, 22, 24, 28, 32 |
| 31 | Diathermy pencil |   |
| 32 | Scratch pad |   |
| 33 | Liga clips (Small) | (small) |
| 34 | Liga clips (Large) | (large) |
| 35 | Pacing wire |   |
| 36 | Nylon tapes  |   |
| 37 | Steel wires | 2, 4, 5 |
| 38 | Y connector  | 1/4,3/8, 1/4 1/4 3/8  |
| 39 | Yanker set |   |
| 40 | Connector (all sizes with leur lock) |   |
| 41 | Level sensor holder |   |
|   | **PERFUSION DISPOSABLES ITEMS FOR ADULT & PEADS** |  |
|  | **ADULT DISPOSABLES** |  |
| 42 | Antegrade cardioplegia cannula | Adult |
| 43 | Aortic cannula straight tip  | (18, 20, 22, 24)  |
| 44 | Single stage venous cannula wire enforced  | (26, 28, 30, 32, 34) |
| 45 | Dual stage venous cannula wire enforced  | (32/40, 36/46) |
| 46 | Metal tip right angle cannula  | (22, 24, 26, 28, 30) |
| 47 | Femoral arterial cannula  | (19, 21 fr)  |
| 48 | Femoral venous cannula multi stage  | (19, 22, 23, 25 fr) |
| 49 | Aortic cannula angle tip  | (18, 20, 22, 24)  |
| 50 | Ascending aortic valsalva valve conduits  | (21, 23, 25, 27, 29, 31, 33) |
| 51 | Bioglue 5ml |   |
| 52 | Bovine pericardial patch  | All sizes |
| 53 | Cardiac sump  | adult, peads |
| 54 | Cell savor kits |   |
| 55 | Contegra conduit graft / double valvor | (14, 16, 18, 20, 22) |
| 56 | Coronary ostial cannula  | (12/14 French) |
| 57 | Coronary shunts  | (1, 1.5, 2, 2.5) |
| 58 | Dacron patch sheet |   |
| 59 | Diathermy disposable pads with leads |   |
| 60 | Fogarty catheter  | (different sizes) |
| 61 | Hemofiltration set  | Adult |
| 62 | Intra aortic balloon  | (30cc, 40cc) |
| 63 | LV vent  |   |
| 64 | Level sensor holder |   |
| 65 | PTFE felt sheet |   |
| 66 | PTFE sutures |  (2/0, 3/0) |
| 67 | Aortic Valve bileaflet reduced ring for (small annaulus) |   |
| 68 | Retrograde cardioplegia cannula with wire |   |
| 69 | Sternum saw blade with code/machine |   |
| 70 | Annuloplasty tricuspid ring  | (25, 27, 29, 31, 33) |
| 71 | Annuloplasty mitral ring  | (25, 27, 29, 31, 33) |
| 72 | Physio mitral ring 3D |   |
| 73 | Venous saturation connector  | (1/2 x 1/2) |
| 74 | Venous saturation connector  | (3/8 x 3/8) |
| 75 | Heart stabilizer octopus  |   |
| 76 | Surgical absorbable hemostat |   |
| 77 | Urchin / star fish |   |
| 78 | Dacron tube graft  | (10,12,14,16,18,20,22,24,28) |
| 79 | Redivas drains |   |
| 80 | Cardioplegia delivery System with coil adult and peads  | No |
| 81 | Isolator for pressure monitoring  | No |
| 82 | Aortic Cannula EOPA with wire | No |
|   | **PAEDS DISPOSABLES** |  |
| 83 | Aortic cannula straight tip  | (6 – 16 FR)  |
| 84 | Aortic cannula paeds angle tip  | (6 – 16 FR) |
| 85 | Metal tip right angle venous cannula |  (10, 12, 14, 16, 18, 20 FR) |
| 86 | Single stage renal cannula wire reinforced bullet tip French | (12, 14, 16, 18, 20, 22, 24) |
| 87 | Femoral arterial cannula  | (Fr-10, Fr-17)  |
| 88 | Femoral venous cannula French  | (10 – 17) |
| 89 | Antegrade cardioplegia | Peads |
| 90 | Hemofiltration set  | Peads |
| 91 | PTFE tube graft  | (4,5,6,7,8) |
| 92 | Epicardial lead for PPM with generator |   |
|   |  **MISCELLANEOUS DISPOSABLES** |  |
| 93 | EVH Kits  |   |
| 94 | ECMO kits cardio help |   |
| 95 | ECMO rota flow |   |
| 96 | Transit time flow meter  |  (1.5, 2, 4) |
| **B** | **ANESTHESIA & ITC DEPARTMENT** |
| 97 | CVP line Quad Lumen (Adult) | Adult 7,7.5,8.5 |
| 98 | CVP line Quad Lumen (Peads) | Paeds 4,4.5,5,5.5,6,7.5 |
| 99 | Double DPT Kit |   |
| 100 | Arterial Leader Cath 22G | 22G |
| 101 | Arterial Leader Cath 20G | 20G |
| 102 | Arterial Leader Cath 18G | 18G |
| 103 | Octopus three lumen |   |
| 104 | Bougies (Adult) | Adult |
| 105 | Bougies (Peads) | Paeds |
| 106 | Double lumen tube | 35,37,39,41, left sided |
| 107 | LMA disposable | 1.5,2,2.5,3,4,5 |
| 108 | I Gel | 3,4 |
| 109 | Disposable masks  | 3,4 |
| 110 | Disposable laryngoscope blades | 3,4 |
|   | **ITC DISPOSABLE ITEMS** |  |
| 111 | Warmer blanket |   |
| 112 | CVP line  | (3,4,4.5,8,5.5,6,8.5 fr) Adult |
| 113 | DPT kit single  | (USB port) |
| 114 | CPAP mask (Adult) | Adult |
| 115 | CPAP mask (Peads) | Peads |
| 116 | CPAP mask (Neonate) | Neonate |
| 117 | O2 Mask Disposable (Adult) | Adult |
| 118 | O2 Mask Disposable (Peads) | Peads |
| 119 | O2 Mask Disposable (Neonate) | Neonate |
| 120 | Rebreathing mask (Adult) | Adult |
| 121 | Rebreathing mask (Peads) | Peads |
| 122 | Nasal cannula / Nasal prong | Adult |
| 123 | PD catheter |   |
| 124 | Butter fly needle  | (19g, 23g, 24g) |
| 125 | Chest binder  | M, L, XL |
| 126 | Round bottle single  | Single Chamber |
| 127 | Atrium drain |   |
| 128 | Opsite |   |
| 129 | Duoderm patch |   |
| 130 | Tracheostomy tube  | (3,3.5,4,4.5,5,5.5,6,6.5,7,7.5,8) |
| 131 | Dial flow |   |
| 132 | External cath |   |
| 133 | Cutting needle silk 2/0 |   |
| 134 | Cora pore dressing |   |
| 135 | Fluid warmer set | No |
| 136 | CRRT Kit compatible with / Fluid RIC CRRT machine |   |
| 137 | CRRT disposables |   |
| **C** | **OTHERS DEPARTMENT / WARDS** |
| 138 | ETT Adult Cuffed | Adult cuffed 6,6.5,7,7.5,8  |
| 139 | ETT Peads Cuffed | Paeds cuffed 4,4.5,5,5.5,6 |
| 140 | ETT Peads Uncuffed | Paeds uncuffed 2,2.5,3,3.5,4,4.5,5 |
| 141 | Intubation stylet (Adult) | Adult |
| 142 | Intubation stylet (Peads) | Paeds |
| 143 | HMEF Filter (Adult) | Adult |
| 144 | HMEF Filter (Peads) | Paeds |
| 145 | IV Cannula with wings 14G | 14G |
| 146 | IV Cannula with wings 16G | 16G |
| 147 | IV Cannula with wings 18G | 18G |
| 148 | IV Cannula with wings 20G | 20G |
| 149 | IV Cannula with wings 22G | 22G |
| 150 | IV Cannula with wings 24G | 24 G |
| 151 | IV cannula without wings | 20, 22, 24G |
| 152 | 3 way stop cock (without extension) | without extension |
| 153 | 3 way stop cock (with extension) | with extension |
| 154 | CVP monitoring line | 200 cm |
| 155 | Oxygen Mask Disposable (Adult) | Adult |
| 156 | Oxygen Mask Disposable (Peads) | Paeds |
| 157 | Oropharyngeal airway (Adult) | Adult  3,4,5 |
| 158 | Oropharyngeal airway (Peads) | Paeds  0,1,2 |
| 159 | Urine bag (Adult) | Adult |
| 160 | Urine bag (Peads) | Peads |
| 161 | Urometer |   |
| 162 | NG tube all sizes (Adult) | Adult |
| 163 | NG tube all sizes (Peads) | Peads |
| 164 | ECG electrodes (Adult) | Adult |
| 165 | ECG electrodes (Peads) | Paeds |
| 166 | Suction catheter All Sizes (Adult) | Adult |
| 167 | Suction catheter All Sizes (Peads) | Paeds |
| 168 | IV Burette  | Nos |
| 169 | I/V set | Nos |
| 170 | Disposable syringes 1ml | 1ml fixed needle |
| 171 | Disposable syringes 3ml | 3ml high quality AD |
| 172 | Disposable syringes 5ml | 5ml AD |
| 173 | Disposable syringes 10ml | 10ml Leur lock (conventional) |
| 174 | Disposable syringes 20ml | 20ml Leur lock/Conventional |
| 175 | Disposable syringes 50ml | 50ml Leur lock |
| 176 | Disposable syringes 60ml | 60ml Nozzle Type/ Feeding tube |
| 177 | Tegaderm dressing large |   |
| 178 | Transpore tape |   |
| 179 | Corafix tape |   |
| 180 | Sterlized Gauze  | 4x4Simple without marker |
| 181 | External defib pads (Adult) | adult |
| 182 | External defib pads (Peads) | peads |
| 183 | CVP line | single lumen adult |
| 184 | Breathing circuit with bag (Adult) | adult |
| 185 | Breathing circuit with bag (Peads) | peads  |
| 186 | Cotton bandage | 2 inches |
| 187 | Yankuer suction  | Tubing without hole round tip |
| 188 | 3 way stoper without extension |   |
| 189 | IV injector / pressure line 200ml |   |
| 190 | Cath mount |   |
| 191 | Folleys silicon catheters | 6,8,10,12,14,16,18  |
| 192 | Chest tube  | (16,18,20,22,24,28,32) |
| 193 | Nebs mask (Adult) | Adult |
| 194 | Nebs mask (Peads) | Peads |
| 195 | Nebs mask (Neonate) | Neonate |
| 196 | T piece nebs |   |
| 197 | Dialysis catheter |   |
| 198 | Cotton roll |   |
| 199 | Dignity sheets |   |
| 200 | Syringe cutter |   |
| 201 | Crape bandage | 4 inch |
| 202 | Surgical blades | 11,15,23 |
| 203 | ACT pippettes |   |
| 204 | Examination gloves | Medium and large size |
| 205 | Surgical gloves | 6,6.5,7,7.5, 8 |
| 206 | Disposable Gown reinforced |   |
| 207 | Water Resistant Gown (60) gsm |   |
| 208 | Disposable Cap (Male) | Male |
| 209 | Disposable Cap (Female) | Female |
| 210 | Disposable Shoe Cover |   |
| 211 | Surgical Face Mask |   |
| 212 | Surgical Face Mask Tie on |   |