



GUIDELINES
FOR
PREQUALIFICATION, PROCUREMENT
AND
REGISTRATION OF BIOMEDICAL FIRMS

PREPARED & COMPILED BY
CAPT. DR ABDUL MAJID
ADDITIONAL SECRETARY (PM&I WING)
DR. M. SHAKEEL A. MULLICK
OSD (PM&I WING), HEALTH DEPARTMENT

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**STEPS OF PROCEDURE TO BE ADOPTED FOR PROCUREMENT OF DRUGS /
MEDICINES / X-RAY FILMS / CHEMICALS / DISPOSABLE ITEM / SURGICAL
SUNDRIES / MACHINERY / EQUIPMENT & INSTRUMENTS.**

- Constitutions of Pre-qualification Committee, Tender Evaluation Committee, Purchase Committee, Inspection / Scrutiny Committee with the approval of Administrative Department / District Coordination Officer of the District.
- Invitation of demand from all the units/health facilities under the control of Hospitals / Institutions / District Government keeping in view the available stock / Previous consumption / Number of patients / consumption/ current demand (Performa attached). Medicines shall be according to National Hospital Formulary already / circulated.
- Consolidated demand shall be placed before the Scrutiny Committee for scrutinizing according to available stock at central stores.
- After recommendation of Scrutinizing Committee, final list may be sent to the Administrative Head / District Coordination Officer, for seeking approval of advertisement.
- After approval, Advertisement for Pre-qualification and invitation of open tenders be issued to the Information department, for publication in three leading national daily newspapers of Sindhi, Urdu & English. Publication of tenders in local daily/weekly newspapers is not permissible.

Step-I Preparation of tender documents:
Tender may be bifurcated in different heads e.g. Drugs/Medicine, Surgical sundries, Disposables, X-Ray films / chemicals, Laboratory / chemicals Machinery / Equipments and Instruments, for the purpose of evaluation. All the tenders should be completed with Name of items, specification, unit sizes e.g. bottle of 60ml/120ml. Pack of 10s, 100s, 1000s, Blister / strip / Tin etc. and total quantity required. Bidders shall be instructed to mention name of manufacturer, Packing / unit sizes positively otherwise their tenders should be rejected.

Tender fee should be as per clause 69 of SPM.

Step-II Tender opening period from the date of advertisement should be as per Sindh Purchase Manual 1991 i.e. 30 days. Tenders should be kept on sale immediately after advertisement in the concerned Hospital / Health facility / District and as per clause 75 of Sindh Purchase Manual 1991, sufficient number of tenders along with list of Pre-qualified firms should be sent to Procurement, Monitoring & Inspection Cell of Health Department and Director General Health Services Sindh, Hyderabad for onward sale to pre-qualified firms. Both the Offices shall submit record of sale with name and address of the firm prior to opening of tender.

Step-III. Bid opening: Bids shall be received till ½ hour before the time of tender opening. Before the opening it shall be necessary for the Officer Opening to record the number of bids received and the seals of tenders are intact. Every bid/tender shall be given a serial number in the manner 1/5, 2/5, 3/5, 4/5 and 5/5 if for example 5 tenders were received. The tenders will be opened publicly and rates as well as earnest money announced. The Officer opening the tenders shall not refuse to announce any of the items,

conditions etc. of a tender. The entire bid papers and samples to be signed by the Opening Officer and all members of the committee.

- Step-IV. Comparative Statement: Preparation of comparative statement & submitted to the Inspection / evaluation committee for scrutiny/technical comments.
- Step-V. Tender Evaluation: to be carried out by Tender Evaluation Committee in the light of the criteria given in the tender documents.
- Step-VI. Technical Evaluation/Comments: Technical comments to be prepared in the light of recommendations of Evaluation Committee and submit for the approval of Purchase Committee.
- Step-VII Purchase Proposal: After approval of technical comments by the Purchase Committee, Purchase Proposal shall be prepared and got approved from the competent authority i.e. Administrative Head / District Coordination Officer.
- Step-VIII. After approval of Purchase proposals Advance Acceptance of Tender (A.T) to be issued to the approved firm and inviting them for contract agreement on stamp paper and submission of the security deposit @ of 2.5% from registered & 12.5% from unregistered firms.
- Step-IX. On the acceptance/contract agreement signed by the firm on stamp paper and submission of Security Deposit, Formal Contract issued accordingly.
- Step-X. Delivery of Goods: Drugs/Medicines etc should be in special green color pack, having print of Govt. logo and instruction "Government Property, Not for sale" in English & Urdu. Delivery period for supply of Drugs/Medicines only to be prescribed as under:
- | | |
|--------------------------|--------------------------------|
| For Indigenous products: | 50% quantity within One month. |
| For Imported products: | 50% quantity within Two months |
- For rest of 50%, indenters shall give delivery schedule and in case of failure , L.D. shall be charged according to Sindh Purchase Manual 1991.
- Step-XI. After receiving of supplies Inspection to be carried out by the Inspection Committee for Drugs/Medicines. Surgical Sundries & Disposable item through expert & Inspection Committee. For machinery, equipment instruments Inspection Committee & representative of Industries department and concerned expert. Samples of drugs/medicines to be got tested from PDL and CDL. Supplier will submit pay order of Rs.1000/-as testing fee for PDL&for CDL according to their prescribed rates.
- Step-XII. After Inspection & after receipt of satisfactory/stand report of drugs/medicines, bill invoices of the firms to be forwarded to the A.G. Sindh/District Account Officer for payment.
- Step-XIII After completion of all codal formalities & NOC from Incharge Store (for Drugs/Medicines) & Inspection report and satisfactory working report from the concerned Head of the Department (for Machinery/ Equipment/ Surgical/ Disposable/X-Ray films/Chemicals) the Security Deposit shall be released to the firms accordingly.

Step-XIV. Medicines/ X-Ray Films and other articles to be issued to end-users/ health facilities according to their indents and within their budgetary allocation. It should be on proper indent books, through authorized Official under their signature and name in bold letters. Entry of every released store shall be made on stock register on the same day for any short supply, the receiving Official shall be held responsible.

N.B:

Proper maintenance of Stock Register, to be signed by Medical Officer and Store Keeper Incharge on issuing of every item.

Proper printed receipt book should be maintained and reconciled regularly.

DDOS and Procurement Officer should maintain the following register

1. Budget Allocation, Consumption and balance of Drugs / Medicines / Consumables / Surgical Sundries / X-Ray Films and Chemicals Institute Wise.
2. Record of Tender Inquiry prepared Sale and Balance.

In order to avoid complications and lapses of fund all DDOS are advised to utilize the budget maximum by May for the current financial year, however in case of late release they may process accordingly.

SPECIMEN FOR INVITATION OF ANNUAL DEMAND

To,

The M.S. / Incharge Health Facility / Head of Department
Address

**SUBJECT: YEARLY DEMAND OF DRUGS/MEDICINE/ SURGICAL CONSUMABLE
FOR THE PERIOD OF July 2006 TO June 2007.**

You are advice to send your yearly demand of DRUGS / MEDICINE / SURGICAL CONSUMABLE FOR THE PERIOD OF July to June 200__ of your institution on prescribed Performa as under.

Sr. #	Items	Previous Balance	Quantity Received	Total Quantity	Present Balance	Yearly Consumption	Requirement For the Year 2006 - 2007	Remarks
A	B	C	D	E(C+D)	F	G(E—F)	H	

It is requested that the matter may be treated as “TOP PRIORITY”

Procurement Officer / D.O Procurement / E.D.O. (H)
Teaching Institution / E.D.O. (H) / M.S., C.S

Performa for Inviting Demand of Machinery/ Equipments from End Users

To,

The M.S. / Incharge Health Facility /Head of Department
Address

SUBJECT: DEMAND FOR MACHINERY/ EQUIPMENTS / INSTRUMENTS

You are advice to send your demand for the machinery/equipments and instruments of your institution on prescribed Performa as under:

Name of the Department/Institution/Health facility _____

Name of the Requesting Officer/Official _____

Designation _____

Date of Request _____

Sr. #	Item	Previous Supply	Balance In Stock	Functional / Non Functional (Reason)	Required Quantity In Figure & Words	Justification Should include Manpower, Space, Electricity /Gas availability and other pre-requisite

Signature

Seal

SPECIMEN OF ADVERTISEMENT FOR PREQUALIFICATION.

OFFICE OF THE

**PRE-QUALIFICATION OF MANUFACTURER / IMPORTERS FOR SUPPLY OF DRUGS /
MEDICINES / DISPOSABLE / SURGICAL ITEMS FOR THE YEAR _____.**

The Office of _____ is inviting application from Manufacturer /
Importer for pre-qualification in the category “For Supply of Drugs / Medicines/ Disposable /
Surgical Items & X-Ray Films / Chemicals for the year _____

Interested firms are requested to obtain the request form from the office of the
_____ + PM&I Cell, Health
Department, Govt. of Sindh, Karachi & the Director General Health Services Sindh,
Hyderabad on the cash payment of Rs. 100/= One Hundred Rupees (Non-Refundable) upto
_____ and submit the same along with full required information upto _____
.Rupees One Thousand will be charged as Service Charges Only from qualified
Manufacturer / Importer

+

Signature with Name & designation of the authority)

**APPLICATION FOR PRE-QUALIFICATION OF
PHARMACEUTICAL MANUFACTURER LOCAL/FOREIGN PRINCIPAL**

FORM A

NOTE: ONLY MANUFACTURER/IMPORTERS WHO HOLD VALID REGISTRATION OF PRODUCTS IN THEIR NAME BOTH IN PAKISTAN AND COUNTRY OF ORIGIN CAN APPLY FOR PRE-QUALIFICATION AS SUPPLIER
MANUFACTURER/IMPORTERS CAN AUTHORIZE THEIR INSTITUTIONAL DISTRIBUTORS TO PARTICIPATE IN TENDER
SUB-DISTRIBUTER/SUB-AGENT CANNOT PARTICIPATE IN TENDER

1.	Name of Manufacturer		
2.	Postal Address: Head Office, manufacturing unit, godowns		
3.	Phone Numbers:		
4.	Fax Numbers:	E-Mial No	Web-site (if any)
			Marks
5.	Date of Establishment:	1 - 10 years. 11 - 25 years.	5 10
6.	Whether:		
	a) Manufacturer of Basic Raw Materials		5
	b) Manufacturer of Formulated Pharmaceuticals (attach copy of Licence).		5
	c) Pre-qualified with any Department, if yes, attach proof.		
7.	Licence No. (in case of manufacturer) attach copy:		
8.	Whether Public Limited Company/ Private Limited Company/ Partnership Firm/Proprietorship. Specify name of Chairman / Chief Executive Officer / Managing Director / Directors.		
9.	Full particulars of authorized person who will deal		
10.	C.I. & E. Registration No (attach attested copy).		
11.	Chamber of Commerce & Industry Registration No.		
12.	List of Government/Autonomous/ Organizations/Departments to whom the goods are supplied (proof).		
13.	Total Number of Employees: Including Management Staff	1 - 50 51 - 100 101 - 200 201 - 300 301 - 500	2 4 5 6 8
14.	Total number of phamacists (with Name, qualification and experience).	1 - 5 6 - 10 ph.D. Qualification.	3 5 1 for each person
15.	Detail of Machinery with Model, Make and Country of Origin (Department Wise).including list & capicity of mixing/drying/filling container.		
16.	Total number of Technical Experts (Section wise) in Quality Control and production Department (with Name, Qualification and Experience) :Permenant and contractual	1 - 5 6 - 10 ph.D. Qualification	3 5 1 for each person

SOLD TO

FOR

Guidelines For Pre Qualification & Tender

17	Detail of Quality Control Laboratory Equipment with Model, Make and Country of Origin. Used for testing of Physical/chemical Parameter								
18	Specify the sources of Raw Materials with product wise documentary proof.								
19	Storage capacity and facilities maintained for Raw Materials.								
20	Storage capacity and facilities maintained for finished products.								
21	Number of Manufacturing Sections.	Tab.	Inj		Cap.	Syp.	Drops	Cream	Inhaler
			Liq	Pow					
22	Total number of products (attach valid price list and copy of Registration Certificates).								
23	Total covered area of Factory.	- Upto 50,000 Sq Ft		1					
		- From 50,000 - 100,000 Sq Ft		2					
		- More than 100,000 Sq Ft.		3					
24	Annual business turnover for last three years (attach proof).	- Upto 0.25 Bill.							
		- Upto 1.00 Bill.							
		- Upto 2.00 Bill.							
		- Upto 3.00 Bill.							
25	G.M.P. Approval Certificate					5			
26	W.H.O. Approval Certificate					5			
27	ISO-9000 Series Certificate (attach Proof).	- ISO-9000-I		5					
		- ISO-9000-II		2					
28	Sale Made to a) Retail/whole sale b)Government Purchases (including EDOs/ Semi government/Corporation)								
29	Whether exporting medicines to other countries, if yes, give details.	Yes		5					
30	Stocks are available in the local market or not	Freely available.(Five Years)		5					
31	Was any sample of drugs/ medicines declared sub-standard by any Drug Testing Laboratory of Pakistan, if yes, give details.								
32	Whether the applicant was convicted by any Drug Court for manufacturing for sale and selling:- 1- Spurious Drugs. 2- Un-registered drugs, sub-standard drugs during last five years.								
33	Whether the applicant was black-listed in any Government/Semi-Government / Autonomous Department, if no, then submit an affidavit on Rs. 20.00 Stamp Paper duly attested by the Notary Public.								
34	Fixed Capital.								
35	Paid up capital.								
36	Gross profit of firm as per last annual report								
37	Income Tax statement (details for last three years) (Annual Report).								

Form A

38	NTN Certificate							
39	GST Registration Certificate (if applicable) if exempted proof of exemption.							
40	Do the applicant agree to provide the following if requested:							
	A) Assay procedure of any/ all products							
	B) Reference Standard							
	C) Evidence of Bio availability / Bio-equivalence for all / any item.							
	D) Evidence of basis for expiration dating and other stability data concerning commercial / final packing.							
41	Numbers and list of authorized dealer							
42	Sample of approved printed material i.e carton, label etc.							

43	Copy of inspection reports carried out by Field staff during last 02 years	
44	Valid Drug Sale licence	
45	List of authorized dealers/distributors in Pakistan	
46	Undertaking: To pay required drug testing fee at PDL/CDL as per prevailing rate.	
47	Undertaking: To supply equal additional quantity for sub-stand.	
48	Undertaking: That the firm/Bidder has not been black listed in the past by any of the government institution, there is no any pending litigation filled by the Government and the product is freely available in market.	
49	Certificate from bank that Manufacturer is capable of doing business of at least Rs._____.	

NOTE: Please use separate sheet for details (if required).
 Conditions may be relaxed where not applicable.
 If the information is incomplete, the firm will not be pre qualified and will not be entertained.
 If any information is incorrect, the firm will not be qualified, or dis qualified as the case may be.
 Attach certificate where required.

**Manufacturer/Impoter WILL BE RESPONSIBLE FOR ANY MISCONDUCT/
 REECH OF ANY CLAUSE CONTAINED IN THE CONTRACT
 BY THE INSTITUTIONAL DISTRIBUTER
 FORM S WILL ACCOMPANY FORM A AND B**

SOLD TO _____

FOR(name of institute/EDO)_____

SOLD FROM _____

APPLICATION FOR PRE-QUALIFICATION OF IMPORTER/SOLE AGENTS OF FOREIGN PRINCIPALS

NOTE: ONLY MANUFACTURER/IMPORTERS WHO HOLD VALID REGISTRATION OF PRODUCTS IN THEIR NAME BOTH IN PAKISTAN AND Country OF ORIGIN CAN APPLY FOR PRE-QUALIFICATION AS SUPPLIER

MANUFACTURER/IMPORTERS CAN AUTHORIZE THEIR INSTITUTIONAL DISTRIBUTORS TO PARTICIPATE IN TENDER

SUB-DISTRIBUTER/SUB-AGENT CANNOT PARTICIPATE IN TENDER

FORM B

1	Name of Foreign Principals with Postal Address, Phone No., Fax No., E-Mail Address / Web-site (Please specify and attach valid Agency Agreement)	
2	Name of Importet/Sole Agent.	
3	Postal Address:	
4	Phone Numbers:	
5	Fax Numbers: E.Mail No. / Web-site.	
6	Date of Establishment:	
7	a) Whole Sale Drug License No.	
	b) Valid Upto:	
8	List of Technical Staff with qualifications.	
9	Whether Public Limited Company/ Private limited Company/ Partner-ship Firm/ Proprietorship. Specify name of Chairman / Chief Executive Officer / Managing Director / Directors.	
10	Full particulars of authorized person who will deal	
11	Chamber of Commerce & Industry Registration No/PCDA No. / PPMA No.	
12	List of Government / Autonomous/ Organization / Department to whom the goods are supplied.	
13	Complete List of registered products with registration.	
14	Specify facilities and capacity for storage of medicines.	
15	Annual business turnover for last three years (attach proof).	
16	Annual Import in last financial year (attach Proof)	
17	Whether the applicant was black-listed in any Government/Semi-Government/Autonomous Department, if no, then submit an affidavit on Rs. 20.00 Stamp Paper duly attested by the Notary Public.	
18	Whether the applicant was convicted by any Drug Court of Pakistan during last three years, for sale and selling:- 1- Spurious Drugs. 2- Un-registered drugs, sub-standard drugs during last five years.	
19	Was any sample of drugs/ medicines declared sub-standard by any Drugs Testing Laboratory of Pakistan, if yes, give details.	
20	Fixed capital for Limited Company.	
21	Paid-up-capital for Limited Company.	
22	Attached Annual report.	
23	Do the applicant agree to provide the following if requested: A. Assay procedure of any/ all products B. Reference Standard C. Evidence of Bio-availability/Bio-equivalence for all/any item. D. Evidence of basis for expiration dating and other stability data concerning commercial / final packing.	
24	Certificate that bidding product is and will remain freely available in the market	
25	Certificate of Pharmaceutical product (GMP/ Free sale certificate) certified by the ministry of the country of origen.	

FORM B

26	Evidence that the product is purchased in the country of origin by the government of that country	
27	NTN Certificate	
28	GST Registration Certificate (if applicable) if exempted proof of exemption.	
29	Certificate from bank that IMPORTER/SOLE AGENT is capable of doing business of at least Rs._____.	
30	Proof of Safety and efficacy.	
31	Undertaking: To pay required drug testing fee at PDL/CDL	

NOTE: **Please use separate sheet for details (if required).**
Conditions may be relaxed where not applicable.
If the information is incomplete, the firm will not be pre qualified and will not be entertained.
If any information is incorrect, the firm will not be qualified, or dis qualified as the case may be.
Attach certificate where required.
FORM S will be submitted along with A and B By the Applicants

**Manufacturer/Impoter WILL BE RESPONSIBLE FOR ANY MISCONDUCT/
 BREECH OF ANY CLAUSE CONTAINED IN THE CONTRACT
 BY THE INSTITUTIONAL
 DISTRIBUTER**

(For Office Use Only)

SOLD TO _____

FOR(name of institute/EDO)_____

SOLD FROM

 (Name of Office)

**FORM FOR
INSTITUTIONAL DISTRIBUTORS LOCAL/FOREIGN PRINCIPALS**
Signed By Manufacturer/Impoter TO BE SUBMITTED WITH FORM S
FORM A & B, Page.....1

1.	Name of Local/ foreign principal with postal address phone number, fax. E-mail, web-site (Please specify and attach valid Agency Agreement/authority letter)		
2.	Name of Sole Agent/Institutional Distributer:		
3.	Postal Address:		
4.	Telephone Numbers:		
5	Fax Numder	E-mail Address	Web-site
6	Date of Establishment:		
7	Whole Sale Drug License Number:	Valid upto:	
8	List of staff		
9	Whether		
	a.	Public Limited Company	
	b.	Private Limited Company	
	c.	Partnership Firm	
	d.	Proprietorship	
10	Specify the Names		
	a.	Chairman :	
	b.	Chief Executive Officer :	
	c.	Managing Director :	
	d.	Directors :	
	e	Partner	
	f	Proprietors	
11	Full Particulars of authorized person who will deal with us:		
12	Chamber of Commerce & Industry Registration Number.PCDA.		

13	List of Government/ Autonomous Organizations/ Departments to whom the goods are supplied.
14	Specify facilities and capacity for storage of medicine:
15	In case the Department intends to inspect the warehouse the applicant agrees or not.
16	Was any sample of drugs/ medicines declared sub-standard by any Drug Testing Laboratory, if yes. Give details.
17	Whether the applicant was convicted by any Drug Court for manufacturing for sale and selling:
	1 Spurious Drugs
	2 Un-registered or sub-standard drugs during last five years.
18	Whether the applicant was black-listed in any Government/Semi-Government/ Autonomous Department, if no, submit an affidavit on Rs. 20/- Stamp Paper duly attested by the Notary Public.
19	Fixed Capital.(for limited Company)
20	Paid up Capital (for limited company).
21	Attach Annual Report.
22	NTN Certificate.
23	GST Registration Certificate (if applicable) if exempted proof of exemption
24	Certificate from bank that DISTRIBUTOR is capable of doing business of at least Rs._____.

- NOTE**
- * Please use separate sheet for details (if required).
 - * Conditions may be relaxed where not applicable.
 - * If the information is incomplete, the firm will not be pre qualified and will not be entertained.
If any information is incorrect, the firm will not be qualified, or dis qualified as the case may be
 - * Attach certificate where required.

**Manufacturer/Impoter WILL BE RESPONSIBLE FOR ANY MISCONDUCT
BREACH OF ANY CLAUSE CONTAINED IN THE CONTRACT
BY THE INSTITUTIONAL DISTRIBUTER**

SOLD TO _____

FOR(name of institute/EDO)_____

SOLD FROM

SPECIMEN OF ADVERTISEMENT FOR PUBLICATION IN NEWS PAPERS

OFFICE OF THE

TENDER NOTICE NO. _____

The _____ Department, Govt. of Sindh hereby invites sealed bids from various Prequalified Manufacturers / Importers /distributors/ for the supply of items mentioned below. A complete set of tender enquiry may be purchased from the office of undersigned, PM&I Cell, Health Department, Block-24, Shahrah-e-Liaquat, Karachi and the Directorate General, Health Services Sindh, Hyderabad on submission of written application upon cash payment of non-refundable fee mentioned in each tender enquiry. The bids must be delivered on opening date upto _____ a.m/p.m, which will be opened publicly in the presence of the bidders or their authorized representatives who choose to attend at _____ am / pm. The purchaser reserves the right to accept/reject any/all bids without assigning any reason. The purchaser also reserves the right to enhance/reduce the quantities and /or deletes any item from the Tender Enquiry.

Description of Stores	Date of opening	Cost of tender.
1.		
2.		
3.		

N.B:-

1. The tenders will be sold from _____ at the Office of undersigned, Directorate General Health Services Sindh, Hyderabad and the Office of Additional Secretary (PM&I Cell), Health Department, Block-24, Shahrah-e-Liaquat, Karachi.
2. Bids must be in Pak rupees.
3. In case Govt. announces any Public Holiday then tender will be opened on next working day.
4. All quotations shall include Govt. Taxes including GST if applicable.

(Signature with Name & designation of the authority)

**SPECIMEN OF INVITATION OF TENDER FOR MACHINERY /
EQUIPMENT/ INSTRUMENTS/ SURGICAL ITEMS**

Price Rs. _____ (Non Refundable/Transferable)

From: _____

To M/s. _____

INVITATION TO TENDER NO. _____ DUE ON:

Dear Sir / Sirs,

You are here by invited to submit your tender for the store as per detailed in the schedule to this invitation to tender subject to the conditions laid down in SPM and those mentioned here-under and given in the schedule. The contract resulting from this invitation to tender shall be governed by the General Conditions of Tender Inquiry/Contract, DIS-12 and the special conditions contained in DIS-13 and 14, wherever applicable. The tenders quoting against this invitation to tender shall be deemed to have read and under-stood the conditions thereof and particulars of the store required and their specifications etc.

Failure to submit the tender in the manner prescribed in invitation to the tender will render the same to be ignored.

The Purchaser does not pledge himself to accept the lowest or any tender and reserve to himself the right of accepting the full or part quantity offered and the tendered shall supply the same at the rate quoted.

Yours faithfully,

(SPECIMEN OF TENDER FOR MACHINERY / EQUIPMENT/ INSTRUMENTS/ SURGICAL ITEMS)

SCHEDULE OF REQUIREMENTS & PRICE
 Price Rs. _____/- (Non-Refundable/Transferable)

TENDER ENQUIRY NO. _____ **DUE ON** _____

Time of Receipt of Tender..... _____ am / pm.
 Time of Opening of Tender..... _____ am / p.m.

Offers shall remain open for 60 days from the date of opening. The tenderers shall quote their prices inclusive of all duties / taxes / Octroi transportation etc, and all other expenses on free delivery to Consignee's end. Price should be quoted in Figures & words both, failing which the offer will be ignored.

Item #	Description of Stores/Specifications.	Quantity Required.	Rupees in Figures Word on FOR & CIF

N.B:-

1. The original catalogue must accompany with offer and the equipment should comply/certified at CE / FDA. Standards.
2. The bidder must confirm free Installation/Demonstration at consignee's end.
3. Two years free Service from the date of installation, 05 years tube warranty / service contract and available of spare parts may also be confirmed by the bidders.
4. Sole Agent Certificate/Authority letter from the manufacturer must be provided by the bidder.
5. The service manual with circuit diagram will be provided with all above-mentioned items.
6. The supplier will be bound to supply the price list of spare parts and consumable at the time of tender i.e. for two years.
7. The supplier will be bound to provide free service during warranty period and to supply spare parts accessories of the supplied equipment on demand.
8. Joint Inspection will be carried out by the consignee & representative of Industries Directorate Sindh with technical assistance from concerned specialties/end user.
9. Guaranteed presence of manufacturer's trained service engineer in Karachi.
10. Presence of manufacture's engineer and specialist during commissioning phase.
11. In case of CIF the bidder to invest his money for L.C. and pay L.C. charges. Transport to consignee end, certificate will be issued by the consignee that the import has been made for the hospital/health facility so as to avail the facility of exemption of duties/taxes as per Government Rules.

DELIVERY PERIOD: _____ **VALIDITY** _____

General Conditions & Instructions:

- 1.1 The tenders shall be submitted with all documents and drawing literature & catalogue (in equipment) in sealed envelopes, with sealing wax. The envelope must contained tender enquiry No. On the top. The name of manufacturer and the supplier should be affixed on the face of envelope at the left side.
- 1.2 Tenders must be filled in with Blue or Black ink in the column provided/on separate letterhead duly signed.
- 1.3. The tenders must be free from erasing, cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial it.
- 1.4. The rates of each item should be written in figures as well as in words. Arithmetical errors will be rectified on the basis; if there is discrepancy between the unit price and the total price that is obtained by multiplying the unit price and the quantity, the unit price shall prevail and the total price shall corrected. In case of discrepancy the price in words will be taken as authenticated and final.
- 1.5. Conditional Tenders will be ignored and will not be considered/entertained/accepted.
- 1.6. Tenders from both Registered and un-registered firms shall be accompanied by Earnest Money @ 2.5% of the value of stores quoted by them in form of Call Deposit/ Pay Order. Registered firm must enclose Photostat copy of valid Registration/Renewal Certificate from Directorate of Industries Sindh along with offer.
- 1.7. Original purchase receipt must be enclosed with their offer and for alternate offer separate purchase receipt shall be submitted, otherwise the original offer will be considered and alternate offer will be ignored.
- 1.8 The tendered rate should be inclusive of all taxes, Income & Sales Tax etc payable to Federal & Provincial Govt. or Local bodies and no claims on this account shall be entertained.
- 1.9 The bidder shall furnish General Sales Tax (GST) Registration Certificate of the firm failing which the offer will be ignored. In case the item is exempted from G.S.T.,either documentary evident or certificate from competent authority shall be attached with the offer.
- 1.10 The bidder shall furnish copy of valid Professional Tax(Excise & Taxation) Certificate/Income Tax Certificate.
- 1.11 One "SAMPLE TENDER PERFORMA" is supplied with the list of items to be purchased. The items have to be quoted on the Performa; duly filled in stamped & signed by the authorized bidder. No other Performa for tender will be accepted. Only those items shall, be typed on the Performa for which the rates are to be quoted. In case of need of more Performa a photocopy can be used. Any alteration / correction must be initiated and each page is to be signed and stamped at the bottom.

2. SPECIAL CONDITIONS:

- 2.1 Store is required immediately,. The tenderers may, however, give their short guaranteed delivery period by which the supply will be completed on_____ positively. No Extension will be granted / accorded for the supply of initial quantity.
- 2.2 Tenderers are required to specify make, country of origin and furnish detailed technical, Description literature/catalogue along with their offer.
- 2.3 The Bidders shall quote their firm and final price both in figures & words on "Free Delivery basis to Consignee end.

- 2.4 Tenderers shall submit guarantee letter that the supplied Machinery / Equipment is the original / brand new product / latest model, non of the part is replaced, old or refurbished.
- 2.5 No manufacturer shall authorize their distributor/agent/any firm or person to quote the same item which manufacturer is quoting it-self in any tender. Failing that offers of both the manufacturer as well as other bidder shall be ignored.
- 2.6 Distributor once nominated by the manufacturer will be for the whole contract period and manufacturer cannot change its distributor during the year in any case. In exceptional cases the tendering authority may approve changes.
- 2.6 Tenderers must be enclosed list of users of the quoted item (s), availability of workshop & trained + qualified persons at Sindh for after sale service.
- 2.7 Tenderers shall purchase separate tender documents and furnish purchases receipts for each alternate offer in case they want to submit alternate offer for any item. All the bids with alternate offers without separate purchases receipt (original) are suppose to be rejected. Also, choice to select/ignore any their alternate offers shall rest with the purchaser.
- 2.8 The bidder shall confirm the refund of cost difference if the same goods is/was supplied at lower rates to any other Govt./Semi Government institution or Armed Forces in the Province or out side in the same fiscal year.

3. **Purchaser's Right to Vary Quantities at time of award.**

The Purchaser reserves the right to increase/decrease or delete the quantities of goods etc. at the time of award of contract and also reserves the right to enhance the quantity by 25% of goods and services originally specified in the Schedule of Requirements without any change in unit price or other terms and conditions of goods at any time during the contract period.

4. **Purchaser's Right to Accept any Bid and to Reject any or All Bids:**

The Purchaser reserves the right to accept or reject any bid, and to annual the bidding process and reject all bids at any time prior to contract award, without thereby incurring any liability to the affected Bidder or bidders, on the grounds for the Purchaser's action.

5. **Notification of Award/Advance Contract:**

- 5.1 Prior to the expiration of the period of bid validity, the Purchaser will notify the successful bidder in writing, delivery by hand or by registered letter, by cable to be confirmed in writing by registered letter that is bid has been accepted.
- 5.2 The notification of award will constitute the formation of the contract.

6. **Award of Contract & Contract Agreement.**

Subject to the fulfillment of all codal formalities, the Purchaser will award the contract to the successful Bidder who's bid has been determined to be qualified to perform the contract satisfactory.

7. **Performance Security:**

The successful tenderers will have to deposit with the Purchaser Security Deposits as under in shape of Call Deposit/Pay Order:- Registered firms: 2.5% of the value of Contract.
Unregistered firms: 12.5% of the value of Contract.

8. **Criteria for evaluation of bids.**

- Quoted prices.
- Specification compliance
- After sale service facility (In case of equipment)
- Operational cost (In case of equipment & Vehicle)
- Delivery schedule
- Past performance of manufacturer/sole distributor in terms of supply & after sale service.
- Submission of Catalogue, Diagrams & Service Manual.
- Authority letter from manufacturer
- Earnest money

9. **Fee for Award of Contract:**

Service charges @ 0.25% of the value of the Contract will realized/charged by the A.G. Sindh, while making payment to the contractors for award of each contract.

10. Undertaking:

- 10.1. That I/we agree whether our tender accepted for total, partial or enhanced quantity for all or any single item. I/We also agreed to supply and accept the said item at the rates for the supply of contracted quantity with in the stipulated period shown in the contract.
- 10.2 I/We understand and confirm the refund of cost difference if the same goods is/was supplied at lower rates to any other Govt./Semi Govt. institution in the province in the same fiscal year.
- 10.3 I/We undertake that, if any of the information submitted in accordance to this tender Enquiry found incorrect, our contract may be cancelled at any stage on our cost and risk.

CERTIFICATE

WE GUARANTEE TO SUPPLY THE STORES EXACTLY IN ACCORDANCE WITH THE REQUIREMENT SPECIFIED IN THE INVITATION TO THIS TENDER.

Signature of Tenderer _____

Name & Designation _____

Address: _____

(SPECIMEN OF INVITATION OF TENDER FOR DRUGS/MEDICINES/SUNDRIES ETC)

Price Rs. _____ (Non Refundable/Transferable)

From: _____

To M/s. _____
_____.

INVITATION TO TENDER NO. _____ DUE ON:

Dear Sir / Sirs,

You are hereby invited to submit your tender for the store as per detailed in the schedule to this invitation to tender subject to the conditions laid down in SPM and those mentioned here-under and given in the schedule. The contract resulting from this invitation to tender shall be governed by the General Conditions of Tender Inquiry / Contract, DIS-12 and the special conditions contained in DIS-13 and 14 of Sindh Purchase Manual, wherever applicable. The tenders quoting against this invitation to tender shall be deemed to have read and understood the conditions thereof and particulars of the store required and their specifications etc.

Failure to submit the tender in the manner prescribed in invitation to the tender will render the same to be ignored.

The Purchaser does not pledge himself to accept the lowest or any tender and reserve to himself the right of accepting the full or part quantity offered and the tenderer shall supply the same at the rate quoted.

Yours faithfully,

(SPECIMEN OF TENDER FOR DRUGS/MEDICINES/SUNDRIES ETC)

SCHEDULE OF REQUIREMENTS & PRICE

Price Rs. /- (Non-Refundable/Transferable)

TENDER ENQUIRY NO.

DUE ON

Time of Receipt of Tender..... _____am/ p.m

Time of Opening of Tender..... _____a.m/p.m

Offers shall remain open for 60 days from the date of opening. The tenderers shall quote their prices inclusive of all duties / Taxes / Octroi transportation etc, and all other expenses on free delivery to Consignee's end at all District headquarters basis. Price should be quoted in Figures & words both, failing which the offer will be ignored.

Item #	Nomenclature / Product Name	Quantity Demanded	Price per unit

DELIVERY PERIOD: _____ **VALIDITY** _____

1. General Conditions & Instructions:

- 1.1 The tenders shall be submitted with all documents in sealed envelopes, with sealing wax. The envelope must contain tender enquiry No. on the top. The name of manufacturer and the supplier should be affixed on the face of envelope at the left side.
- 1.2 Tenders must be filled in with Blue or Black ink in the column provided / on separate Letterhead duly signed.
- 1.3. The tenders must be free from erasing, cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial it.
- 1.4. The rates of each item should be written in figures as well as in words. Arithmetical errors will be rectified on the basis; if there is discrepancy between the unit price and the total price that is obtained by multiplying the unit price and the quantity, the unit price shall prevail and the total price shall corrected. In case of discrepancy the price in words will be taken as authenticated and final.
- 1.5. Conditional Tenders will be ignored and will not be considered / entertained / accepted.
- 1.6. Tenders from both Registered and un-registered firms shall be accompanied by Earnest Money @ 2 ½% of the value of stores quoted by them in form of Call Deposit/ Pay Order. Registered firm must enclose Photostat copy of valid Registration/Renewal Certificate from Directorate of Industries along with their offer.
- 1.7. Original purchase receipt must be enclosed with their offer and for alternate offer separate purchase receipt shall be submitted, otherwise the original offer will be considered and alternate offer will be ignored.
- 1.8. The printed price list duly stamped & signed and the Samples of the quoted item must accompany the bids.

- 1.9. All medicines should be in a special green color (Flag Color) packing meant for Govt. as per presidential directives. All the medicines should be marked Sindh Govt. /City District Govt./District Govt./property as required by the contract, sale probation out side of packing and also inside, the marking will be printed in red color in Sindhi and Urdu languages:
- 1.10 The tendered rate should be inclusive of all taxes, Income & Sales Tax etc payable to Federal & Provincial Govt. or Local bodies and no claims on this account shall be entertained.
- 1.11 The bidder shall furnish General Sales Tax (GST) Registration Certificate of the firm failing which the offer will be ignored. In case the item is exempted from GST either documentary evidence or certificate from competent authority shall be attached with the offer.
- 1.12 The bidder shall furnish copy of valid Professional Tax (Excise & Taxation) Certificate/Income Tax & Whole Sale Drug License.
- 1.13 One "SAMPLE TENDER PERFORMA" is supplied with the list of items to be purchased. The items have to be quoted on the Performa; duly filled in stamped & signed by the authorized bidder. No other Performa for tender will be accepted. Only those items shall, be typed on the Performa for which the rates are to be quoted. In case of need of more Performa a photocopy can be used. Any alteration / correction must be initiated and each page is to be signed and stamped at the bottom.
- 1.14 Schedule is prepared with the generic name; however, the bidder may also mention the brand name against the generic one.
- 1.15 The dosage form, strength and pack size offered for bidding in the tender shall be those which are registered / approved by the Ministry of Health. The dosage form, strength and pack size quoted by the bidders shall confirm to the ones mentioned in the tender form.
- 1.16 Registration number, make or origin of the country of the drug must be mentioned for each item, for which quotation is given, otherwise it will not be considered. The supplier will also provide warranty at the time of supply of medicines.
- 1.17 Printed Price List shall submit along with the tender. The quoted rates once offered by the firms will not be changed during the contract period during the current financial year.
- 1.18 Rates of infusion sets along with name of manufacturers may also be quoted along, with infusion, if infusion with drip set is required.

2. **SPECIAL CONDITIONS:**

- 2.1 Store is required immediately. The tenders may, however, give their short guaranteed delivery period by which the supply will be completed positively. No Extension will be granted / accorded for the supply of initial quantity.
- 2.2 The Bidders shall quote their firm and final price both in figures & words on "Free Delivery basis to Consignee end
- 2.3 At least 50% of the contracted quantity is required within one (01) month (for indigenous goods) and within two (02) months (for imported goods) from the date of award of Contract.
- 2.4 The tender is to be submitted by the manufacturer or the authorized sole distributor and the importer for the supply of drugs / medicines. The authorized distributor must submit authorization letter along with the contract agreement signed between manufacturer and authorized distributors on stamp paper of Rs. 50/-.
- 2.5 Distributor once nominated by the manufacturer will be for the whole contract period and manufacturer cannot change its distributor during the year in any case. In exceptional cases the tendering authority may approve changes.

- 2.6 No manufacturer shall authorize their distributor/agent/any firm or person to quote the same item, which the manufacturer is quoting itself in any tender. Failing those offers of both the manufacturer as well as other bidder shall be ignored.
- 2.7 The supplier shall furnish the certificate from the manufacturer on who's behalf they are participating to the effect that in case of the drug supplied declared sub-standard the participating firm as well as the manufacturer are equally responsible for legal consequences under purchase rules envisaging debarring, purchase of risk and cost and black-listing.
- 2.8 The successful bidder shall pay the testing fees directly to the Provincial Drug Testing lab. For the batches to be supplied and should supply extra quantity of drug/drugs used for testing purpose.
- 2.9 The bidder shall confirm the refund of cost difference if the same med./drug is/was supplied at lower rates to any other Govt./Semi Govt. institution or Armed Forces in the province or out side for local manufacturers in the same fiscal year, if medicines are mfgd. In Sindh and quoted rate to other Province is found lower, then payment will be made on lower quoted rates to any province.

3. **Purchaser's Right to Vary Quantities.**

The Purchaser reserves the right to increase / decrease or delete the quantities of medicines / drugs / surgical / disposable items etc at the time of award of contract and also reserves the right to enhance the quantity of goods / services originally specified in the Schedule of Requirement without any change in unit price or other terms and conditions of goods at any time during contract period

4. **Purchaser's Right to Accept any Bid and to Reject any or All Bids:**

The Purchaser reserves the right to accept or reject any bid, and to annual the bidding process and reject all bids at any time prior to contract award, without thereby incurring any liability to the affected Bidder or bidders, on the grounds for the Purchaser's action.

5. **Notification of Award/Advance Contract:**

- 5.1 Prior to the expiration of the period of bid validity, the Purchaser will notify the successful bidder in writing about the acceptance of the offer delivery by hand or by registered letter.
- 5.2 The notification of award will constitute the formation of the contract.

6. **Award of Contract & Contract Agreement.**

Subject to the fulfillment of all codal formalities, the Purchaser will award the contract to the successful Bidder whose bid has been determined to be qualified to perform the contract satisfactory. Both the parties i.e. the Purchaser and the supplier will sign the Contract Agreement on the stamp paper with stamp duties as per prevailing Govt. rules, the expenditure involved on the said contract agreement will be borne by the supplier.

7. **Performance Security:**

The successful tenderers will have to deposit with the Purchaser Security Deposits as under in shape of Call Deposit/Pay Order:-

Registered firms:	2 ½ % of the value of Contract.
Unregistered firms:	12 ½ % of the value of Contract.

Same will be released after successful completion of stores, NOC from consignee and clearance certificate from Excise & Taxation department etc.

8. **Shelf Life required:** Manufacturing and expiry dates will be written on the each pack. No drugs / medicines, surgical and disposable item will be accepted having expiry less than 80% of shelf life in case of local manufacturing and 70% shelf life for imported items. The firm will replace the drugs three months before its expiry on the request of the institute / hospital / district administration.
9. **Criteria for evaluation of bids.**
- a. Quoted prices.
 - b. Specification compliance
 - c. Delivery schedule
 - d. Registration by Regulatory Authority
 - e. License by registration authority
 - f. Authority letter from manufacturer
 - g. Earnest money.

N.B: Department reserve the right to ask and verify any document related with manufacturing of item, to assess the quality.

10. **Fee for Award of Contract:**

Service charges @ 0.25% of the value of the Contract will realized/charged by the A.G. Sindh/ District Accounts Officer of the Districts, while making payment to the contractors for award of each contract and credited to the receipt Head.

11. **Undertaking:**

- I / We read/understand the conditions specified in the tender inquiry and undertake:-
- 11.1 That I / We will remain bounded to supply any item as an additional quantity at the same rate on which said item I/We have supplied during the same financial year.
 - 11.2 That I / We agree whether our tender accepted for total, partial or enhanced quantity for all or any single item. I/We also agreed to supply and accept the said item at the rates for the supply of contracted quantity with in the stipulated period shown in the contract.
 - 11.3 I/We understand and ensure for the supply of quality medicines. I/We also agree to supply the 100% additional quantity without any additional charges, if the supplies/part of the supplies declared sub-standard.
 - 11.4 I/We understand and confirm the refund of cost difference if the same medicines/drug is/was supplied at lower rates to any other Govt./Semi Govt. institution, Armed Forces, in the province in the same fiscal year or to any other Province or Armed Forces in case medicines is manufactured with in Sindh.
 - 11.5 I/We undertake that, if any of the information submitted in accordance to this tender enquiry found incorrect, our contract may be cancelled at any stage on our cost and risk.
 - 11.6 I/We undertake to the deposit the Drug Testing fees per batch to the Director P.D.L, Karachi and deposit directly to CDL if the assignment given to the CDL..

Signature of Tendered _____

Name & Designation _____

Address: _____

(SPECIMEN)

CRITERIA FOR EVALUATION OF BIDS:

Tender No. _____ **Opened on:** _____

Item No. & Name.							
Name of Quoting firm.							
Status of firm on C.S.							
Quoted Rate.							
Specification compliance as per tender or not							
Original Tender Purchase Receipt enclosed or not							
Earnest Money							
Authority letter from the manufacturer.							
Warrantee letter from the manufacturer							
Price List duly signed & stamped							
Validity of offer							
Delivery schedule offered							
Registration Certificate of the Product enclosed or not							
Registration / Renewal Certificate from Industries.							
Sample provided or not.							
Past performance / experience with the firm.							
Quantity verified							

N.B:- Committee shall recommend total quantity for purchase keeping in view the available balance at main store. Quantity may be adjusted according to quoted price in comparison to estimated price.

(Sign. With Seal, Name & Designation of all the members of evaluation committee).

Technical Comments for Tender for Tender Enquiry No. _____ Open on _____

A tender enquiry No. _____ was advertised for procurement of _____ for the year 200 - 200 . Tender was opened on _____ offers were received. Comparative Statement is placed at F/A. All the offers were examined/ evaluated by Technical Evaluation Committee. In the light of comments/ recommendations of the Committee, technical comments are given below for kind perusal and approval of Purchase Committee.

Item #	A/U	Description & Specification	Quantity	Estimate Rate

1st lowest offer M/s. _____ Quoted Rate: _____
 Offered _____ Manufactured by _____. Trade Price is Rs. _____ (in case of medicines only).

Offer is according to the tender specification / requirement and also within or below 10% of the estimated rate and also recommended by the evaluation committee, hence may be accepted.

“OR”

Offer is not according to the specification / requirements in respect of following:-

1. Quoted rates are % higher than estimated rates.
2. Quoted rates are % higher than Trade Price.
3. Short of earnest money / Conditional offer as _____ / not complying specification, delivery period / sample not provided / single offer received etc.

Inview of above discrepancies and non-acceptance by the Evaluation Committee, there of may be rejected / ignored.

(Note: If 1st lowest offer ignored then incorporate 2nd lowest offer as per above pattern or request for re-tendering).

Submitted for kind perusal and approval please.

Procurement Officer / D. O. Procurement

SPECIMEN FOR PURCHASE PROPOSAL

- 1. Indenter's Name & Address
- 2. Indent No. & Date
- 3. Indent Value Rs.
- 4. Indented Store Drugs/Medicines OR -----
- 6. Tender Enquiries issued on
- 7. Tender opened on
- 8. File sent to Purchase Committee for approval of Technical Comments on
- 9. File/Comments received on
- 10. Total offers received
- 11. Nature of Tender Enquiry Advertised

Purchase Proposal

The matter pertains to the procurement of _____ against indent no. & date mentioned above. The demand was advertised vide newspapers, the cutting of which is placed at page-_____. In response to which _____ offers were received. The same were opened on due date i.e. _____. The details are at page-_____. The Comparative Statement is at F/A, which has been duly graded.

In view of the recommendations of the Purchase Committee, the Purchase Proposal is worked out as under:-

M/s. _____

Item #	Estimated Rate	Trade Price(for drugs/medicines)	Quoted Rate	Qty. approved	Value

M/s. _____

Total value of the orders i. e Rs. _____, is within the budgetary allocation.

Therefore case may kindly be sent to the _____ for approval of purchase proposal accordingly.

PROCUREMENT OFFICER / D.O PROCUREMENT

SPECIMEN OF ADVANCE CONTRACT

OFFICE OF THE

ADVANCE ACCEPTANCE NO. _____ Dated _____

M/s. _____

SUBJECT: **Procurement of** _____ **for the year** _____

Reference: Your Offer / Quotation No. _____ dated _____

Item #	Description of Stores	Rate per A/U	Quantity Ordered	Total value in Figures.

Total Value in Rupees: _____

DATE OF DELIVERY: _____

The above acceptance is subject to 2½ / 12 ½% Security Deposit amounting to Rs. _____, which may please be furnished in the shape of Call Deposit / Pay Order and the signing of contract agreement which may please be signed within 07 days of the receipt of the A. T. failing which the Contract is concluded at your risk and expenses. By the issue of this acceptance the Contract is concluded at your risk and expenses and will however be governed, as per conditions laid down in Form DIS-12 of Sindh Purchase Manual 1991 as amended to date, Formal Contract will follow.

—

(Signature with Name & Designation of the Authority)

(SPECIMEN OF CONTRACT AGREEMENT)
Contract Agreement

No. _____ Dated _____

This agreement made this ____ day of _____ between the _____
 _____ “The Purchaser” acting through the Purchase Officer
 / D.O. Procurement herein after and M/s. _____
 _____ (address) hereinafter “the supplier”.

Where as the purchaser is desirous that certain goods should be provided by supplier and where as the supplier has agreed to provide and quoted the rates which has accepted by purchaser for the supply following goods in the sum of Rs. _____/- herein after “the contract price”).

Item #	Description of Stores	Rate per A/U	Quantity Ordered	Total value in Figures.

The delivery period will commence from the date of acceptance of the contract by the bidder. Now this agreement witnessed as follows:

1. In this agreement words and expressions shall have the same meanings as are respectively assigned to them in the Terms & Conditions of Tender Enquiry referred to.
2. Following documents shall be deemed to form and be read and construed as par of this agreement, viz:
 - a. Contract Agreement.
 - b. Price Schedule.
 - c. Technical Specifications
 - d. Terms & Conditions of Tender Enquiry.
 - e. Terms & Conditions of the Contract.
 - f. Schedule of requirement.
 - g. Bidders offer including the relevant correspondence with all annexes made before signing the contract agreement.
3. In consideration of the payments to be made by the purchaser to the, we supplier as hereinafter mentioned, the supplier hereby covenants with the purchaser to provide the goods and services and to remedy the defects therein in conformity in all respects with the provision of the contract.
4. The purchaser hereby covenant to pay the supplier in consideration of the provision of the goods and services and the remedying of the defects therein, the Contract Price payable under the provision of the contract at the time and in the manner prescribed in the contract.

In witness whereof the parties here to have caused this agreement in accordance with their respective hands and seals, the day, the month and the year first above written.

SUPPLIER
 SIGNATURE & SEAL -----
 NAME _____
 Address & NIC No. _____

PURCHASER
 Signature & Seal _____
 NAME _____
 Designation _____

WITNESS (SUPPLIER)
 SIGNATURE & SEAL _____
 NAME _____
 Address & NIC No. _____

WITNESS (PURCHASER)
 SIGNATURE & SEAL _____
 NAME _____
 Designation _____

(SPECIMEN OF FORMAL CONTRACT FOR DRUGS/MEDICINES/SUNDRIES ETC)

GOVERNMENT OF

1.	Contract No. & Date				
2.	Name and Address of the Contractor		M/S.		
3.	Contractor's Tender No. & Date		No.	Dated	
4.	Indenter's No and Date				
5.	Indenter's Name and Address				
6.	Conditions of the Contract		As contained in DIS-12 of Sindh Purchase Manual 1991 as amended from time to time.		
7.	Particulars of Stores		As given below:		
Item #	Code #	Description of Stores	Rate per A/U	Quantity Ordered	Total value in Figures.

Total Value in Rupees _____

8.	Date of Delivery				
9.	Place of Delivery				
10.	Dispatch Instruction:		Free delivery to the Consignee.		
11.	Name and address of the Consignee:				
12.	PACKING & MARKING				
12.1	The stores should be suitably packed (Hospital/Dispensary) as shown against description of stores (Clause No.7) to resist damage in transit by Road/Rail from suppliers ware house to the consignee's premises. If due to un-sufficient or defective packing Government suffers any loss the contractor shall be responsible for making up such loss to the Government without any extra cost.				
12.2					
12.3	You are required to supply the medicines in special green color (Flag Color) packing meant for Govt. as per presidential directives, and "Sindh Govt. property", "sale prohibited" in Urdu & Sindh on the outer side as well as inner packing.				
12.4.	The date of manufacturing of the Drugs and medicines Expiry thereof batches No. must be printed in Red on labels of bottles / containers / packages / vials / ampoules/bags etc. The shelf life for Imported Drugs/Medicines should not in any case be less than 70% at the time of Inspection of Stores by the Inspector 80% in case of indigenous manufacturing.				

12.5.	You are required to furnish a Certificate from the Official authorities of the country of origin as the potency and suitability for human consumption of imported drugs and medicines meant for internal use. In case of drugs falling under category "C" (1) for Sindh Drugs Rules you shall abide all the rules in this respect.
	If you will fail to comply with the above packing/making instructions you will be responsible for any loss or damage or misuse. A packing list showing contents of the packages must be kept in each and every package/drugs etc.
13.	PARTICULAR GOVERNING SUPPLY.
	As per specification given under Description of Stores against Clause No.7.
14.	INSPECTION:
14.1	INSPECTION AUTHORITY:
14.3	PLACE OF INSPECTION: At consignee end. Please intimate in writing under advice to this office as and when the stores are ready for inspection. The stores should be offered for Inspection well in time i.e. 15 days in advance to ensure completion within the stipulated date of delivery.
14.4.	INSPECTION MATERIAL & FEES: You are required to pay the fees at the rate of Rs.1000/- per batch for the drugs to be tested at P.D.L and pay directly to C.D.L as per their schedule of the approved rates. The Pay Order should clearly indicate "Fees for Drug Testing" and should be in the name of PDL. You are also required to supply an additional quantity of the supplies required for analytical tests. This additional quantity must be supplied / delivered with and pertains to the same batch as the supply of main store.
14.5	INSPECTION NOTE: The Inspection Note will be issued after receiving of the analytical report from the Drug Testing Laboratory selected by the Inspection authority.
	PAYMENT:
15.1	The Accountant General Sindh/District Account Officer on production of the Delivery Challan, Inspection Note and Receipt Certificate will make 100% payment from the consignee during the year.
15.2	100% of the payment will be withheld in case of the delay of the analytical report due to any reason.
16.	SECURITY DEPOSIT. @ 2.5% / 12 ½ % Obtained an amount of Rs. _____, in the shape of pay order/Call deposit No. _____ dated:-----
17.	PART SUPPLY/PART PAYMENT. Allowed.
18.	SPECIAL INSTRUCTION:
18.1	The bidder shall confirm the refund of cost difference if the same medicines/drug is/was supplied at lower rates to any other Govt./Semi Government institution in the province or out side the province in the same fiscal year.
18.2	If it is found that the contracted prices of any item are more than the Government fixed price the difference will be recovered from you.
18.3	The Inspection Authority reserves the right to get any or all stores/items of drug and medicines supplied against this Contract tested by any Drug Testing Laboratory at the purchaser's discretion, before or after the acceptance of stores.
18.4	All the supplies must be completed within the stipulated delivery period incase of your failure to adhere to the stipulated delivery period the purchaser reserve the right to forfeit the security deposit and purchase the stores from any other sources on your risk and expenses without any notice to you. Excess amount if any on account of re-purchase will be recovered from you in addition to other penalties imposed if any.
18.5	The stores (Drug and Medicines) if found damaged shall be replaced by you free of cost.

18.6	Sub-standard stores if supplied will not be returned and you will be required to supply the stores of contracted specification and of standard quality in addition to the same without any additional expenses on the Government.
19.	The supplier shall furnished the certificate from the manufacturer on who's behalf they are participating that in case of the drug supplied declared sub-standard, the participating firm as well as the manufacturer are equally responsible for legal consequences under purchase rules envisaging debarring, purchase of risk and cost and black-listing.
20.	The supplier/manufacturer should ensure the supply of quality medicines.

(Signature with Name & designation of the authority)

Copy to:-

1.	Accounts Officer	The Account General of Sindh, Karachi/District Account Officer through (SVO) This issues with the concurrence of Purchase Competent authority viz. _____ and debit it to the Head of Account No. _____ _____ _____
4.	Inspection Authority:	
7.	The _____ Commissioner _____ Income _____ Tax,	

**SPECIMEN OF FORMAL CONTRACT FOR MACHINERY /
EQUIPMENT / INSTRUMENT ETC**

GOVERNMENT OF

1.	Contract No. & dated.			
2.	Name & Address of the Contractor	M/s.		
3.	Contractor's Tender No. & Date.	dated		
4.	Indenter's Name & Address.			
5.	Indent No. & date.			
6.	Conditions of the Contract.	As contained in DIS-12 of Sindh Purchase Manual 1991 as amended from time to time.		
7.	Particulars of Stores.	As given below.		
ITE M #	<u>Description of Stores</u>	RATE PER A/U	QUANTITY ORDERED	TOTAL VALUE IN FIGURES.

Total value in words _____

NB:

1. GST INCLUDED IN THE ABOVE PRICES.

Free Installation/Demonstration at consignee's end.

Two years free Service from the date of installation, 05 years picture tube service contract and available of spare parts also confirmed.

The service manual with circuit diagram will be provided with above-mentioned items.

The supplier is bound to provide free service during warranty period and to supply spare parts accessories of the supplied equipment on demand.

8.	DATE OF DELIVERY:	
----	-------------------	--

Inspection call may be sent two weeks before the date when the inspection is required failing this actual date of inspection or two weeks after the receipt the inspection call whichever is earlier. Will be considered the date of offering the stores for inspection.

9.	Place of Delivery.	
10.	Name & Address of Consignee:	
11.	Dispatch Instruction.	
12.	Inspection Authority.	The Deputy Director (inspection) Directorate of Industries, Sindh, Karachi (for hospital / health facilities / institutions at Karachi) or an officer acting on his behalf (at Districts level) in association with the Inspection Committee and technical expert.
13.	Place at which to be inspected.	At Consignee's Premises.
14.	Payment.	i). 100% payment to be made on the proof of inspection and consignees receipt certificate by the Accountant General Sindh, Karachi/District Account Officer, during the year _____. ii). Part Payment against part supply is allowed.
15.	Security Deposit.	Worth Rs. _____ i.e. 2.5%/12 ½% of A/T Value obtained in shape of Pay Order/Call Deposit No. ---- ----- Dated-----, which will be released after receiving satisfactory performance / certificate from end-user.

(Signature with Name & designation of the Authority)

Copy to:-

1.	Accounts Officer	Head of Account No:
2.	Indenting Officer.	
3	Inspection Authority	THE DIRECTOR OF INDUSTRIES (INSPECTION).

4. The Commissioner, Income Tax West Zone.

SPECIMEN FOR JOINT INSPECTION REPORT OF DRUGS / MEDICINES, SURGICAL SUNDRIES & X-RAY FILMS /CHEMICALS ETC.

JOINT INSPECTION REPORT

Contract No. _____

Dated: _____

Contractor Name &
Address _____

Necked Eye condition of supplied store

Item No.	Description of Stores.	A/Unit	Quantity	Batch No.	M

Date of Delivery: _____ Store Received on: _____

Delivery Challan / Receipt Voucher No. _____

(Name, Designation, Seal of Inspection Authority)
members)

(Name, Designation, Seal of Inspection Expert & other

1. Civil Surgeon/M.S. of District Hospital.
2. Health Specialist local support unit SDSSP.

Remarks should be recorded clearly and also point out following in the remarks:-

1. Indicate shelf life of the drug/medicines supplied.
2. Supply is in full or part.
3. Whether supplies as per special packing or otherwise.
4. Any defect seen.
5. Supply according to given sample.

SPECIMEN FOR JOINT INSPECTION REPORT OF MACHINERY / EQUIPMENTS / INSTRUMENTS.

JOINT INSPECTION REPORT

Contract No. _____

Dated: _____

Contractor Name &
Address _____

Necked Eye condition of supplied store

Item No.	Detail Description of Stores.	Description if any Deviations From Tender Specification	A/Unit	Qua

DATE OF DELIVERY: _____ STORE RECEIVED ON _____

DELIVERY CHALLAN / RECEIPT VOUCHER NO. _____

1. Name, Designation, Seal of Inspection Authority
2. Name, Designation, Seal of Technical Expert Of Relevant Field / End User)
3. Civil Surgeon / M.S. of District Hospital.
4. Health Specialist local support unit SDSSP.
5. Director Bio-Medical, GOS, or his Representative

Remarks should be recorded clearly and also point out following in the remarks:-

1. Supply is in full or part.
2. Whether supplies as per or otherwise.
3. Any defect seen.

Teaching Institution / _____ Institution / Program / Project / _____ City District / District Government

Address _____

INSPECTION CERTIFICATE

1. Inspection Certificate No. _____
2. Supply Order No. _____
3. Contractor's Name and Address _____
4. Store tendered for inspection on _____
5. Store Inspected on _____
6. Delivery in Part or Full _____
7. Details of Stores inspected as below and on

Item No of Contract	Description of Stores	Accounting unit	Tendered	Rejected	Accepted	Total Accepted	Stamped as under and remarks if any

Note: A line shall be drawn or typed immediately after the last item under the column "Description of Stores" and "Number" of item inspected shall be recorded in figure and words. This is to prevent unauthorized addition being made.

Place of Inspection _____
 Date _____
 Designation _____

Inspecting Officer's _____
 with Name and _____

RECEIPT CERTIFICATE

1. Certified that the stores as accepted as per inspection certificate and in the Continuation Sheets attached have been received in good condition subjected to the remarks at 3 below
2. _____
The Stores have been bought to account under Receipt Voucher No.
3. _____
Details of recoveries Proposed by the consignee in respect of deficiency breakage/and/ or freight, etc.

Which should be made from the contractor under the terms of contract.

Items	Reasons	Amount	Items	Reasons	Amount

Station _____ Dated _____

Signature with Designation

Signature with Designation

Designation Signature with

DISTRIBUTION OF COPIES

Copy to:

1. **Payment Office**
2. **Contractor'/Supplier**
3. **Consignee**
4. **Indenter**



- 1) The Director General Health Services Sindh, Hyderabad.
- 2) The Medical Superintendent, -Civil Hospital, Karachi/Liaquat University Hospital, Hyderabad / Peoples Medical College Hospital, Nawabshah / Chandka Medical College Hospital Larkana / Civil Hospital, Sukkur / Sindh Govt. Lyari General Hospital, Karachi.
- 3) The Principal Chandka Medical College Larkana, Peoples Medical College, Nawabshah/Sardar Ghulam Muhammad Maher Medical College Sukkur.
- 4) The Medical Superintendent, Sindh Govt. Qatar Hospital, Karachi/Sindh Govt. Hospital Saudabad, Karachi / Sindh Govt. Hospital, Liaquatabad, Karachi / Sindh Govt. Hospital, Korangi, Karachi / Services Hospital, Karachi / Services Hospital, Hyderabad, Sindh Govt. Hospital Ibrahim Hydri, Sindh Govt. Hospital New Karachi.
- 5) The Director, Institute of Skin Diseases Sindh, Karachi/Institute of Medical & Health Science, Gambat / Institute of Chest Diseases, Kotri./ Sir C.J. Institute of Psychiatric, Hyderabad, Director Nursing Sindh Karachi
- 6) The Principal, Public Health School, Karachi/Hyderabad / Sukkur / Larkana. Principal Para Medical Institute Mirpurkhas/ Sukkur / Jamshoro.
- 7) The All Executive District Officer (Health),
 - City District Government Karachi,
 - District Government Hyderabad, Mirpurkhas, Badin, Sanghar, Tharparkar at Mithi, Nawabshah, Sukkur, Khairpur, Dadu, Larkana, Shikarpur, Ghotki, Jacobabad, Thatta , Naushero Feroze, Jamshoro, Matiari, Umerkot, Kashmore, Shahdadkot @ Qamber ,Tando Allahyar & Tando Muhammad Khan.

SUBJECT: FIXATION OF Fee's FOR POST-QUALIFICATION REGISTRATION AND It's APPLICATION.

I am directed to refer to the subject cited above and to state that the following is the fees fixed by health department regarding fee of qualified firms/manufacturers/importers and pre-qualification application form throughout Sindh.

Application Form for Pre-qualification Hundred)	Rs. 100/= (One
Post Qualification Fees from qualified firms Thousand)	Rs.1000/= (One

I am, therefore, directed to inform you that please adhere with the government fixed fees forthwith.

Sd/-
SECTION OFFICER (P.M. & I CELL)
FOR SECRETARY HEALTH, GOVT. OF SINDH

Copy to:-

- P.S. to Secretary Health Sindh Karachi.

NATIONAL HOSPITAL FORMULARY

OPTIONAL LIST

ANTI-HISTAMINES

HI-RECEPTOR ANTAGONIST

NON-SEDATIVES

1. Fexofenadine 60 mg, 120 mg & 180 mg

SEDATIVES

2. Clandestine Fumarate 1 mg tab., 0.25 mg /5 ml syp
3. Hydroxyzine 10 mg, 2.5 mg tab., 0.2% syp

ANTI-INFECTIVE DRUGS

PENICILLIN

4. Cloxacillin 250 mg cap. 125 mg/5ml syp., 250 mg inj

CEPHALOSPORIN'S

FIRST GENERATION

5. Cephazoline Sodium 250, 500 mg & 1 mg inj

SECOND GENERATION

6. Cefuroxime 125, 250 mg tab, 250 and 750 mg inj
7. Cefaclor 50 mg / mldrops

THIRD GENERATION

8. Ceftazidime 500 mg & 1 g inj

FOURTH GENERATION

9. Cefepime 500 mg & 1 g inj

MICROLIDES

10. Clarithromycin 250 mg & 500 mg tab, 125 mg / 5 ml suspension.

SULPHONAMIDES

11. Sulphasalazine 500 mg tab

ANTIFUNGAL

12. Amphotericin 50 & 100 mg tab
13. Fluconazole 50 mg, 150 mg & 200 mg cap. , 50 mg/5ml susp.

ANTI-VIRALS

14. Acyclovir 200 mg tab 250 mg inj

ANTI-MALARIAL AGENTS

15. Sulphadoxine + Pyrimethamine 500 mg + 25 mg inj

AMOEBICIDES

16. Metronidazole + Diloxandi Furoate 400 mg + 500 mg tab
ANTI-LEISHMANIALS

17. Sodium Stibogluconate 100 mg inj

BLOOD ROMATION AND COAGULATION

ANTI-ANAEMIC DRUGS

18. Iron Sucrose 100 mg / 5 ml inj

HEMOSTATICS

19. Antihæmophilic Factor VIII inj.

20. Antihæmophilic Factor II, VII, IX, X inj

CARDIOVASCULAR DRUGS
ALPHA-ADRENERGIC BLOCKERS

21. Doxazosin mesylate 2 mg tab.
SYMPATHOMIMETICS

22. Isoprenaline 30 mg tab., 1 mg inj.
A.C.E INHIBITORS

23. Lisinopril 5,10 & 20 mg tab

ANGIOTENSIN-II ANTAGONIST

24. Losartan Potassium 25 mg tab
HYPOLIPIDEMIC

25. Atorvastatin 10 mg, 20 mg & 40 mg tab.

26. Gemfibrozil 300 mg & 600 mg cap.

DIURETICS

27. Hydrochlorothiazide 50 mg tab.

DRUGS ACTING N CNS

ANXIOLYTICS, SEDATIVES AND HYPNOTICS

BENZODIAZEPINES

- | | |
|------------------|--------------------------|
| 28. Alprazolam | 0.25 mg, 0.5 & 1 mg tab. |
| 29. Buspiron HCl | 5 mg tab. |
| 30. Clonazepam | 500-mcg tab |

ANTIPSYCHOTIC

- | | |
|----------------------|---|
| 31. Thioridazone HCl | 10 mg, 25 mg & 100 mg tab., 10-mg/5ml susp. |
|----------------------|---|

SEROTONIN RE-UPTAKE INHIBITOR

- | | |
|----------------|------------|
| 32. Citalopram | 20 mg tab. |
|----------------|------------|

ANALGESICS (NARCOTIC)

- | | |
|------------------|-------------------------|
| 33. Tramadol HCl | 50 mg cap., 100 mg inj. |
|------------------|-------------------------|

ANTI PARKINGSONS AGENTS

- | | |
|-------------------|-------------|
| 34. Bromocriptine | 2.5 mg tab. |
|-------------------|-------------|

EAR, NOSE AND OROPHARYNX PREPARATIONS

**DRUG FOR NASAL ADMINISTRATION
CORTICOSTEROIDS**

- | | |
|---------------------------------|-------|
| 35. Beclomethasone Dipropionate | spray |
|---------------------------------|-------|

DRUGS ACTING ON ENDOCRINE SYSTEM

ANT DIABETIC AGENTS

SULPHONYLUREAS

- | | |
|----------------|------------------------------|
| 36. Glimpiride | 1 mg, 2 mg, 3 mg & 4 mg tab. |
|----------------|------------------------------|

INSULIN

SHORT – ACTING INSULINS

- | | |
|-----------------------------|--------|
| 37. Insulin Regular (Human) | 100 IU |
|-----------------------------|--------|

INTERMEDIATE ACTING INSULINGS

- | | |
|-------------------------------------|--|
| 38. Insulin Isophane (NPH) (Beef) | |
| 39. Insulin Isophance (NPH) (Human) | |

Guidelines for Pre-Qualification & Tender

SEX HORMONES

PROGESTOGEN

- | | |
|----------------------------------|------------------------|
| 40. Hydro progesterone Caproaate | 250 mg inj. |
| 41. Norethisterone | 5 mg tab., 200 mg inj. |

ANTI ESTROGENIC

42. Clomiphene Citrate 50 mg cap.

FLUIDS AND ELECTROLYTES / NUTRITIONAL SUPPLEMENT

NUTRITIONAL SUPPLEMENT PARENTERAL

43. Amino acids + Sorbitol 5% & 10 infusion., paed's infusion

44. Lipid Emulsion 20% 10% & 20% infusion

GASTROINTESTINAL DRUGS

OSMOTIC LAXATIVE

45. Lactulose 3.35 g/ 5ml syp.

ANTIEMETICS

46, Dinoxerudibe 10 mg tab.

47. Meclizien + Vit-B6 25 mg + 50 mg tab.

MISCELLANEOIUS DRUGS

48. Sucralfate 500 mg & 1 g tab.

IMMUNOGLOBULINS / TOXOIDS / VACCINES

VACCINE (BACTERIAL)

49. Pneumococcal vaccine inj.

50. Meningococcal Vaccine inj.

51. Yellow fever vaccine inj.

VACCINE (VIRAL)

52. Hepatitis B Vaccine inj.

OPHTHALMIC PREPARATIONS

ANTIBACTERIAL

53. Polymyxin B + Neomycin + Gramicidin oint. / drops

ANTIVIRAL

54. Acyclovir 3% oint

CORTICOSTEROIDS

55. Betamethasone 0.1% drops

ANTI INFLAMMATORY NSAID

56. Diclofenc 0.1% drops

MYDRIATICS

- | | |
|-----------------------|-----------|
| 57. Phenylephrine HCl | 10% drops |
| 58. Cyclopentolate | 1% drops |

MYDRIATICS & ANTI-ALLERGIC

- | | |
|------------------------------|---------------------|
| 59. Nphazoline + Pheniramine | 0.025% & 0.3% drops |
|------------------------------|---------------------|

ANTI-ALLERGIC

- | | |
|----------------|-------|
| 60. Antazoline | drops |
|----------------|-------|

TEARS DEFICIENCY THERAPY

- | | |
|--------------------------|-----------------|
| 61. Dextran Hypromellose | 0.5% & 2% drops |
|--------------------------|-----------------|

OCCULAR DIAGNOSTIC PREPARATION

- | | |
|------------------------|-------|
| 62. Flourescine Sodium | drops |
|------------------------|-------|

OTHER OPHTHALMOLOGICALS

- | | |
|--------------------------------|--------------------|
| 63. Zine Sulphate + Boric Acid | 0.46% + 1.6% drops |
|--------------------------------|--------------------|

DRUGS USED IN RESPIRATORY DISORDERS

BRONCHODILATORS (BETA2-AGONIST)

- | | |
|---------------------------|--|
| 64. Terabutaline Sulphate | 2.5 mg tab., 0.3 mg/ml syp., 0.5 mg / ml ampoule |
|---------------------------|--|

WITH CORTICOSTEROIDS

- | | |
|---------------------------------|----------------|
| 65. Beclomethasone + Salbutamol | spray, inhaler |
|---------------------------------|----------------|

ANTICHOLINERGICS

- | | |
|-------------------------|---------|
| 66. Ipratropium Bromide | inhaler |
|-------------------------|---------|

CORTICOSTEROID

- | | |
|---------------------------------|---------|
| 67. Beclomethasone Dipropionate | inhaler |
|---------------------------------|---------|

ANTITUSSIVES

- | | |
|------------------------------|------------------------------|
| 68. Pholcodine + Citric Acid | (10 mg + 100 mg) / 5 ml syp. |
|------------------------------|------------------------------|

TOPICAL PREPARATIONS

CORTICOSTEROIDS

- | | |
|---------------------------|-----------------|
| 69. Clobetasol Propionate | 0.05% w/w cream |
|---------------------------|-----------------|

SCABICIDAL AGENTS

- | | |
|----------------|--------------|
| 70. Permethrin | 5T w/w cream |
|----------------|--------------|

DISINFECTANT & ANTISEPTIC

- | | |
|-------------------|---------------|
| 71. Chloroxylonol | 4.8% solution |
|-------------------|---------------|

VITAMINS / MINERALS

VITAMIND & ANOLOGS

72. Alfacalcidol 0.5, mcg tab.

MISCELLANEOUS THERAPEUTICS OXYTOCICS

73. Dinoprostorne 3 mg tab.

BONE MEATABOLISM

74. Alendronate Sodium 10 mg tab.

ANTIDOTES

75. Flumazenil 100-mcg inj.

76. Naloxone 0.04 & 0.4 mg inj.

77. Neostigmine 15 mg tab., 0.5 mg inj.

SKELATALMUSCLE RELAXANT

78. Baclofen 10 mg tab.

**NATIONAL HOSPITAL FORMULARY
SPECIALIZED LIST**

ANTI-INFECTIVE DRUGS

PENICILLIN'S

1. Piperacillin / Tazobactam 4.5 g inj.

QUINOLONES

2. Gatifloxacin 200 mg & 400mg tab.

**MISCELLANEOUS
ANTI-INFECTIVE**

3. Meropenem 500 mg & 1 g inj.

ANTI NEOPLASTICS AGENTS

ALKYLATING AGENTS

4. Cyclophosphamide 50 mg tab., 200 mg, 500 mg & 1 gm inj
 5. Melphalan 100 mg inj.
 6. Ifosfamide 1 g inj.
 7. Busulan 0.5 mg tab
 8. Chlorambucil 2 mg tab.
 9. Procarbazine 50 mg cap.

CYTOTOXIC ANTIBIOTICS

10. Bleomycin Sulphate 15 mg inj
 11. Dactinomycin 0.5 mg inj
 12. Daunorubicin HCl 20 mg inj.
 13. Doxorubicin HCl 10 mg, 20 mg & 50 mg inj.
 14. Mitomycin 10 mg & 10 mg inj
 15. Epirubicin HCl 10 mg & 50 mg inj.
 16. Mitoxantrone 20 mg & 30 mg inj

ANTI-METABOLITES

17. Mercaptopurine 50 mg tab
 18. Thioguanine 40 mg tab.
 19. 5-Fluorouracil 250 mg inj
 20. Cytarabine 100 mg inj
 21. Gemcitabine 200 mg & 1 g inj.
 22. methotrexate 2.5 mg, 5 mg & 10 mg tab. 5 mg 50 mg & 500 mg inj
 23. Hydroxyurea 500 mg cap

VINCA ALKALOIDS

24. Vinblastine Sulphate 10 mg inj
 25. Vincristine Sulphate 1 mg & 5 mg inj
 26. Vinorelbine 10 mg & 50 mg inj

PLATINUM COMPOUNDS

27. Cisplatin 10 mg, 25 mg & 50 mg inj.
 28. Carboplatin 150 mg & 450 mg inj.
 29. Oxaliplatin 50 mg vial

TAXANE

30. Paclitaxel 30 mg & 50 mg inj
 31. Docetaxel 20 mg inj

ANTI-OESTROGEN

32. Tamoxifen 10 & 20 mg tab
 33. Letrozole 2.5 mg tab
 34. Anastrozole 1 mg tab
 35. Exemestane 25 mg s/c tab

ANTI-ANDROGENS

- | | |
|-------------------------|------------|
| 36. Bicalutamide | 50 mg tab |
| 37. Flutamid | 250 mg tab |
| 38. Cyproterone Acetate | 50 mg tab |

PROGESTERONE DERIVATIVES

- | | |
|---------------------------------|------------------------|
| 39. Medroxyprogesterone Acetate | 100 mg tab. 150 mg inj |
| 40. Legestrol Acetate | 2 mg tab |

ENZYME

- | | |
|--------------------|---------------|
| 41. L-Asparaginase | 10,000 iu inj |
|--------------------|---------------|

MISCELLANEOUS

- | | |
|------------------|-------------------------|
| 42. Etoposide | 100 mg cap., 100 mg inj |
| 43. Dacarbazine | 200 mg inj. |
| 44. Somatostatin | 3 mg vial |

BIOLOGICAL RESPONSE MODULATOR

- | | |
|-------------------------|---|
| 45. Tice BCG | 12.5 mg vial |
| 46. Interferon Alfa-2b | 10 Million units/ml (2.5 ml vial), 1, 3 & 5 Million units |
| 47. Interferon Alfa-2 a | 18 Million unit/ml vial |

ADJUVANT THERAPIES

- | | |
|--------------------|----------------------|
| 48. Mesna | 400 mg inj |
| 49. Calcium Folate | 15 mg tab, 30 mg inj |

GRANULOCYTE STIMULATING FACTOR

- | | |
|-----------------|-----------------------|
| 50. Filgrastim | 0.3 mg/ ml inj. |
| 51. Lenograstim | 33.6 miu/ 26 mcg inj. |

5-HT3 ANTAGONIST (ANTIEMETIC)

- | | |
|-----------------|-----------------------------------|
| 52. Tropisetron | 2 mg & 5 mg ampoule |
| 53. Ondansetron | 4 mg & 8 mg tab., 4 mg & 8 mg inj |

ANTI DOTE HYPERCALCEMIA (MALIGNANCY RELATED)

BIPHOSPHONATE

- | | |
|--------------------------|-------------------------------|
| 54. Pamidronate Disodium | 100 mg cap., 15 mg ampoule |
| 55. Clodronate Sodium | 400 mg cap., 60 mg / 5 ml inj |

TOPOISOMERASE INHIBITORS

- | | |
|----------------|---------------------|
| 56. Topotecan | 4 mg vial |
| 57. Irinotecan | 40 mg & 100 mg vial |

BLOOD FORMATION AND COAGULATION

BLOOD DERIVATIVES

- | | |
|---------------------|----------------|
| 58. Albumin (human) | 50 ml & 100 ml |
|---------------------|----------------|

HEMATOPOIETIC AGENTS

- | | |
|------------------|--|
| 59. Epoetin Alfa | 1000 iu / 0.5 ml., 2000 iu/ 0.5 ml., 3000 iu/ 0.3 ml.,
4000 iu/0.4 ml., 10000 iu / ml inj |
|------------------|--|

CARDIOVASCULAR DRUGS

BETA-ADRENERGIC BLOCKERS

- | | |
|-------------------------|-------------|
| 60. Metoprolol Tartrate | 100 mg tab. |
|-------------------------|-------------|

**VASODIL ATORS
(DIRECT ACTION)**

- | | |
|--------------------------|----------------------|
| 61. Hydralazine HCl | 25 mg tab. 20 mg inj |
| 62. Sodium Nitropursside | 50 mg inj |

ANTI-PLATELET DRUGS

- | | |
|-----------------|------------------------------------|
| 63. Aspirin | 75 mg & 150 mg enteric-coated tab. |
| 64. Clopidogrel | 75 mg tab. |

NITRATES

- | | |
|-------------------------------------|---------------------------|
| 65. Isosorbide Dinitrate (infusion) | 10 mg / 10 ml IV infusion |
|-------------------------------------|---------------------------|

CARBONIC ANHYDRASE INHIBITOR

- | | |
|-------------------|-------------|
| 66. Acetazolamide | 250 mg tab. |
|-------------------|-------------|

DRUGS ACTING ON CNS

ANTI PSYCHOTICS

- | | |
|-----------------|------------------------------|
| 67. Risperidone | 1 mg, 2 mg, 3 mg & 4 mg tab. |
|-----------------|------------------------------|

ANTI EPILEPTIC

- | | |
|-----------------|----------------------------|
| 68. Lamotrigine | 25 mg, 50 mg 7 100 mg tab. |
|-----------------|----------------------------|

DRUGS ACTING ON ENDOCRINE SYSTEM

ANTI DIURETIC HORMONE & DERIVATIVES

- | | |
|------------------|----------------------|
| 69. Vasopressin | 20 IU/ inj |
| 70. Desmopressin | 0.1 mg & 0.2 mg tab. |

MINERALOCORTICOID

- | | |
|-----------------------------|-------------|
| 71. Fludrocortisone Acetate | 0.1 mg tab. |
|-----------------------------|-------------|

FLUIDS AND ELECTROLYTES / NUTRITIONAL SUPPLEMENT

PLASMA SUBSTITUTE

- | | |
|----------------|----------------|
| 72. Hetastarch | 6% IV infusion |
|----------------|----------------|

IRRIGATING ELECTROLYTES

- | | |
|----------------------------------|--|
| 73. Hemodialysis Solution | |
| 74. Peritoneal Dialysis Solution | |

GASTROINTESTINAL DRUGS

LAXATIVES STIMULANTS

- | | |
|-------------------------|----------|
| 75. Sodium Picosulphate | 5 mg tab |
|-------------------------|----------|

IMMUNOGLOBULINS / TOXOIDS / VACCINES

IMMUNOGLOGULINS (SPECIFIC)

- | | |
|--------------------------------|------|
| 76. Hepatitis-B Immunoglobulin | inj. |
| 77. Tetanus Immunoglobulin | inj. |
| 1. Anti-D (Rho) Immunoglobulin | inj. |

IMMUNOGLOBULINS (NON SPECIFIC)

- | | |
|--------------------------|------|
| 79. Human Immunoglobulin | inj. |
|--------------------------|------|

DUGS USED IN RESPIRATORY DISORDERS

MUCOLYTICS

- | | |
|-------------------|------------------------|
| 80. Acetylcystine | 100 mg & 200 mg sachet |
|-------------------|------------------------|

TOPICAL PREPARATIONS

DISINFECTANT & ANTISEPTIC (FOR INSTUMENTS CLEANSING)

- | | |
|----------------|--|
| 81. Korsolex-B | |
| 82. Bib-Forte | |

LIST OF DISPOSABLE SURGICAL ITEMS

S.No.	Disposable / Surgical Items
1	I.V Cannula 16, 18, 20, 22, & 24
2	Surgical Gloves (sterilized)
3	Surgical Blade
4	Foleys Catheter, 2 ways, 3 ways, 5, 14, 16, & 18
5	Butter Fly Needle
6	Feeding Tube Pediatric, 6, 8, 10, 12
7	Endo- Tracheal Tube Disposable, 2.5, 3.5, 3-3, 5-4, 5-5, 5-6, 6-5, 7-7, 5-8
8	Chest Electrodes (Solid gel)
9	Face Mask Oxygen Rubber 0,1,2,3,4,5
10	Spinal Needle Size 23 & 24 (disposable)
11	Rediavac bottle with tube (Disposable)
12	Disposable Syringe with Needle 30 cc
13	Disposable Syringe Cath Tip 60 cc
14	Disposable Gloves (Latix)
15	Disposable Syringe 3cc, 5cc, 10cc & 20cc
16	Endotracheal Tube with cuff various sizes.
17	Dialyzer Set
18	Re-breathing Bags (All Sizes)
19	E.C.G Electrodes
20	ETT Electrodes
21	Feeding Tube Size 16, 18 & 20
22	Urine Bag / Colostomy Bags
23	Face mask (disposable)
24	IV Sets
25	IV Chambers
26	Blood Transfusion Sets / Blood Bags / Plasma Products Container
27	CVP Line (single & double)
28	Adhesive Tapes
29	Cotton (surgical)
30	POP Bandages
31	Bandages (surgical)
32	Cotton Gauze
33	Cord Clamp

NATIONAL HOSPITAL FORMULARY

CORE LIST

ANESTHETICS

GENERAL ANESTHETICS

- | | | |
|----|-------------------|-------------------------|
| 1. | Halothane | liquid for inhalation |
| 2. | Isflurane | liquid for inhalation |
| 3. | Ketamine HCl | 10 mg / ml |
| 4. | Nitrous Oxide | gas for inhalation |
| 5. | Propofol | 10 mg / powder for inj. |
| 6. | Thiopental Sodium | 500 mg powder for inj. |

LOCAL ANESTHETICS

- | | | |
|-----|-----------------------------|---|
| 7. | Bupivacaine HCl | 0.25% & 5% inj |
| 8. | Bupivacaine Spinal | injection. |
| 9. | Ephedrine HCl | 50 mg / ml inj. |
| 10. | Lignocaine | 1% & 2% inj, 5% inj. For spinal anesthesia,
2% & 4% topical solution |
| 11. | Lignocaine HCl + Adrenaline | 1% inj. With adrenaline 1 in 100,000, 2% inj. With
Adrenaline 1 in 200,000 |

MISCELLANEOUS

- | | | |
|-----|--------|--------------------|
| 12. | Oxygen | gas for inhalation |
|-----|--------|--------------------|

ANESTHETIC ADJUVANT (SKELETAL MUSCLE RELAXANT NON-DEPOLARIZING) NON-DEPOLARIZING

- | | | |
|-----|---------------------|---------------------|
| 13. | Atracurium Besylate | 10, 25 & 50 mg inj. |
| 14. | Pancuromium Bromide | 2 & mg inj. |

DEPOLARIZING

- | | | |
|-----|------------------|---------------------|
| 15. | Succinyl choline | 100 mg & 500 mg inj |
|-----|------------------|---------------------|

ANTI-HISTAMINES

H 1 –RECEPTOR ANTAGONIST NON-SEDATIVES

- | | | |
|-----|------------|-----------------------------|
| 16. | Cetirizine | 10 mg tab., 5 mg / 5ml syp. |
|-----|------------|-----------------------------|

SEDATIVES

- | | | |
|-----|---------------------------|--|
| 17. | Pancuromium HCL | 10 mg & 25 MG TAB., 5 mg/5ml elixir or syp., 25
mg inj. |
| 18. | Pheniramine Maleate | 25 mg tab. |
| 19. | Chlorpheniramine Malesate | 4 mg tab., 2 mg / 5 ml syp. |

ANTI-INFECTIVE DRUGS

PENICILLINS

- | | | |
|-----|--------------------------------------|---|
| 1. | Benzathine Penicillin | 6 & 12 lac units inj. |
| 2. | Ampicillin | 250 & 500 mg tab / cap, 125 mg/5ml syp,
500mg inj, 100 mg /5ml drops |
| 22. | Amoxicillin | 250 & 500 mg cap/tab. 125 & 250 mg/5ml
syp.250 mg & |
| 23. | Amoxicillin + clavulanic Acid375 mg, | 625 mg, 1g tab., 125 mg+31.5mg/5ml syp |

**CEPHALOSPORIN'S
FIRST GENERATION**

24. Cephradine 250 & 500 mg cap., 125 mg/5ml & syp., 250, 500 mg & 1 gm inj.

THIRD GENERATION

25. Cefotaxime Sodium 750 mg inj.
26. Ceftriaxone 250,500 & 1 gm inj.
27. Cefixime 400 mg cap., 100 mg/5ml syp.

TETRACYCLINES

28. Doxycycline 100 mg cap / tab., 125 mg/5ml syp.

AMINO GLYCOSIDES

29. Gentamicin Sulphate 20 mg 40 mg 80mg 120mg inj
30. Amikaen Sulphate 250 & 500 mg inj
31. Streptomycin Sulphate 1 g inj

MARCOLIDE

32. Erythromycin 250 & 500 mg tab., 200 mg /5ml suspension

SULPHONAMIDES

33. Co-Trimoxazole (Trimethoprim + Sulphamethaxazole) 80 mg + 400mg

CHILORAMPHENICOL

34. Chloramphenicol 250 mg cap., 125mg/5ml syp 1 gm inj

QUINOLONONES

35. Nalidixic acid 500 mg tab., 300mg/5ml syp
36. Ofloxacin 200mg tab., 200 mg inj
37. Ciprofloxacin 250mg tab
38. Levofloxacin 250mg & 500 mg tab, 250 mg & 500 mg inj

URINARY –TRACT ANTI INEFFECTIVE

39. Pipemedic Acid 400 mg tab/cap

ANTI-TUBERCULOSIS AGENTS

40. Ethambutol 100mg & 400 mg tab
41. Isonizid 50mg, 100 mg & 300 mg tab
42. Pyrazinamide 400mg tab
43. Rifampicin 50mg , 300 mg , 450 mg & 600 mg
44. Rifampicin + INH 150mg + 100 mg, 300 + 150 mg, 450 mg + 300 mg tab/cap
45. Ethambutol + INH 400mg + 150mg tab
46. Ebutol + INH 150mg + 100 mg, 300 + 150 mg, 450 mg + 300 mg tab/cap
47. Rifampicin+INH+pyrazinamide+Ethambutol 150mg +75mg +400+275 mg tab
48. Thioacetazone 150mg tab
49. Thioacetazone +Isonized 50 mg 100 mg tab 150 +300 mg tab
50. Ethionamide 150 mg tab
51. Cycloserine 250 mg tab

ANTIFUGNALS

52. Ketoconzole 200 mg tab, 100 mg 5ml
53. Nystatin 500,000 IU tab ,100000 IU ml oral drops, 100000IU
54. Clotrimazole 1% cream , 500 mg & 1 g vaginal tab

ANTI VIRALS

55. Ribavirin

ANTI –MALARIAL AGENTS

56. Chloroquine Phospjate 100mg & 200 mg cap , 7.5 % cream
 57. Artemether 40mg cap
 58. Primaquine 7.5mg tab
 59. Quine Dihydrochloride 600 mg inj
 60. Sulphadoxine + Pyrimethamine 500 mg 25 mg tab

AMOEBICIDES

61. Metroniidazole 200 & 400 mg tab

ANTHELMINTIC

62. Albendazole 200 ,100 mg tab
 63. Nilosamide 500 mg tab

BLOOD FORMATION AND COAGULATION

ANTI-ANAEMIC DRUGS

64. Ferrous Sulphate 150mg & 200mg tab., 200 mg /5ml syp., 25mg/mp drops
 65. Folic Acid 1 & 5 mg tab
 66. Ferrous Sulphate + Vit. C + Vit. B. Complex +Folic Acid tab/cap/syp

ANTI-COAGULANTS

67. Heparin Sodium 1000,5000,20,000 IU Inj
 68. Warfarin Sodium 1 & 5 mg tab

HEPARIN ANTIDOTE

69. Protamine Sulphate 10 mg inj

HEMOSTATICS

70. Tranexcamine Acid 250 mg & 500 mg cap., 250 mg inj

CARDIOVASCULAR DRUGS

BETAI ADRENERGIC BLOCKERS

71. Atenolol 25mg 50 mg & 100 mg tab
 72. Propranolol HCl 10, 40 , 80 & 160 mg tab

ALPHA-ADRENERGIC BLOCKERS

73. Prazosin HCL 1 & 2 mg tab

CENTRALLY ACTING ALPHA-ADRENERGIC BLOCKERS

74. Methyl dopa 250 & 500 mg tab., 250 mg inj

A.C.E INHIBITORS

75. Captopril 25 & 50 mg tab
 76. Enalapril Maleate 5mg , 10 mg & 20 mg tab

CALCIUM CHANNEL BLOCKERS

77.	Verapamil	40mg, 80 mg & 240 mg tab., 25 mg /ml inj
78.	Diltiazem HCL	30,60,90 & 180 mg tab
79.	Nifedipine	10mg & 20 mg cap
80.	Amlodipine Besylate	5 mg tab

NITRATES

81.	Glyceryltrinitrate	0.5 mg tab, 2.5 mg cap
82.	Isosorbide Mononitrite	5mg 10 mg & 20 mg tab

CARDIAC GLYCOSIDES

83.	Digoxin	500 mcg inj. 250 mcg tab., 50 mcg/ml oral solution
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ANTI ARRHYTHMIC

84.	Amiodarone HCl	200 mg tab
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CARDIAC STIMULANT

85.	Doutamine HCL	250 mg inj
86.	Dopamine HCL	200 & 800 mg inj

VASOPRESSANT

87.	Adrenaline	0.1% w/v inj
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THROMOBOLYTIC AGENT

88.	Strptokinase	1.5 million inj
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HYPOLIPEDEMIC

89.	Simvastatin	10 mg & 20 mg tab
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DIURETICS

LOOP DIURETIC

90.	Furosemide	20 & 40 mg tab. 10 mg inj
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WITH POTTASIUUM SPARING DIURETIC

91.	Amiloride HCL + Furosemide	5mg + 40 mg tab
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OSMOTIC DIURETIC

92.	Mannitol	10 % & 20 % inj
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POTASSIUUM SPARING DIURETIC

93.	Spironolactone	25 & 100 mg tab.
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DRUGS ACTING ON CNS

ANXIOLYTICS, SEDATIVES AND HYPNOTICS

BENZODIAZEPINE

94.	Diazepam	2, 5 & 10 mg tab. 10 mg inj
95.	Bromazepam	3 mg tab
96.	Midazolam	5 mg inj

ANTIPSYCHOTICS

97.	Chlorpromazine HCL	10, 25,50 & 100 mg tab
98.	Fluphenazine Deconate	25 mg inj
99.	Flupenthixol	20 mg, 40mg & 100 mg 1nj
100.	Haloperidol	0.25, 1.25 & 5 mg tab., 5 mg inj., 2mg/ml oral drops
101.	Prochlorperazine Malaeate	5mg tab., 12.5 mg inj

TRICYCLIC ANTI DEPRESSANTS

- | | | |
|------|-------------------|----------------------|
| 102. | Amitriptyline HCL | 10, 25 & 50 mg tab |
| 103. | Clomipramine HCL | 10 & 25 mg tab / cap |
| 104. | Dothiepin HCL | 25 mg & 75 mg tab |
| 105. | Impramine HCL | |

SEROTONIN RE-UPTAKE INHIBITOR

- | | | |
|------|----------------|-----------|
| 106. | Fluoxetine HCL | 20 mg cap |
|------|----------------|-----------|

ANTIMANIC DRUGS

- | | | |
|------|-------------------|------------|
| 107. | Lithium Carbonate | 400 mg tab |
|------|-------------------|------------|

ANALGESICS (NSAID)

- | | | |
|------|-------------------------|--|
| 108. | Indomethaein | 25mg cap/tab |
| 109. | Acctyl salicylic acid | 300mg tab |
| 110. | Diclofenac Sodium | 25mg, 50 mg tab., 75 mg inj |
| 111. | Ibuprofen
suspension | 200mg, 400 mg & 600 mg tab., 100mg/5ml |
| 112. | Mefenamic Acid | 250mg tab. 50 mg /5ml suspension |

ANALGESIC (NARCOTIC)

- | | | |
|------|-------------------|--|
| 113. | Morphine sulphate | 10 mg & 30 mg slow release tab., 10 mg /ml inj |
| 114. | Pethidine HCL | 50 mg/ml inj |
| 115. | Nalbuphine HCL | 10mg & 20 mg inj |

OPIATE ANTAGONIST

- | | | |
|------|----------|-------------------|
| 116. | Naloxone | 0.04 & 0.4 mg inj |
|------|----------|-------------------|

MISCELLANEOUS

- | | | |
|------|-------------|-----------------------------------|
| 117. | Paracetamol | 500mg tab., 120 mg/5ml suspension |
|------|-------------|-----------------------------------|

ANTICONVULSANTS BARBITURATES

- | | | |
|------|---------------|-------------------------------|
| 118. | Phenobarbital | 30mg & 60 mg tab., 200 mg inj |
|------|---------------|-------------------------------|

ANTI EPILEPTICS

- | | | |
|------|------------------|--------------------------------------|
| 119. | Phenytoin Sodium | 100mg tab/ cap |
| 120. | Carbamazepine | 200 mg & 400 mg tab., 100mg/5 ml syp |
| 121. | Sodium Valproate | 200 mg tab 200mg /5ml syrup |

ANTI PARKINSONS AGENSS

- | | | |
|------|---------------------|-------------------|
| 122. | Carbidopa /Levodopa | 25mg + 250 mg tab |
| 123. | Procyldine HCL | 5 mg tab. |

EAR , NOSE, AND OROPHARYNX PREPRARATION

OTIC PREPRATIONS

ANTIBACTERIAL

- | | | |
|------|---------------------|----------------|
| 124. | Gentamiein Sulphate | 0.3% ear drops |
|------|---------------------|----------------|

ANTIBACTERIAL WITH COSTICOSTEROIDS

- | | | |
|------|--------------------------|-----------------|
| 125. | Betamethasone + Neomycin | drops, ointment |
|------|--------------------------|-----------------|

**DRUG FRO NASAL ADMINISTRATION
DECONGESTANT**

126. Xylometazoline HCL 0.05% nasaldrops

CORTICOSTEROIDS & ANITBACTERAL

127. Betamethasone + Neomycin drops

DRUGS ACTING ON ENDOCRINE SYSTEM

**ANTIDIABETIC AGENT
SULPHONYLUREAS**

128. Glibenclamide 5mg tab

BIGUANIDES

129. Metformin HCL 500mg tab

INSULIN

SHORT ACTING INSULINS

130. Insulin Regular (Beef) 100IU vial

INTERMEDIATE ACTING INSULINS

131. Insulin Premixed 30/70

THYROID AND ANTI-THYROID DRUGS

THYROID HORMONE

132. Thyroxin sodium 50mcg tab

ANTI THYROID DRUGS

133. Carbimazole 5mg tab

SEX HORMONES

OESTROGEN/PROGESTOGEN

134. Mestranol + Norethisterone

ANTI OESTROGENIC

135. Tamoxifen 10mg & 20 mg tab

CORTICOSTEROIDS

GLUCOCORTICOIDS

136. Hydrocortisone 100 & 250mg inj.

137. Predisolone 5mg tab.

138. Dexamethasone 0.5mg tab. 4 & 20 mg inj.

FLUIDS AND ELECTROLYTES/NUTRITIONAL SUPPLEMENT

ELECTROLYTES SUPPLEMENT

- | | | |
|------|-----------------------|---|
| 139. | Sodium Bicarbonate | 0.7% IV solution |
| 140. | Potassium Chloride | 500 mg tab. 7.4% IV solution |
| 141. | Sodium Chloride | 0.9% & 0.45% IV solution 3% saline (Hypertonic) |
| 142. | Oral Rehydration salt | Sodium Chloride 3.5g, trisodium citrate dihydrate 2.9g, |
| | | Potassium chloride 1.5g, glucose 20g in 1 liter. |

LARGE VOLUME PARENTERALS

- | | | |
|------|-------------------|---------------|
| 143. | Dextrose | all strengths |
| 144. | Dextrose + Saline | all strengths |
| 145. | Ringer Lactate | all strengths |

PLASMA SUBSTITUTES

- | | |
|------|---------------------|
| 146. | Gelatin Polypeptide |
|------|---------------------|

STERILE WATER FOR INJECTION

- | | |
|------|----------------------------|
| 147. | Sterile Water of injection |
|------|----------------------------|

GASTROINTESTINAL DRUGS

ANTACIDS AND ADSORBANTS

- | | | |
|------|---|----------------------|
| 148. | Aluminium hydroxide + Magnesium Hydroxide + simethicone | 215mg + 80 mg + 25mg |
| 149. | Activated Charcoal | 260mg cap |

LAXATIVES STIMULANTS

- | | | |
|------|-------------------------|----------------------------|
| 150. | Bisacodyl | 5mg tab., 10mg suppository |
| 151. | Glycerine Suppositories | 7% w/w suppository |

FAECAL SOFTENERS

- | | | |
|------|---------------------------------------|-------------------|
| 152. | Magnesium Hydroxide + Liquid Paraffin | 75% v/v + 25% v/v |
|------|---------------------------------------|-------------------|

BOWL CLEANSING SOLUTION

- | | | |
|------|---------------------------------------|---------------------|
| 153. | Sodium phosphate + sodium biphosphate | 19.2mg + 7.2g enema |
|------|---------------------------------------|---------------------|

ANTIEMETICS

- | | | |
|------|--------------------|--|
| 154. | Cyclizine | 50mg tab., 12.5mg/5 ml syp., 50 mg inj |
| 155. | Dimenhydrinate | 50mg inj. |
| 156. | Metoclopramide HCL | 10mgtab. 10mg inj. 5mg./5ml syp |

H2-RECEPTOR ANTAGONISTS

- | | |
|------|--------------------------|
| 157. | Ranitidine Hydrochloride |
|------|--------------------------|

PROTON PUMP INHIBITORS

- | | | |
|------|------------|-----------|
| 158. | Omeprazole | 20mg cap. |
|------|------------|-----------|

ANTISPASMODICS

- | | | |
|------|---------------------------|-----------------------|
| 159. | Hyoscine -N- Butylbromide | 10mg tab., 20 mg inj. |
|------|---------------------------|-----------------------|

IMMUNOGLOBULINS/TOXIDS/VACCINES

SERA AND IMMUNOGLOBULINS (SPECIFIC)

160.	rabies Immunoglobulin	inj.
161.	Antiscorpion Sera	inj.
162.	Antivenom Sera	inj.
163.	Hepatitis B Immunoglobulin	inj
164.	Tetanus Antitoxin	inj
165.	Diphtheria and Tetanus Toxoid	inj
166.	Diphtheria, Tetanus Toxoid and Pertussis	inj
167.	Tetanus Toxoids	inj

VACCINE(BACTERIAL)

168.	Bcg Vaccine	inj.
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VACCINE(VIRAL)

169.	Rabies Vaccine	inj.
170.	Poliomyelitis Vaccine	inj.
171.	Measles Vaccine	inj.

OPHTHALMIC PREPARATIONS

ANTIBACTERIAL

172.	Chlloramphenicol	1% eye oint. 0.5% drops
173.	Gentamycin	0.3% eye drops/eye oint
174.	Ciprofloxacin	0.3% eye drops
175.	Sulphacetamide	10%, 20% & 30% eye drops, 10 % eye oint.

CORTICOSTEROIDS

176.	Dexamethasone	0.1% drops
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MIOTICS

177.	Pilocarpine HCL	1%,2%& 4% eye drops
178.	Timolol Maleate	0.25% & 0.5%

MYDRIATICS

179.	Homatropine	2% eye drops
	Tropicamide	1% eye drops

LOCAL ANAESTHETICS

181.	Proparacaine	0.50%
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DRUG USED IN RESPIRATORY DISORDERS

BRONCHODILATORS (BETA 2- AGONIST)

182.	Salbutamol	2& 4mg tab, 2mg/5ml syp.,100mcg/dose aerosol., 50mcg/50ml inj
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XANTHINE DERIVATIVES

183.	Aminophylline	100 & 200mg tab.250 mg inj
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EXPECTORANTS

184.	Aminophylline + Diphenhydramine HCl + Ammonium Chlorde + menthol	32mg + 8mg + 30mg +0.98mg
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TROPICAL PREPARATOR

ANTIBACTERIAL

185.	Gentamicin	0.3% cream/ointment
186.	Polymyxin + Bacitracin	ointment
187.	Silver Sulfadiazine	1% cream

ANTIFUNGALS

188.	Clotrimazole	1% cream/oints/solution
189.	Gentain Violet	0.5%aq. Solution

CORTICOSTEROIDS

190.	Betamethasone	0.1%oint/cream/lotion
191.	Hydrocortisone	1% cream/oints

SCABICIDAL AGENTS

192.	Benzyl Benzoate	25% lotion
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LOCAL ANAESTHETIC

193.	Lignocaine HCL	2% gel
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HAEMORRHOIDAL PREPARATION

194.	Lingnocain HCL + Ephedrine HCL + Allantoin	cream/oint
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DISINFECTANT & ANTISEPTIC

195.	Chlorhexidien Gluconate	1.5%,4% & 5% solution
196.	Povidone –Iodine	7.5% solution, 10% gargle, scrub
197.	Hyrogen peroxide	Solution

VITAMINS/MINERALS

VITAMIN B COMPLEX

199.	Vitamin B Coplex	tab./cap./syp
200.	Pyriodoxine HCL	25mg tab.

VITAMIC C

201.	Ascorbic Acid	100mg tab.,500mg.,1mg/ml drops
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VITAMIN K

202.	Vitmain K	10mg inj.
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CALCIUM SUPPLEMENT

203.	Calcium Carboate	670mg effervescent tab.
204.	Calcium Gluconate	1000mg/ml/inj

MISCELLANEOUS THERAPEUTICS

OXYTOCICS

205.	Oxytocin	10units/ml; 1ml ampoule
206.	Methylergometrine	0.125 mg tab.

CHOLINERGIC AGENTS

207.	Neostigimine Bromide	15mg tab., 0.5 mg inj
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ANTI CHOLERGIC AGENTS

208. A tropine sulphate 1 mg inj

ANTODOTES

209. Pencillamine 125 & 250 mg tab /cap
210. Desferriosamin Mesylate 500 mg inj
211. Praalidoxime 200 mg /ml inj

ALKALINIZING AGENTS

212. Disodium Hydrogen Citrate 0.25 mg /5ml inj

URISURIC AGENT

213. Allupurinol 100 & 300 mg tab

DIAGNOSTIC AGENTS

214. Urograffin 60% ,70 % solution
215. Barriuum EZ
216. Trop T

Performa for Regular Demand, Indent Book Performa

Book Number _____

(One Number/Book for each institution/indenter)

Name of the Department/Institution/Health facility

Name of the Requesting Officer/Official

Designation

Date of Request

Sr.No	Item	Previous Supply	Consumption	Balance	Required Quantity	Remarks

Signature

Seal

REGISTRATION FORM FOR BIO MEDICAL FIRMS

1. Name of the Firm.

2. Postal Address.

3. Name of the Proprietor N.I.C (Attach photo copy). _____
4. Office Phone No. _____ Fax No. _____
Mobile No. _____ Email Add: _____
5. Name of the Bank, A/C No, with Bank Certificate.

6. C.C.I & E. Registration No. (Attach Photo copy).

7. Income Tax Registration Certificate No.

8. G.S.T. Registration Certificate No.

(Attached photocopy).
9. Name of the representative if any,

(NIC Photocopy attached).
10. Name of the partner if any (NIC Photocopy attached).

11. Signature of the person who will be allowed to sign

the bills / receipts (NIC Photocopy attached)
12. Group in which the firm is interested to get registration.

13. Amount of security deposit of Rs. 10,000/- (Rupees Ten Thousand only)

In favor of M.S. _____ in shape
of Pay order/ Bank draft. Fix deposit to be refundable only when they with drawn their name from
the panel of Hospital approved Bio-Medical Engineering firm/ contractors after deduction of amount
if any utilized against RISK REPAIR.
14. Registration Fee Rs. 3000/- (Three Thousand Only) In shape of pay order / Bank draft donation
(Non-refundable) in favor of M.S. _____
15. That we also agree with terms & Condition (Encl. Terms & Conditions)
16. Company profile enclosed of the company.

Signature of the Proprietor _____

Date: _____

Official Seal _____ **HOSPITAL, KARACHI.**

TERMS AND CONDITIONS FOR BIO-MEDICAL FIRMS

Following terms & condition will be applicable on firms submitting the registration form for Repair and maintenance of Biomedical instruments / equipments at _____

1. REGISTRATION:

Firm should be registered with:

- Income Tax
- Industries

2. COMPANY PROFILE:

Firm should have evidence of repair work done in well-reputed organization (Furnish company profile including list of engineers and list of testing tools) and import of spare parts. Certificate / proof

3. TESTING OF EQUIPMENT:

All Equipment will only be tested/ checked at site i.e. _____ Hospital, _____ prior to submission of estimates by the repairer firm in presence of Biomedical Technician of _____

4. SUBMISSION OF ESTIMATE:

The firm has to submit a pay order in favor of M.S / EDO _____ Hospital / EDO as a security deposit i.e. 10% estimated amount as per nature of work & past performance of the Company.

5. MODE OF PAYMENT:

No advance payment will be made. All payment will be made on completion of work followed by test / trail. The payment will be made in favor of firm as soon as A.G. Sindh/District Account Office has released the same.

6. COMPLETION DATE:

One month after issuing of work order form _____ Hospital / Institutions _____ or as date specified.

7. RELEASE OF PAYMENT:

The firm on completion of the local contract is to submit under mentioned documents.

- (a) Copy of work order.
- (b) Original bills in quadruplicate.
- (c) Income Tax registration copy.
- (d) Satisfactory report from end user, and Bio medical engineering department of _____ Hospital / Bio Medical Engineer _____.

8. **WARRANTY PERIOD:**

The firm will give warranty of the repair work replaced parts and ensure that the equipment is functional for at least One year, after repairing.

9. **PRICE VARIATION:**

Agreed price is firm and final without any delay on the custom and inclusive of all duties and taxes.

10. **CANCELLATION OF THE WORK ORDER:**

Should the repairer / contractor fail to repair / deliver the equipment or any consignment thereof within stipulated period or any extension thereof, the local contracting authority shall be entitled of his option to either.

- a) Cancel the local contract and /or
- b) To repair elsewhere the equipment not repaired, at the expense of the repairer / contractor and without notice to him, or
- c) To recover liquidated damages the security deposit will be detained and action will be taken as per government rules.

11. The replaced parts should be delivered at Bio-Medical Dept at the time of Submission of bill.

12. The contractor authority (Medical superintendent / EDO of _____Hospital / District _____) reserves the right to accept or reject any tender without assigning any reason.

EXECUTIVE DISTRICT OFFICER / MEDICAL SUPERINTENDENT

Signature _____

Name of the Proprietor: _____

Full Address: _____

Seal:

OFFICE PERFORMA FOR TECHNICAL REPORT REGARDING REPAIR OF PENDING EQUIPMENTS OR TO BE REPAIRED FROM OUT SIDE BIO-MEDICAL DEPARTMENT THAT IS BY PRIVATE FIRMS.

Institution/Hospital/Health Facility

Department

Description of Equipments

Model _____ Sr. No _____

Make _____ C.R.No. _____

Presently Out of Order Since _____

Has been repaired previously yes/no, Nature and date of previous repair. _____

Amount Spent on last repair and over all previous expenditure on repair.

Regarding the complaint the said equipment/instrument is in under repairing procedure due to:

1. Non-availability of expertise service.
2. Non-availability of the spare parts.
3. Non-availability of service manual with circuit diagram
4. Missing item/ parts from the equipment
5. Other _____

In the light of above mentioned reason it is suggested and requested that

1. The equipment is send to the supplier or other company.
2. The spare parts are arranged from the supplier or other sources.
3. The service manual with circuit diagram is arranged from the supplier or manufacturers.
4. The missing items / parts are arranged from the concerned department.
5. The more time will be given to us for repair.

Present expected amount of Repair _____

Bio-Medical Engineer / Asst. Engineer
Bio Medical Department.

Date

Head of The Department/ Institution/Health Facility

Date

Sanctioning Authority/ M.S./ C.S. / E.D.O.

Date

PERFORMA FOR EMERGENCY REPAIR

_____ INSTITUTION /

HEALTH FACILITY / HOSPITAL _____

“OFFICE PERFORMA”

A/An _____

Model _____

Make _____

Department _____

Of this institution/health facility/Hospital has gone out of order due to the following defect and requires immediate repair by the replacement of faulty / missing part mentioned below against defect

Sr. No	Parts to be Replaced	Quantity	Rate	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				

If approved it is requested a sum of Rupees _____ only, may kindly be sanctioned in advance to fulfill the emergency requirement.

Presently Out of Order Since _____ has been repaired previously yes/no, Nature and date of previous Repair. _____ Amount Spent on last repair and over all previous expenditure on repair.

Bio-Medical Department

Date

Sanctioning Authority / D.D.O.

Date