PREQUALIFICATION DOCUMENTS

**(MEDICINES / DRUGS)**

## (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**

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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**

**DRUGS/MEDICINES**

**REFERENCE NO. RIC/PO/258/21, 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**

Table of Contents

**Section I: Instructions to Applicants (ITA) ......................................................... 5**

A. General................................................................................................................................... 5

1. Scope of Application.................................................................................................... 5

2. Fraud and Corruption ................................................................................................ 5

3. Eligible Applicants........................................................................................................ 6

B. Contents of the Prequalification Document............................................................. 6

4. Sections of Prequalification Document ............................................................... 6

5. Clarification of Prequalification Document ....................................................... 6

6. Amendment of Prequalification Document ....................................................... 6

C. Preparation of Applications............................................................................................ 7

7. Cost of Applications...................................................................................................... 7

8. Language of Application ............................................................................................. 7

9. Documents Comprising the Application............................................................... 7

10. Application Submission Form................................................................................. 7

* 1. Documents Establishing the Eligibility of the Applicant............................. 7
	2. Documents Establishing the Qualifications of the Applicant .................... 7

13. Signing of the Application and Number of Copies.......................................... 7

D. Submission of Applications .............................................................................................. 8

14. Sealing and Identification of Applications .......................................................... 8

15. Deadline for Submission of Applications............................................................ 8

16. Late Applications .......................................................................................................... 8

17. Opening of Applications ............................................................................................. 8

E. Procedures for Evaluation of Applications ................................................................ 8

18. Confidentiality ................................................................................................................ 8

19. Clarification of Applications ..................................................................................... 8

20. Responsiveness of Applications .............................................................................. 9

21. Domestic Bidder Price Preference.......................................................................... 9

F. Evaluation of Applications and Prequalification of Applicants.......................... 9

22. Evaluation of Applications .......................................................................................... 9

|  |  |  |
| --- | --- | --- |
| 23. Right to Accept or Reject Applications.................................................................... | 9 |  |
| 24. Prequalification of Applicants......................................................................................... |  | 9 |
| 25. Notification of Prequalification .................................................................................. |  | 9 |
| 26. Validity of Prequalification ………………………………………………………………… |  | 9 |
| **Section II: Prequalification Criteria Drug and Non Drug …...............................** |  | **11-13** |
| **Section III:** ............................................................................................................... ........................ |  | 35-36 |

A: Application Submission Form …………………………………………………………………..

B: Application Affidavit..................................................................

 C: List of DRUG Items........................................................................................

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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, |

|  |  |  |
| --- | --- | --- |
|  |  | 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. |

|  |  |  |
| --- | --- | --- |
|  | 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. |

|  |  |  |
| --- | --- | --- |
| **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: PREQUALIFICATION CRITERIA (DRUG/MEDICINE ITEMS) FOR LOCAL MANUFACTURERS

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

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Knock Down Clause** | **Status** |
| 1 | The firm has provided/attached valid Drugs Manufacturing License issued byDRAP. | Yes/No |
| 2 | The firm undertakes that currently it is not blacklisted/debarred by anyprocuring agency. Firm will provide undertaking in this regard on legally notarized judicial stamp paper of rupees 100/-. | Yes/No |
| 3 | The firm has provided/attached valid GMP Certificate issued by DRAP. (Only those Sections & Pharmaceutical Category will be considered for prequalification whose GMP Inspection Report declared satisfactory and/orwhich are mentioned in the GMP Certificate) | Yes/No |
| 4 | The firm has provided valid ISO 9001/Quality Management Systemdocuments. The firm will provide ISO Certificate/QMS manual or relevant SOPs. | Yes/No |
| 5 | Valid ISO 14001/Environment Protection Agency approval/Establish andwell Documented (EHS) Policy or relevant SOPs. | Yes/No |
| 6 | Valid ISO 18001 /Establish and well Documented (EHS) Policy or relevant SOP`s. | Yes/No |
| 7 | Is the equipment installed in quality control, quality assurance & microbiological laboratories and relevant manufacturing Section calibrated & validated? Firm will provide undertaking in this regard on legally notarized judicial stamp paper of rupees 100. (In case of non-compliance, none of thesection (s) of the firm will be prequalified.) | Yes/No |
| 8 | The firm undertake on Rs.100 judicial stamp paper dully legalized/notarizedthat it has separate quality control and biological lab. | Yes/No |
| 9 | Is relevant equipment installed in quality control lab for analysis for all quoted items available and functional and not deficient to perform official tests of the (quoted) product? Firm will provide undertaking in this regard onlegally notarized judicial stamp paper of rupees 100. | Yes/No |
| 10 | Is the facility having functional and validated, Heating, Ventilation & Air Conditioning System (HVAC)? Firm will provide undertaking in this regard on legally notarized judicial stamp paper of rupees 100. Procuring agency mayphysically verify firm’s claim. | Yes/No |
| 11 | Is R.O Water/De-ionized water Plant with the minimum capacity of 500L available and functional? Firm will provide undertaking in this regard on legally notarized judicial stamp paper of rupees 100. Procuring agency mayphysically verify firm’s claim. | Yes/No |
| 12 | Is firm having minimum two functional stability chambers. Firm will provide undertaking in this regard on legally notarized judicial stamp paper of rupees100. | Yes/No |
| 13 | Firm undertake that the Information provided by the firm at Annexure-A, B,or C or any other information provided by the firm in accordance with terms | Yes/No |

|  |  |  |
| --- | --- | --- |
|  | & conditions of the prequalification documents on judicial stamp paper of Rs.100 dully legalized/notarized. |  |
| 14 | Minimum Annual turnover for any of single financial year (i.e. 2018-19/2019-20/2020-21) not less than **300 Million Rupees**. Firm will provide FBR income tax return/sales Tax return. | Yes/No |
| 15 | The firm will provide building fitness certificate of its manufacturing site issued by concerned authority. | Yes/No |
| 16 | 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). | Yes/No |
| 17 | The firm will submit SOP`s regarding drug recall. | Yes/No |
| 18 | The firm will provide form-29 issued by SECP.(Article of association of companies) | Yes/No |
| 19 | Any Conviction by Drug Court against firm.The firm will submit undertaking on Rs.100 Judicial Stamp Paper legally legalized/notarized. | Yes/No |
|  |

**2-EVALUATION CRITERIA (Quoted Product/Item Wise)-Drug/Medicine**

**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 annexure and requirements with documentary proof:

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

**Section II-a: PREQUALIFICATION CRITERIA SOLE AGENTS (DRUGS/MEDICINES)**

## 1-KNOCK DOWN CRITERIA (Firm Wise)

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Knock Down Clause** | **Status** |
| **1** | The firm has provided/attached Valid Drugs Sale License issued by CompetentAuthority for Sole Agents of Foreign Principal. | Yes/No |
| **2** | The firm undertakes that it has provided/attached Valid Sole Agency Agreement.It must be issued from at least one year till the date of submission of PQD. (For Sole agent). | Yes/No |
| **3** | The firm undertakes that currently it is not blacklisted/debarred by any procuring agency. Firm will provide undertaking in this regard on legally notarized judicialstamp paper of rupees 100/-. | Yes/No |
| **4** | The firm has provided/attached valid, GMP Certificate issued by Drug Regulatory Authority of Country of Manufacturer/ Certificate of Pharmaceutical Product(COPP). | Yes/No |
| **5** | The firm has provided valid ISO/Quality Management System of manufacturer. | Yes/No |
| **6** | The firm undertake that the 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 prequalification documents on Rs.100 judicial stamp paper dullylegalized/notarized. | Yes/No |
| **7** | Minimum Annual turnover of any single financial year (i.e. 2018-19/2019-20/2020-21) not less than **200 Million** **Rupees**. Firm will provide FBR income tax return/sales Tax return. | Yes/N o |
| **8** | Firm will provide undertaking on legally notarized judicial stamp paper of rupees 100 That firm (Sole agent) follows Good Distribution and Storage Practices as per requirement. The firm must mentioned address of storage facility of applicant on undertaking. | Yes/No |
| **9** | Any Conviction by Drug Court against firm.The firm will submit undertaking on Rs.100 Judicial Stamp Paper legally legalized/notarized. | Yes/No |

**2-EVALUATION CRITERIA (Quoted Product/Item Wise)-Sole Agents- Drug/Medicine Items**

**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** | Market experience of quoted Product. |

|  |  |  |
| --- | --- | --- |
|  | Market Availability of quoted item in leading Chain 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 provide undertaking in this regard. The purchaser reserves the right to verify the claim. |

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

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

 **“Annex-A”**

|  |
| --- |
| **GENERAL FIRM’S INFORMATION**(Drugs/ Medicines Manufacturer) |
| I. **Company Profile**. |  |  |  |
| 1. Name of company | :  |
| Year established | :  |
| Form of company | : | [ ] | Individual |
|  |  | [ ] | Partnership |
|  |  | [ ] | Corporation |
|  |  | [ ] | Other (specify) |
| Legal status | :  |
| Trade registers number | :  |
| NTN & Sales Tax number (If applicable): :  |
| Mfg. License Number | :  |
| (attach valid copy) |  |  |  |
| 2. Address | :  |
| Telephone | : Telefax:  |
| E-mail: | :  |

3. Employees:

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Category** | **Quantity** |
| 1 | Management |  |
| 2 | R &D |  |
| 3 | Sales |  |
| 4 | Administrative |  |
| 5 | Production and quality control |  |
| 6 | Others (specify) |  |
|  |  |  |
|  | **Total** |  |

Please attach the company organizational chart

1. **Product Information**

Please provide the information as per Annexure-C

1. Are all manufacturing operations (processing, packaging, labeling) carried out internally?

[ ] YES [ ] NO

If “No,” attach a list of pharmaceuticals and/or raw materials manufactured by other companies and

marketed by you. Please give the names of the companies, for each item.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Product Name** | **Manufacturer** | **Address** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

If any products are repackaged, attach a list of such products with the name and address of the manufacturer for each product:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Product Name** | **Manufacturer** | **Address** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **QUALITY DEPARTMENT**
2. Do you maintain your own quality control laboratory?

[ ] YES [ ] NO (if NO please provide details of alternate arrangements)

1. Number of specialized personnel working in your quality control, quality assurance and microbiological laboratory/ies (excluding administrative personnel). Provide their academic and professional details on a separate sheet.

Pharmacists : Chemists :

Others :

1. List of Equipment installed in quality control, quality assurance and microbiological laboratory/ies for quality assurance as per BP/USP.
2. Are these equipment calibrated & validated.

[ ] YES [ ] NO

1. Are all raw materials completely tested prior to use or is a Certificate of Analysis accepted? [ ] YES [ ] NO [ ] Certificate of Analysis
2. Are control samples of each batch retained?

[ ] YES [ ] NO

1. Name and title of the authorized person (s) responsible for batch release:

 ~~Name:~~  Title:

Experience in pharmaceuticals: years

1. Name and qualification of the head of the Quality Control department: Name: Qualification:

Experience in pharmaceuticals: years

1. Describe your storage facilities:

The firm will provide logistics/distribution network in Punjab.

The firm will provide human resource regarding logistics/distribution network in Punjab.

**Annexure “B”**

## Authorized Sole agent for Foreign Principal’s Qualification

### (Drug/ Medicines Items)

|  |  |  |  |
| --- | --- | --- | --- |
| **I. Company Profile**. |  |  |  |
| 1. Name of company | :  |
| Year established | :  |
| Form of company | : | [ ] | Individual |
|  |  | [ ] | Partnership |
|  |  | [ ] | Corporation |
|  |  | [ ] | Other (specify) |
| Legal status | :  |
| Trade registers number | :  |
| NTN & Sales Tax number (If applicable): |
| Valid sole agency agreement(attach valid copy) |  |  |  |
| 2. Address | :  |
| Telephone | : Telefax:  |
| E-mail & Web | :  |

Please attach the company organizational chart

1. **Type of activity carried out by the company (tick the appropriate category/ies)**

|  |  |
| --- | --- |
| [ ] | Manufacturer |
| [ ] | Branded products |
| [ ] | Generic products |
| [ ] | Medical supplies |
| [ ] | Laboratory reagents |
| [ ] | Other products (specify below) |

1. Names and addresses of international pharmaceutical companies, parent companies and/or subsidiaries and associated companies with whom there is collaboration or joint venture, if any:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Product Name** | **Company** | **Address** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **Employees:**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Category** | **Quantity** |
| 1 | Management |  |
| 2 | R &D |  |
| 3 | Sales |  |
| 4 | Administrative |  |
| 5 | Production and quality control |  |
| 6 | Others (specify) |  |
|  | **Total** |  |

1. **Capital value of the company (specify currency)**
	1. Authorized capital:
	2. Paid up capital:
	3. Administration:
2. **Annual sales turnover in the previous one year. Mention Private Sector and Public Sector sales separately (in Pak Rupees)**

(In Million)

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual turnover** | **Open market sales** | **Public Sector Sale** | **Year** |
|  |  |  |  |

Arbitration History (if any):

**Annexure “C”**

**NAME OF APPLICANT FIRM (Local Manufacturer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Annexure “D”**

**NAME OF APPLICANT FIRM (Sole Agent)-DRUGS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ItemCode | Generic Name | Section | QuotedBrand | D/Form | Volume(ml) | Quotedstrength | packSize | CountryOf Origin | MfgBy | Mfgfor | MRPfixedbyDRA P | DrugReg.No | DrugReg.Date | QualityComp liance Stand ards | RequiredStoragetempt (quote d item) | Spurioussample(last 3years) | DTLSubstandard(Not over 5%)From(01-01-2019) | SubstandardBatchRecall History (01-01-2018) | PunitiveAction by DRAPfrom(01-01-2019) | PunitiveAction by PQCBfrom(01-01-201) | ConvictedbyDrug Court from(01-01-2019) | ValidSoleAgency Agree ment | Verified/NotVerified (Valid soleagencyAuthorization) |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**“Annex-B”**

**“Annex-C”**

**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 OF MEDICINE / DRUGS FOR THE FINANCIAL YEAR 2021-22**

|  |  |  |
| --- | --- | --- |
| **S #** | **GENERIC** | **STRENGTH / POTENCY** |
|
|   | **CARDIOVASCULAR MEDICINES** |
|   | **Antianginals** |
| 1 | Glyceryl Trinirate  | Tab.6.4mg |
| 2 | Glyceryl Trinirate  | 2.6mg |
| 3 | Glyceryl Trinirate S/L | 0.5mg |
| 4 | Glyceryl Trinirate Spray | 0.4 mg |
| 5 |  Glyceryl Trinirate  | Amp 10mg /10ml |
|   |  **Alpha- Blockers** |
| 6 | Methyldopa | Tab 250mg |
|   |  **Beta- Blockers** |
| 7 | Metoprolol  | Tab 50mg |
| 8 | Metoprolol  | Inj  |
| 9 | Bisoprolol | Tab 5mg |
| 10 | Propranalol  | Tab 10mg |
| 11 | Labetalol HCL | Inj 5mg/ml |
|   |  **Calcium- Antagonists** |
| 12 | Amlodipine | Tab 5mg |
| 13 | Verapimil  | Tab 40mg |
|   |  **Angiotensin II Antagonists** |
| 14 | Losartan Potassium | Tab 50mg |
| 15 | Losartan + Hydrochlorthiazide | Tab 50/12.5 mg |
| 16 | Amlodipine/Valsartan | 5/80mg |
| 17 | Amlodipine/Valsartan | 10/160mg |
| 18 | Amlodipine/Valsartan/ Hydrochlorothiazide | 10/160/12.5mg |
| 19 | Amlodipine/Valsartan/Hydrochlorothiazide | 10/320/25mg |
|   |  **ACE- Inhibitors** |
| 20 | Captopril | Tab 12.5 mg |
| 21 | Captopril | Tab 25mg |
| 22 | Ramipril | 5mg |
|   |  **Anti-platelets & Anti- Arrythmics** |
| 23 | Clopidogrel + Asprin | Tab 75/75mg |
| 24 | Clopidogrel | Tab 75mg |
| 25 | Amiodarone | Tab 200mg |
| 26 | Amiodarone | Inj 150mg |
| 27 | Heparin | Inj 5000 IU/ml |
| 28 | Enoxaprin Sodium (Heparin LMW) | Inj 40mg |
| 29 | Enoxaprin Sodium (Heparin LMW) | 60mg |
| 30 | Enoxaprin Sodium (Heparin LMW) | 80mg |
| 31 | Acetylsalicylic acid (EC) | Tab 75mg |
| 32 | Acetylsalicylic acid | Tab 300mg |
| 33 | Tirofiban  | 12.5mg/50ml |
| 34 | Isoptin (Anti-Arrhythmic) (verapamil) | 5mg/2ml |
| 35 | Ivabradine | 5mg |
| 36 | Argatroban | 50mg/50ml |
| 37 | Streptokinase |  1.5miu / vial |
| 38 | Alteplase TPA | 50mg |
|   |  **Anti-Coagulant & Cardiac Glycosides** |
| 39 | Warfarin Sodium | Tab 5mg |
| 40 | Lanoxin | Tab 0.25mg |
| 41 | Lanoxin | 0.25mcg/ml |
| 42 | Transaxemic Acid | Inj. 500mg/5ml |
| 43 | Transaxemic Acid | Cap. 500mg |
| 44 | Vitamin K | 10mg/1ml I.V, Amp. of 1ml |
| 45 | Rivaroxaban | Tab 15mg |
| 46 | Rivaroxaban | 20mg |
| 47 | Ticagrelor | 90mg |
|   |  **Anti-Dysarrythmics** |
| 48 | Adenosine | Adenosine 18mg, sodium chloride 54mg, water 6ml |
|   |  **Endothelin receptor antagonists (for Pulmonary Arterial Hypertension)** |
| 49 | Bosantan | Tab 62.5mg |
| 50 | Benprost | Tab 20mcg |
|   |  **Vasodilator** |
| 51 | Milrinone lactate | 1mg/ml |
| 52 | Papaverine | 2ml |
|   | **MEDICINES OTHER THAN CARDIOVASCULAR** |
|   |  **ANTIBIOTICS:** |
| **Penicillins:** |
| 53 | Amoxicillin + Clavulanic acid | Tab 625 mg |
| 54 | Amoxicillin + Clavulanic acid | 1.2g |
| 55 | Amoxicillin + Clavulanic acid  | 125mg/5ml |
|   | ***Cephalosporins:*** |
| 56 | Ceftriaxone | Powder for Inj, 1g |
| 57 | Cefoperozone+ sulbactum | 1g |
| 58 | Cefradine | Tab 500mg |
|   | ***Macrolides:*** |
| 59 | Clarithromycin | 500mg |
| 60 | Azithromycin | 500mg |
| 61 | Azithromycin | 500mg |
|   | ***Quinolones:*** |
| 62 | Ciprofloxacin | Tab500 mg |
| 63 | Ciprofloxacin | 200mg |
| 64 | Levofloxacin | Tab 500mg |
| 65 | Levofloxacin | 500mg |
| 66 | Moxifloxacin | Inj 400mg/250ml |
|   | ***Aminoglycoside:*** |
| 67 | Amikacin | Inj 250 mg |
| 68 | Gemtamycin | inj 80mg |
|   |  ***Ameobicides:*** |
| 69 | Metronidazole | 400 mg |
| 70 | Metronidazole | Inj 500 mg |
|   | ***Oxazolidinone:*** |
| 71 | Linezolid | 600mg/100ml |
|   | ***Glycopeptides:*** |
| 72 | Vancomycin HCL Lyophilized Powder | 1g |
|   |  ***Carbapenems:*** |
| 73 | Meropenem | Inj 1g |
|   | ***Beta Lactamase Inhibitor:*** |
| 74 | Pipercilline + Tazobactum | Inj 4.5g |
|   |  **Hypoglycemics** |
| 75 | Glimepiride | 2mg |
| 76 | Depagliflozin  | 5mg |
| 77 | Metformin |  500 mg |
| 78 | Insulin R (Human ) | Inj 100 i.u / ml |
| 79 | Insulin 70/30 (70% human insulin isophane suspension 30% human insulin injection) | Inj 100 i.u / ml |
|   |  **Diuretics** |
| 80 | Furosemide | 40 mg |
| 81 | Furosemide | 20 mg |
| 82 | Furosemide | 20mg/2ml |
| 83 | Spironolactone + Furosemide | (50 mg + 40 mg) |
| 84 | Spironolactone |  25mg |
| 85 | Furosemide+amiloride HCL |   |
|   |  **Antacids / H2 Blockers** |
| 86 | Aluminium hydroxide + Magnesium hydroxide + Simethicone | Suspension ( 215 mg + 80 mg + 25 mg ) |
| 87 | Omeprazole | Cap 40mg |
| 88 | Omeprazole | Inj 40mg |
|   |  **Anti Spasmodic/Antispasmolytic** |
| 89 | Drotaverine HCL | 40mg/2ml |
|   |  **Laxatives** |
| 90 | Lactulose (Osmotic laxative) | Syp 3.35 gm / 5 ml |
|   |  **Anesthetics** |
| 91 | Propofol | Inj 200 mg/ 20 ml |
| 92 | Lignocaine | Inj 2 % (10 ml), |
| 93 | Lignocaine | 20 gm |
| 94 | Etomidate | 20mg/10ml |
| 95 | Atracurium Besylate | Inj 50mg/5ml |
| 96 | Cisatracurium  | 5ml |
| 97 | Sevoflurane (Liquid inhalation, the company will provide free 02 vaproizer and calibrate as well maintain the vaporizer free of cost) | Inf 250ml |
| 98 | Isoflurane (Liquid inhalation, the company will provide free 02 vaproizer and calibrate as well maintain the vaporizer free of cost) | 100ml |
|   | **2.10 Emergency Medicines** |
| 99 | Atropine | Inj 1 mg (1 ml) |
| 100 | Adrenaline | Inj 1:1000, 1cc |
| 101 | Nor-Adrenaline | Inj 1 ml |
| 102 | Dopamine | Inj 200 mg |
| 103 | Dobutamine | Inj 250 mg |
| 104 | Phenylephrine | 10mg/ml |
|   |  **Analgesics** |
| 105 | Paracetamol+Tramadol HCL | 400mg |
| 106 | Paracetamol | 500 mg |
| 107 | Paracetamol infusion | 100ml |
| 108 | Paracetamol sysp | 250mg/ml |
| 109 | Ibuprofen | 200mg/5ml |
| 110 | Diclofanic Sodium | 75mg |
|   |  **Analgesics (Semi Narcotics)** |
| 111 | Nalbuphine HCl | Inj 10mg/ml |
| 112 | Tramodol | Inj 50mg/ml |
| 113 | Ketorolac | Inj 30mg |
|   |  **Anti Anxiety/Tranquilizer** |
| 114 | Midazolam HCl | Inj 5 mg/ 5ml |
| 115 | Alprazolam | Tab 0.5mg |
| 116 | Clonezepam  | 2.5mg/ml |
| 117 | Diazepam | 5mg/ml |
|   |  **Anti-Asthmatics / Bronchodilators** |
| 118 | Salbutamol | lnhaler 100 mcg / puff (200 puffs) |
| 119 | Beclomethasone+ salbutamol | 800mcg+1600mcg UDV |
| 120 | Montelukast | Tab 10 mg |
| 121 | Fluticasone+Salmitron | 25/250 mcg |
| 122 | Ipratropium bromide Nebs | 2 ml |
| 123 | Ipratropium bromide Nebs | 20 ml |
|   |  **Anti-Allergic** |
| 124 | Pheniramine maleate | Inj 25mg/2ml |
|   |  **Cough Syrups** |
| 125 | Ammonium chloride+Diphenhydramine+Aminophylline+Menthol (Sugar Free) | 30mg+8mg+32mg+0.98mg 120ml |
|   |  **Lipid Lowering Agents** |
| 126 | Atorvastatin | 20mg |
| 127 | Fenofirbate | 200mg |
|   |  **Vitamins, Minerals and Haematonics** |
| 128 | Controlled Release Iron + FolicAcid + Vitamin C and B |   |
| 129 | Vitamin D + Ossein Mineral Complex |   |
|   |  **Dermatologicals** |
| 130 | Ketoprofin & Alhocal Gel | 2.5% 30gm |
| 131 | Fusidic Acid | 20gm |
| 132 | Neomyfcin Sulphate+Bacitracin zinc+I-cystine+Glycine | 0.5 % 20gm |
| 133 | Polymyxin B sulphate + Bacitracin zinc | 10,000 units + 500 units skin ointment 20 gm |
| 134 | Flurbiprofen | 100mg |
| 135 | Mupirocin | 2% |
|   | **Corticosteroids** |
| 136 | Dexamethsone | Inj 4mg per 1ml |
| 137 | Hydrocortisone succinate | Inj 250mg |
| 138 | Deltacortil | Tab 5mg |
|   |  **Anti Emetics** |
| 139 | Dimenhydrinate | Inj. 50mg/ml. |
| 140 | Dimenhydrinate | - |
| 141 | Metoclopramide HCL | Inj 10mg/2ml |
| 142 | Ondansetron | 8mg |
|   | **Mucolytics** |
| 143 | N acetyl cysteine | Sachets oral 10% 20mg /ml |
|   |  **Plasma Proteins** |
| 144 | Albumin (Human) | 20% 100ml |
| 145 | Albumin | 20% 50ml |
|   |  **Anti Epileptacs** |
| 146 | Haloperidol | 5 mg |
| 147 | Divalproex Sodium | Inj 500mg |
|   | **ANTIDOTES FOR POISONING** |
| 148 | Protamine sulfate inj | Heparin Poisoning |
| 149 | Naloxane | 30mg |
| 150 | Flumezanil | 0.5mg/5ml |
|   | **INTRA VENOUS FLUIDS** |
| 151 | Mannitol Injection | 20%, 250ml |
| 152 | Dextrose water | 25% amp 20ml |
| 153 | Dextrose water | 10% 1000ml |
| 154 | Dextrose water | 5% 1000ml |
| 155 | Sodium Choloride | 0.9% 100ml |
| 156 | Sodium Choloride | 0.9% 1000ml |
| 157 | Ringer lactate | 1000ml |
| 158 | Gelatin Succinylated | 500ml |
| 159 | Potassium Chloride | Inj ampoule of 20ml |
| 160 | Potassium Chloride | Tab 500mg |
| 161 | Sodium Bicarbonate | Inj 8.4%,amp 20ml |
| 162 | Cardioplegia | 10ml |
| 163 | Calcium Chloride | 10ml |
| 164 | Magnesium Sulphate | 2ml |
| 165 | Calcium Chloride Dihydrate / Magnesium Chloride Hexahydrate / Malic Acid / Potassium Chloride / Sodium Acetate Trihydrate / Sodium Chloride | 1000 ml |
| 166 | Sterofundin 1000ml | No |
|   | **CONTRAST MEDIAS** |
| 167 | Non Ionic Contrast Medium For Cath Lab | 100ml |
| 168 | Gadobutrol  | 15ml |
|   | **MEDICINE FOR CARDIAC PATIENT IN GYNE DEPARTMENT** |
| 169 | Diclofenac sodium/misoprostol | Tab 50mg/200mcg |
| 170 | Oxytocin | Inj. 5 i.u |
| 171 | Phloroglucinol / Trimethylphloroglucinol | - |
| 172 | Iron Sucrose |   |
| 173 | Ferric carboxymaltose | - |
| 174 | Rhod immune globulin human | - |
| 175 | Tetanus Toxoid | - |
| 176 | Clindamycin |   |