



POF 1262-A
(INDIGENOUS SUPPLIES)

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

To

M/s

Dear Sirs,

Reference : TENDER ENQUIRY NO. 0001/HOSP/LP/49

DATED 12-04-2019

You are requested to submit sealed quotations for the item(s) noted in the Schedule to the Tender. Offer should be sent duly sealed in an envelope. Fax offer received before opening of Tender is acceptable. Please note the following instructions for filling the tender:-

1. SUBMISSION OF TENDER

1.1 Tenders will be opened at 1200 hours on 30-04-2019 in Bid Centre adjacent to Rabita Hall POF Wah Cantt. Tenders must reach this office on or before 1130 hours. The tender received late will not be entertained. You may witness the opening of the tender if you so desire. If a representative is deputed, he should bring a letter of authority from you.

1.2 Only one tender should be included in one envelope. The outside of the envelope should be inscribed with:-

Tender Enquiry No: 0001/HOSP/LP/49 DT. 12-04-2019
Tender to be opened on: 30-04-2019
Address as follows:-

I/C CR SECTION C-04

POF WAH CANTT

1.3 If envelope does not indicate reference of T.E or received late the same may be returned un-opened.

2. GENERAL INSTRUCTIONS REGARDING PREPARATION OF QUOTATIONS

2.1 For materials, the prices should be filled in column 5 and delivery date in column 6 of the schedule to this Tender Enquiry. The undertaking should be signed at the bottom of the Schedule which shall form the Quotation. You may use a separate sheet if necessary.

2.2 For all kinds of tenders, you are required to quote in two parts:-

Part I "Technical Offer": It should exclusively give technical details and literatures/brochures of the offered plant, machinery and equipment; validity date; delivery schedule; and signed undertaking given on the schedule to this Tender Enquiry. It must not indicate price, costs etc.

Cont....P-2

Part II "Commercial Offer": It should indicate the commercial terms e.g. price, terms of payment, mode of payment, mode of supply.

Each part should be placed in a separate sealed cover. The envelopes should be inscribed with Part I "Technical Quotation without Price" and Part II "Commercial Quotation with Price".

2.3 The quotation must remain valid for, at least 90 days from the date of open of tenders.

2.4 The quotation should hold good for any reduced or enhanced quantities without notice.

2.5 In the event of non-acceptance of offer, intimation may be given to the tenders on their request.

2.6 Conditional offers or alternative offers are likely to be ignored.

2.7 Quotations should be based on:-

F.O.R. station of despatch basis, i.e. delivered free on rail, inclusive of packing and forwarding charges. The stores will be booked under Military Credit Note, to be provided by the purchaser.

Free delivery at POF's hospital at **WAH CANTT**

In this case Octroi duty if any, will be payable by the supplier.

2.8 Taxes and Duties etc. where applicable, must be shown separately, quoting references to Registration No. in cases of Sales Tax and relevant authority in the case of others. Offers without these clarifications and inclusive of Taxes and Duties may be ignored.

2.9 Taxes and duties levied on or after Tender opening date or on or after the date offer was signed and despatched will be allowed to include in the offered rates.

2.10 "Suppliers will furnish a certificate, issued by Excise & Taxation deptt., that he has cleared all Professional Tax payable by him" offers received without this certificate will be rejected.

2.11 If the requisite information is not furnished on the T.E forms or offer received is not conformity with the requirement of T.E such offer shall be ignored.

2.12 The supplier will render necessary information regarding hazardous effects on environment of the material/products supplied by them, in their quotations and shipping/despatch documents.

3. INSPECTION

3.1 Supplies shall be subject to the inspection and acceptance by the competent inspection authority nominated by the Purchaser, who will arrange it at his own cost. Inspection facilities such as tools, test equipment, instruments etc will, however, be provided by the Suppliers in accordance with the relevant specifications.

3.2 Where considered necessary by the Purchaser, the stores may be obtained on Warranty/Guarantee subject to inspection on receipt. Rejected stores will be removed and replaced with the acceptable stores by the Supplier at his own expense, within a specified time.

4. TENDER FEE

The tender must be accompanied by a non-refundable fee by means of a crossed postal order / pay order in favour of: **Director Admin POF WAH CANTT.**

Tender Fee Is Rs, 500.

4.1 TENDER SAMPLE

Where required, offer must accompany tender sample., strictly according to the description and specification given in Tender Enquiry. Offer not accompanied by tender sample will NOT be entertained excepting the established and reputable firms who have either previously satisfactorily supplied the same or similar stores or have submitted an acceptable sample thereof against previous T.E.

5. BID MONEY

5.1 Bid Money at the rate of 2% (for registered firms) and 5% (for unregistered firms) of the quoted value, should accompany the tender in the shape of Deposit at Call Receipt / Pay Order / Banker's Cheque, from a scheduled Bank drawn in favour of:- **DY.COMMANDANT POF HOSPITAL POF HOSPITAL WAH CANTT.**

5.2 Tenders received without Bid Money or with CDR valuing less than prescribed limit of the Bid money will be rejected.

Bid Money of the unsuccessful tenderers will be returned as soon as the scrutiny of the tenders is completed. Bid Money of the successful tenderers will be retained until the contract is finalised. Bid Money will be forfeited in case the quotation is withdrawn before the expiry of its validity date.

5.3 State owned organizations are not required to provide Bid Money.

6. ACCEPTANCE OF OFFERS.

6.1 POF may reject all bids or proposals at any time period to the acceptance of the bid or proposals, but is not required to justify grounds for its rejection. POF shall incur no liability towards suppliers or contractors who have submitted bids or proposals.

6.2 PERFORMANCE BOND

(a) The successful bidders shall provide performance bond at the rate of 10% of the total value of contract, in the form of Deposit At Call Receipt from a scheduled Bank; or, an un-conditional Bank Gaurantee valid for 12 months (03 months extendable to 12 months in case of cloth items required by Clothing Fy.) after receipt of store in POFs on a prescribed format. The performance Bond will be in favour of CMA(POF) Wah Cantt. It will be returned on satisfactory completion of contract.

(b) If the Supplier fails to furnish the Performance Bond within the specified time, such failure will constitute a breach of the contract and the Purchaser shall be entitled to make other arrangements for purchase of the stores at the risk and expense of the Supplier.

6.3 Performance Bond from State owned organizations may be waived off at the discretion of the Purchaser.

6.4 FAILURE TO SUPPLY THE STORES

All deliveries must be completed by the specified date. In case of failure to deliver the stores within the scheduled time should have arisen from "Force Majeure", which the purchaser may admit as reasonable ground for further time, he will allow such additional time as he may consider to have been required by the circumstances of the case. Otherwise, he will be entitled, at his discretion, to cancel the contract; and/or claim liquidated damages upto 2% but not less than 1% of the contract price of the items and their quantities for each and every month or part of a month, beyond the specified delivery date, during which these may not be delivered, subject to a maximum of 10% of the total contract value of the particular stores which remained unsupplied either in part or in full; or, to purchase, from elsewhere, the unsupplied stores at the risk and cost of the supplier.

6.5 PAYMENT

Payment will be made by the CMA(POF) through crossed cheques on receipt/ acceptance of stores on our prescribed bill form supported by receipt voucher on part/full supply basis.

(a) Payment of duties/Taxes including professional tax (where applicable) must be supported by proof of having paid these to concerned Govt. Taxation Deptt.

7. SECURITY OF INFORMATION

The tenderer and his employees must not communicate any information relating to the sale/purchase of stores under this enquiry to any person other than the manufacturer or to any press or agent not authorised in writing by POFs to receive it.

Please return the Schedule to the Tender duly signed by the specified date, alongwith the specifications, drawings etc. if any, enclosed herewith - even if you are unable to quote.

WARNING In case the firm abstain from making offers or fail to return/ acknowledge the tender form by the specified date on three consecutive occasions, no further tender enquiry may be issued to them and their names would liable to be removed from the approved list.

Yours faithfully

HAFIZ MUHAMMAD BASHIR
MANAGER PURCHASE-HOSP

for **PAKISTAN ORDNANCE FACTORIES**

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19**(1) FOR MATERIALS**

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)

Indent No. 0001/LP/HOSP/49 Dated 02-07-2018

001	AMIKIN 250 MG INJ//AMKAY 250 MG INJ//GRASIL 250 MG INJ Spec: AMIKACIN	GSK/BOSCH/SAMI OR EQUIVALENT	VIAL	3000	
002	AMIKIN 500 MG INJ//AMKAY 500 MG INJ//GRASIL 500 MG INJ Spec: AMIKACIN	GSK/BOSCH/SAMI OR EQUIVALENT	VIAL	2000	
003	AMOXI-CLAV 1 G TAB//AUGMENTIN 1 G TAB Spec: CO-AMOXICLAV	NOVARTIS/GSK OR EQUIVALENT	NO	12000	
004	AMOXI-CLAV 1.2 G INJ//AUGMENTIN DS 1.2 G INJ//CALAMOX 1.2 G INJ Spec: CO-AMOXICLAV	NOVARTIS/GSK/BOSCH OR EQUIVALENT	VIAL	12000	
005	AMOXI-CLAV 375 MG TAB//AUGMENTIN 375 MG TAB Spec: CO-AMOXICLAV	NOVARTIS/GSK OR EQUIVALENT	NO	30000	
006	AMOXI-CLAV 60 MG 312.5 MG SYP//AUGMENTIN DS 60 ML 312.5 MG SYP Spec: CO-AMOXICLAV	NOVARTIS/GSK OR EQUIVALENT	BTL	3500	
007	AMOXI-CLAV 625 MG TAB//AUGMENTIN 625 MG TAB Spec: CO-AMOXICLAV	NOVARTIS/GSK OR EQUIVALENT	NO	35000	
008	AMOXIL 250 MG / 5 ML SYP Spec: AMOXICILLIN	GSK OR EQUIVALENT	BTL	1000	
009	AMOXIL 500 MG CAP//OSPAMOX 500 TAB//WYMOX 500 MG CAP Spec: AMOXICILLIN	GSK/NOVARTIS/PFIZER OR EQUIVALENT	NO	8000	
010	AVELOX 400 MG INJ//MOXIGET 400 MG INJ Spec: MOXIFLOXACIN	BAYER SCHERING/GETZ OR EQUIVALENT	VIAL	4000	
011	AVELOX 400 MG TAB//MOXIGET 400 MG TAB//XEFACTA 400 MG TAB Spec: MOXIFLOXACIN	BAYER SCHERING/GETZ/HILTON OR EQUIVALENT	NO	7500	
012	AVENTRIAX 250 MG IV INJ//FORTEXONE 250 MG IV INJ//IONOCEF 250 MG IV INJ Spec: CEFTRIAXONE	AVEN/ICI/BARRETT HODGSON OR EQUIVALENT	VIAL	15000	
013	AXCIN 500 MG TAB//CIPROCID 500 MG TAB//CIPROXIN 500 MG TAB//CIPVAL 500 MG TAB Spec: CIPROFLOXACIN	NOVARTIS/ICI/BAYER/GSK OR EQUIVALENT	NO	30000	
014	AZIT 250 MG CAP//AZOMAX 250 MG CAP//ZETRO 250 MG TAB Spec: AZITHROMYCIN	RAAZEE/NOVARTIS/GETZ OR EQUIVALENT	NO	7000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
015	BARIZOLD 200 MG / 100 ML INJ//ECASIL 200 MG / 100 ML INJ//NEZKIL 200 MG / 100 ML INJ//NEZOCIN 200 MG / 100 ML INJ Spec: LINEZOLID	BARRETT HODGSON/SAMI/CONTINENTAL PHARMA/BROOK PHARMA OR EQUIVALENT	VIAL	4000	
016	CECLOR 250 MG SUSP//HICHLOR 250 MG SUSP Spec: CEFACLOR	AGP/HILTON OR EQUIVALENT	BTL	700	
017	CEFEXOL DS 30 ML SYP//CEFIGET DS 30 ML SYP//CEFIM DS 30 ML SYP//CEFSPAN DS 30 ML SYP//ICEF DS 30 ML SYP Spec: CEFIXIME	NABIQASIM/GETZ/HILTON/BARRETT HODGSON/ICI OR EQUIVALENT	BTL	5000	
018	CEFIGET 400 MG CAP//CEFIM 400 MG CAP//FIXVAL 400 MG CAP Spec: CEFIXIME	GETZ/HILTON/GSK OR EQUIVALENT	NO	5000	
019	CEFIPIME 1 GM INJ//CEFSTAR 1 GM INJ//MAXIPIME 1 G INJ//NEUPIME 1 GM INJ Spec: CEFEPIME	PHARMA EVO/BARRETT HODGSON/GSK/RG PHARMA OR EQUIVALENT	VIAL	1500	
020	CEFUROX 250 MG TAB//ZINACEF 250 MG TAB Spec: CEFUROXIME	MEDICAIDS/GSK OR EQUIVALENT	NO	1000	
021	CIDOMYCIN 80 MG INJ//GENTIC 80 MG INJ//GENTICYN 80 MG INJ//REFOBACIN 80 MG INJ Spec: GENTAMICIN	SANOFI AVENTIS/BOSCH/RAY PHARMA/MERCK OR EQUIVALENT	AMPULES	2000	
022	CIPROXIN 200 MG / 100 ML INJ Spec: CIPROFLOXACIN	BAYER OR EQUIVALENT	VIAL	3000	
023	CLAFORAN 1 G INJ Spec: CEFOTAXIME	SANOFI AVENTIS OR EQUIVALENT	VIAL	30000	
024	CLAFORAN 250 MG INJ Spec: CEFOTAXIME	SANOFI AVENTIS OR EQUIVALENT	VIAL	20000	
025	CLARAMED 250 MG TAB//CLARITEK 250 MG TAB//KLARIBECT 250 MG TAB//KLARICID 250 MG TAB//RITHMO 250 MG TAB Spec: CLARITHROMYCIN	NOVARTIS/GETZ/MERCK/ABBOTT/SAMI OR EQUIVALENT	NO	15000	
026	CLARAMED 60 ML SYP//CLARITEK 60 ML SYP//KLARIBECT 60 ML SYP//KLARICID 60 ML SYP Spec: CLARITHROMYCIN	NOVARTIS/GETZ/MERCK/ABBOTT OR EQUIVALENT	BTL	4500	
027	CONTIMYCIN 100 MG CAP//VIBRAMYCIN 100 MG CAP Spec: DOXYCYCLINE	ASIAN CONTINENTAL/PFIZER OR EQUIVALENT	NO	15000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
028	CYROCIN 200 MG / 100 ML INJ//HIFLOX 200 MG / 100 ML INJ//INOQUIN 200 MG / 100 ML INJ//MERCIP 200 MG / 100 ML INJ//NOVIDAT 200 MG / 100 ML INJ Spec: CIPROFLOXACIN	HIGHNOON/HILTON/B ARRETT HODGSON/MERCK/SAM I OR EQUIVALENT	VIAL	12000	
029	DIAZOLE 500 MG / 100 ML INJ//FLAGYL 500 MG / 100 ML INJ Spec: METRONIDAZOLE	B. BRAUN/SANOFI AVENTIS OR EQUIVALENT	VIAL	30000	
030	DYNAQUIN 500 MG / 100 ML INJ//LEFLOX 500 MG / 100 ML INJ//LEVOFIN 500 MG / 100 ML INJ//TAVANIC 500 MG / 100 ML INJ Spec: LEVOFLOXACIN	BARRETT/GETZ/NOVA RTIS/SANOFI AVENTIS OR EQUIVALENT	VIAL	1000	
031	DYNAQUIN 500 MG TAB//LEFLOX 500 MG TAB//LEVOXIN 500 MG TAB//TAVANIC 500 MG TAB Spec: LEVOFLOXACIN	BARRETT HODGSON/GETZ/SEAR LE/SANOFI AVENTIS OR EQUIVALENT	NO	15000	
032	ECASIL 600 MG / 300 ML INJ//NEZKIL 600 MG / 300 ML INJ Spec: LINEZOLID	SAMI/CONTINENTAL PHARMA OR EQUIVALENT	VIAL	6000	
033	FLAGYL 400 MG TAB Spec: METRONIDAZOLE	SANOFI AVENTIS OR EQUIVALENT	NO	100000	
034	FLAGYL 60 ML SYP Spec: METRONIDAZOLE	SANOFI AVENTIS OR EQUIVALENT	BTL	4000	
035	FORTAZIM 1 GM / FORTUM 1 GM INJ Spec: CEFTAZIDIME	BOSCH / GSK OR EQUIVALENT	VIAL	6000	
036	KLARICID 500 MG INJ Spec: CLARITHROMYCIN	ABBOTT OR EQUIVALENT	VIAL	2000	
037	MERONEM 500 MG INJ Spec: MEROPENEM	ICI OR EQUIVALENT	VIAL	10000	
038	MERONEM 1 GM INJ Spec: MEROPENEM	ICI OR EQUIVALENT	VIAL	10000	
039	MYCONIL ORAL 30 ML DROP//NILSTAT ORAL 30 ML DROP Spec: NYSTATIN	AMSON/PFIZER OR EQUIVALENT	BTL	1000	
040	MYTIL 250 MG / 60 ML SYP//NOVIDAT 250 MG / 60 ML SYP Spec: CIPROFLOXACIN	WILSON'S/SAMI OR EQUIVALENT	BTL	2000	
041	NEBCIN 20 MG INJ Spec: TOBRAMYCIN	AGP OR EQUIVALENT	VIAL	500	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
042	NEBCIN 80 MG INJ Spec: TOBRAMYCIN	AGP OR EQUIVALENT	VIAL	200	
043	NEZKIL 400 MG TAB Spec: LINEZOLID	CONTINENTAL PHARMA OR EQUIVALENT	NO	1000	
044	NEZKIL 600 MG TAB Spec: LINEZOLID	CONTINENTAL PHARMA OR EQUIVALENT	NO	2000	
045	ROCEPHIN 1 G INJ Spec: CEFTRIAXONE	MARTIN DOW OR EQUIVALENT	VIAL	30000	
046	SULZON 1 GM INJ Spec: CEFOPERAZONE AND SULBACTAM	BIOCARE OR EQUIVALENT	VIAL	23000	
047	SULZON 2 GM INJ Spec: CEFOPERAZONE AND SULBACTAM	BIOCARE OR EQUIVALENT	VIAL	20000	
048	TANZO 2.25 MG INJ Spec: PIPERACILLIN AND TAZOBACTAM	BOSCH OR EQUIVALENT	VIAL	3000	
049	TANZO 4.5 GM INJ//TAZOCIN 4.5 GM INJ Spec: PIPERACILLIN AND TAZOBACTAM	BOSCH/WYETH OR EQUIVALENT	VIAL	6500	
050	TARGOCID 200 MG INJ Spec: TEICOPLANIN	SANOFI AVENTIS OR EQUIVALENT	VIAL	100	
051	TIENAM 500 MG INJ Spec: IMIPENEM + CILASTATIN	OBS PHARMA OR EQUIVALENT	VIAL	20000	
052	TYGACIL 50 MG INJ Spec: TIGECYCLINE	PFIZER OR EQUIVALENT	VIAL	50	
053	URIXIN 400 MG TAB Spec: PIPEMIDIC	ABBOTT OR EQUIVALENT	NO	3000	
054	VANCOGIN 500 MG INJ//VANCOMYCIN 500 MG INJ Spec: VANCOMYCIN	ELLY LILLY/ABBOTT OR EQUIVALENT	VIAL	7000	
055	VELOSEF 500 MG CAP Spec: CEPHRADINE	GSK OR EQUIVALENT	NO	5000	
056	ZECEF 1.5 GM / ZINACEF 1.5 GM INJ Spec: CEFUROXIME	BOSCH / GSK OR EQUIVALENT	VIAL	7500	
057	ZECEF 750 MG / ZINACEF 750 MG INJ Spec: CEFUROXIME	BOSCH / GSK OR EQUIVALENT	VIAL	10000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
058	ABOCAL TAB//CAC-1000 TAB Spec: CALCIUM SUPPLEMENT	ABBOTT/NOVARTIS OR EQUIVALENT	NO	10000	
059	AMDOXINE 50 MG TAB//VITA-6 50 MG TAB Spec: VITAMIN B6	AMSON/MENDOZA OR EQUIVALENT	NO	50000	
060	BISLERI 120 ML SYP//FERRICURE 120 ML SYP//SYTRON 120 ML SYP Spec: IRON SUPL (IRON SUCROSE)	SAMI/CONTINENTAL PHARMA/PFIZ OR EQUIVALENT	BTL	2500	
061	CALCIUM GLUCONATE INJ Spec: CALCIUM SUPPLEMENT	NOVARTIS OR EQUIVALENT	AMPULES	4000	
062	CALCIUM-P 110 ML SUSP Spec: CALCIUM PHOSPHORUS SUPPLEMENT	PDH OR EQUIVALENT	BTL	3000	
063	CECON 500 MG TAB Spec: VITAMIN C	ABBOTT OR EQUIVALENT	NO	5000	
064	CYTEXIN SYP//LEDERPLEX 120 ML SYP//PLEXOVIT SYP//POLYBION FORTE SYP//SURBEX SYP//VITAGLOBIN SYP Spec: B. COMPLEX (VITAMIN)	GSK/PFIZER/REMGINTON/MERC/ABBOT/SWISS PHARMA OR EQUIVALENT	BTL	5000	
065	D-TRES 5 MG INJ//INDROP-D 5 MG INJ//ORAL-D3 5 MG INJ//SUNNY D3 5 MG INJ Spec: CHOLECALCIFEROL (VIT D3)	SAMI/NEUTRO PHARMA/SCHAZOO PHARMA/SCOTMANN OR EQUIVALENT	AMPULES	3000	
066	FEROSOFT 100 MG / 5 ML INJ//MEGA FER 100 MG / 5 ML INJ//VENOFER 100 MG / 5 ML INJ Spec: IRON SUCROSE	HILTON/SURGE LABS/RG PHARMA OR EQUIVALENT	AMPULES	8000	
067	FOLIC ACID 5 MG TAB//FOLIC ACID 5 MG TAB//FOLIC ACID 5 MG TAB Spec: FOLIC ACID	IRZA/EROZ/ALBR OR EQUIVALENT	NO	50000	
068	IBERET FOLIC 500 TAB//SANGOBION CAP//TRI-HEMIC 600 TAB Spec: HAEMATINIC AND VITAMIN	ABBOTT/MERCK/PFIZER OR EQUIVALENT	NO	30000	
069	NEUROBION 3 ML INJ/TRIVIDOX 3 ML INJ Spec: B. COMPLEX	MERCK/ ABBOTT OR EQUIVALENT	AMPULES	10000	
070	OPTILET M TAB//POLYBION -Z CAP//SURBEX Z TAB//THERAGRAN ULTRA TAB//VITRIUM CAP Spec: VITAMIN / MINERAL	ABBOTT/MERCK/ABBOTT/GSK/SEARLE OR EQUIVALENT	NO	15000	
071	ACELAR 10 MG TAB//REDOPRIL 10 MG TAB//RENITEC 10 MG TAB Spec: ENALAPRIL	SCITECH/NOVARTIS/OBS PHARMA OR EQUIVALENT	NO	3000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
072	ADVANT 16 MG TAB//CANREC 16 MG TAB//CANSAR 16 MG TAB//DIASTOLIC 16 MG TAB//TREATAN 16 MG TAB Spec: CANDESARTAN	GETZ/MERCK/ABBOTT /WERRICK/PHARM EVO OR EQUIVALENT	NO	2000	
073	ADVANTEC 16 / 12.5 MG TAB//CANREC PLUS 16 / 12.5 MG TAB//CANSAR PLUS 16 / 12.5 MG PLUS//DIASTOLIC-H 16 / 12.5 MG TAB//TREATAN-D 16 / 12.5 MG TAB Spec: CANDESARTAN AND HYDROCHLOROTHIAZIDE	GETZ/MERCK/ABBOTT /WERRICK/PHARM EVO OR EQUIVALENT	NO	2000	
074	AM-TELSAN 40/10 MG TAB//AMTAS 40/10 MG TAB Spec: TELMISARTAN AND AMLODIPINE	HILTON/GETZ OR EQUIVALENT	NO	2000	
075	AMPER 4/5 MG TAB//COVERSAM 4/5 MG TAB Spec: PERNINDOPRIL AND AMLODIPINE	NEXT PHARMA/SERVIER OR EQUIVALENT	NO	2000	
076	AMPRESS 10 MG TAB//CARDIOVASC 10 MG TAB//NORVASC 10 MG TAB//QUVASC 10 MG TAB Spec: AMLODIPINE	BARRETT HODGSON/WERRICK/P FIZER/NOVARTIS OR EQUIVALENT	NO	12000	
077	AMPRESS 5 MG TAB//CARDIOVASC 5 MG TAB//NORVASC 5 MG TAB//QUVASC 5 MG TAB Spec: AMLODIPINE	BARRETT HODGSON/WERRICK/P FIZER/NOVARTIS OR EQUIVALENT	NO	10000	
078	ANGISED 0.5 MG TAB Spec: GLYCERYL TRINITRATE	GSK OR EQUIVALENT	NO	20000	
079	ATROPINE 1 MG / ML INJ//ATROPINE 1 MG / ML INJ Spec: ATROPINE	PDH/VENUS OR EQUIVALENT	VIAL	10000	
080	AYLANTO 250 MG INJ//DOBUTAMINE 250 MG INJ//MYUNGMOON DOBUTAMINE 250 MG INJ Spec: DOBUTAMINE	ROTEX MEDICA/ABBOTT/HOF FMANN OR EQUIVALENT	AMPULES	3000	
081	BLOKIU 50 MG TAB//QUNOTEN 50 MG TAB//TENORMIN 50 MG TAB Spec: ATENOLOL	HIGHNOON/NOVARTIS /ICI OR EQUIVALENT	NO	2000	
082	BLOKIU DIU 50 MG TAB Spec: ATENOLOL + CHLOROTHIAZIDE	HIGHNOON OR EQUIVALENT	NO	1000	
083	CAPOTEN 25 MG TAB//QUTRIL 25 MG TAB Spec: CAPTOPRIL	GSK/NOVARTIS OR EQUIVALENT	NO	15000	
084	CARLOV 6.25 MG TAB//CARVEDA 6.25 MG TAB//DIMITONE 6.25 MG TAB//VEDICAR 6.25 MG TAB Spec: CARVEDILOL	HILTON/FEROZSONS/ ROCHE/BARRETT HODGSON OR EQUIVALENT	NO	6000	
085	CARSEL 100 MG TAB//MEPRESOR 100 MG TAB Spec: METOPROLOL	UNIMARK/NOVARTIS OR EQUIVALENT	NO	5000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
086	CO-DIOVAN 80/12.5 TAB Spec: VALSARTAN AND HYDROCHLOROTHIAZIDE	NOVARTIS OR EQUIVALENT	NO	2000	
087	CO-EZIDAY 50 / 12.5 MG TA//XAVOR DIU 50 / 12.5 MG TAB Spec: LOSARTAN AND HYDROCHLOROTHIAZIDE	WERRICK/FEROZSONS OR EQUIVALENT	NO	25000	
088	CO-TELSAN 40/12.5 MG TAB//COTASMI 40/12.5 MG TAB//MISAR-H 40/12.5 MG TAB//TELSARTA D 40/12.5 MG TAB Spec: TELMISARTAN AND HYDROCHLOROTHIAZIDE	HILTON/GETZ/HIGHNOON/PHARMEVO OR EQUIVALENT	NO	2000	
089	CONCOR 2.5 MG TAB Spec: BISOPROLOL	MERCK OR EQUIVALENT	NO	2000	
090	CONCOR 5 MG TAB Spec: BISOPROLOL	MERCK OR EQUIVALENT	NO	2000	
091	CORDARONE 150 MG/ML INJ Spec: AMIODARONE	SANOFI AVENTIS OR EQUIVALENT	VIAL	1000	
092	CORDARONE 200 MG TAB Spec: AMIODARONE	SANOFI AVENTIS OR EQUIVALENT	NO	1000	
093	COVERSYL 4 MG TAB Spec: PERINDOPRIL	SERVIER OR EQUIVALENT	NO	2500	
094	DOPAMINE 200 MG / 5 ML INJ//DOPATROPIN 200 MG / 5 ML INJ//MYUNGMOON INOPAN 200 MG / 5 ML INJ Spec: DOPAMINE	ABBOTT/ROTEX MEDICA/HOFFMANN OR EQUIVALENT	AMPULES	3000	
095	EXFORGE 10 / 160 MG TAB Spec: VALSARTAN AND AMLODIPINE	NOVARTIS OR EQUIVALENT	NO	1000	
096	EXFORGE HCT 10/160/12.5 MG TAB Spec: VALSARTAN, AMLODIPINE & HYDROCHLOROTHIAZIDE	NOVARTIS OR EQUIVALENT	NO	1000	
097	EZIDAY 50 MG TAB//XAVOR 50 MG TAB Spec: LOSARTAN	WERRICK/FEROZSONS OR EQUIVALENT	NO	30000	
098	ISOPTIN 5 MG / 2 ML INJ Spec: VERAPAMIL	ABBOTT OR EQUIVALENT	VIAL	3000	
099	IVASET 5 MG TAB//SIVAB 5 MG TAB Spec: IVABRADINE HCL	HIGHNOON/GETZ OR EQUIVALENT	NO	2000	
100	MISAR 40 MG TAB//TASMI 40 MG TAB//TELSAN 40 MG TAB//TELSARTA 40 MG TAB Spec: TELMISARTAN	HIGHNOON/GETZ/HILTON/PHARMAEVO OR EQUIVALENT	NO	2000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
101	NICOGET 10 MG TAB//NICORIL 10 MG TAB Spec: NICORANDIL	GETZ/FEROZ OR EQUIVALENT	NO	2000	
102	NORADRIN 4 MG / ML INJ Spec: NOREPINEPHRINE	ATCO OR EQUIVALENT	AMPULES	3000	
103	ROVISTA 10 MG TAB//RUVASTAT 10 MG TAB/VAPTOR 10 MG TAB//X- PLENDED 10 MG TAB Spec: ROSUVASTATIN	GETZ/ABBOTT/SEARLE/PHARMAEVO OR EQUIVALENT	NO	10000	
104	TRICARDIN 250 MG CAP Spec: TRICARDIN	TASLY OR EQUIVALENT	NO	3000	
105	VASTAREL MR 35 MG TAB Spec: TRIMETAZIDINE	SERVIER OR EQUIVALENT	NO	20000	
106	ABICLOT 75 MG TAB//CLOTNIL 75 MG TAB//LOWPLAT 75 MG TAB//PIDOGREL 75 Spec: CLOPIDOGREL	ABBOTT//BARRETT HODGSON/PHARMEVO/HIGHNOON OR EQUIVALENT	NO	35000	
107	ASCARD 150 MG TAB//LOPRIN 150 MG TAB Spec: ASPIRIN	ATCO/HIGHNOON OR EQUIVALENT	NO	4000	
108	ASCARD 75 MG TAB//LOPRIN 75 MG TAB Spec: ASPIRIN	ATCO/HIGHNOON OR EQUIVALENT	NO	40000	
109	ATORVA 10 MG TAB//LIPIGET 10 MG TAB//LIPIREX 10 MG TAB Spec: ATORVASTATIN	PHARMATEC/GETZ/HIGHNOON OR EQUIVALENT	NO	50000	
110	ABOCRAN SACTH//CRANMAX SACTH Spec: SUPPLIMENT	ABBOTT/MATRIX PHARMA OR EQUIVALENT	PKT	5000	
111	ALKACITRON 120 ML SYP//CITRALKA 120 ML SYP Spec: SODIUM ACID CITRATE	PHD PHARMA/PFIZER OR EQUIVALENT	BTL	2000	
112	CARDURA 2 MG TAB Spec: COXAZOSIN MESYLATE	PFIZER OR EQUIVALENT	NO	1000	
113	CARDURA 4 MG TAB Spec: DOXAZOSIN MESYLATE	PFIZER OR EQUIVALENT	NO	1000	
114	CITROSODA SACTH Spec: SODIUM BICARBONATE AND SODIUM CITRATE	ABBOTT OR EQUIVALENT	SACH	2000	
115	ALDACTONE 100 MG TAB Spec: SPIRONOLACTONE	SEARLE OR EQUIVALENT	NO	1000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
116	CONSERVE 5/50 MG TAB//MODURETIC 5/50 MG TAB Spec: AMILORIDE AND HYDROCHLOROTHIAZIDE	HIGHNOON/OBS PHARMA OR EQUIVALENT	NO	1000	
117	FRUSEMIDE 20 MG INJ//LASIX 20 MG INJ Spec: FRUSEMIDE	LCPW/SANOFI AVENTIS OR EQUIVALENT	AMPULES	50000	
118	FRUSEMIDE 40 MG TAB//LASIX 40 MG TAB//LASOMIDE 40 MG TAB Spec: FRUSEMIDE	LCPW/SANOFI AVENTIS/PHARMEDIC OR EQUIVALENT	NO	4000	
119	LASORIDE 40/5 MG TAB Spec: FRUSEMIDE AND AMILORIDE	SANOFI AVENTIS OR EQUIVALENT	NO	2000	
120	ADALAT LA 30 MG TAB Spec: NIFEDIPINE	BAYER HEALTH CARE OR EQUIVALENT	NO	3000	
121	ADALAT RTD 20 MG TAB Spec: NIFEDIPINE	BAYER HEALTH CARE OR EQUIVALENT	NO	3000	
122	ESKINASE 1.5 MIU INJ//STREPTASE 1.5 MIU INJ Spec: STREPTOKINASE	MEDINET/HAKIMSONS OR EQUIVALENT	VIAL	1000	
123	ISOKET 10 MG /10 ML INJ//SORBID 10 MG / 10 ML INJ Spec: ISOSORBIDE DINITRATE	ATCO/HOFFMANN OR EQUIVALENT	AMPULES	2000	
124	NITROMINT 2.6 MG TAB//SUSTAC 2.6 MG TAB Spec: GLYCERYL TRINITRATE	MEDIMPEX/SEARLE OR EQUIVALENT	NO	15000	
125	NITROMINT 6.4 MG TAB//SUSTAC 6.4 MG TAB Spec: GLYCERYL TRINITRATE	MEDIMPEX/SEARLE OR EQUIVALENT	NO	10000	
126	ANSAID 100 MG TAB//FROBEN 100 MG TAB//INFLAMATIX 100 MG TAB Spec: FLURBIPROFEN	PFIZER/ABBOTT/ASIAN CONTINENTAL OR EQUIVALENT	NO	5000	
127	ARTIFEN 50 MG TAB//DICLORAN 50 MG TAB//VOLTRAL 50 MG TAB//VOREN 50 MG TAB Spec: DICLOFENAC SODIUM	ABBOTT/SAMI/NOVARTIS/ASIAN CONTINENTAL OR EQUIVALENT	NO	70000	
128	ARTIFEN 75 MG / 3 ML INJ//DICLORAN 75 MG / 3 ML INJ//DIFLOSID 75 MG / 3 ML INJ//VOREN 75 MG / 3 ML INJ Spec: DICLOFENAC SODIUM	ABBOTT/SAMI/GEOFMAN/CONTINENTAL PHARMA OR EQUIVALENT	AMPULES	70000	
129	ARTIMOV-K 50 MG TAB//ARTINIL-K 50 MG TAB//CAFLAM 50 MG TAB Spec: DICLOFENIC POTASSIUM	BARRET HODGSON/GLOBAL/NOVARTIS/PANACEA OR EQUIVALENT	NO	10000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
130	BREXIN 20 MG TAB//FELDENE 20 MG TAB//PCAM 20 MG TAB//PIRAM 20 MG TAB Spec: PIROXICAN	CHEISI/PFIZ/MERCK/NAVEGAL/MAKSON/NOVARTIS OR EQUIVALENT	NO	5000	
131	BRUFEN 120 ML (100 MG / 5 ML) SYP Spec: IBUPROFEN	ABBOTT OR EQUIVALENT	BTL	6000	
132	BRUFEN 400 MG TAB Spec: IBUPROFEN	ABBOTT OR EQUIVALENT	NO	20000	
133	CALPOL 60 ML SYP//DISPROL 60 ML SYP//PANADOL 60 ML SYP Spec: PARACETAMOL	GSK/RECKITT/GSK OR EQUIVALENT	BTL	8000	
134	CAMPEX 100 MG INJ//MERLON 100 MG INJ//TRAMADOL 100 MG INJ//TRAMAL 100 MG INJ Spec: TRAMADOL	AKHAI/AGP/HIGHNOON/SEARLE OR EQUIVALENT	AMPULES	100000	
135	CAMPEX 50 MG TAB//TONOFLEX 50 MG CAP//TRAMADOL 50 MG TAB//TRAMAL 50 MG CAP Spec: TRAMADOL	AKHAI/SAMI/HIGHNOON/SEARLE OR EQUIVALENT	NO	15000	
136	DICLORAN SR 100 MG TAB//VOLTRAL SR 100 MG TAB Spec: DICLOFENAC SODIUM	SAMI/NOVARTIS OR EQUIVALENT	NO	10000	
137	DISPRIN 300 MG TAB Spec: PARACETAMOL	RECKITT OR EQUIVALENT	NO	15000	
138	FELDENE 25 GM GEL//PCAM 25 GM GEL//PIROXICAM 25 GM GEL Spec: PIROXICAM	PFIZER/MERCK/JINNAH OR EQUIVALENT	TUBE	3000	
139	NUBEROL FORTE 50/650 MG TAB Spec: ORPHENADRINE AND PARACETAMOL	SEARLE OR EQUIVALENT	NO	100000	
140	PANADOL 500 MG TAB Spec: PARACETAMOL	GSK OR EQUIVALENT	NO	300000	
141	PONSTAN 250 MG TAB Spec: MEFENAMIC ACID	PFIZER OR EQUIVALENT	NO	200000	
142	SYNFLEX 500 MG TAB Spec: NAPROXEN	ICI/MARTON DOW OR EQUIVALENT	NO	15000	
143	TORADOL 30 MG INJ Spec: KETOROLAC TROMETAMOL	MARTIN DOW OR EQUIVALENT	VIAL	25000	
144	ZYLORIC 300 MG TAB Spec: ALLOPURINOL	GSK OR EQUIVALENT	NO	1000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
145	FALGAN 1G/100 ML INJ//PROVAS 1G/100 ML INJ/NUBEROL-P 1 G/100 ML INJ Spec: PARACETAMOL	BOSCH/SAMI/SEARLE OR EQUIVALENT	VIAL	15000	
146	NALBIN 10 MG INJ//NUBAIN 10 MG INJ Spec: NALBUPHINE	GLOBAL PHARMA/SEARLE OR EQUIVALENT	AMPULES	20000	

(2) For Plant & Machinery:
Specification:-

(3) Special Conditions

- 01 Only one rate should be quoted.
- 02 The delivered medicines/store which are subsequently found un-registered or nearing the expiry date at any stage during the currency of the contract, shall have to be replaced by the supplier at its on expense.
- 03 Quotation must be valid for 90 days and on free delivery at POF Hospital Wah Cantt.
- 04 Samples be submitted if required by purchaser.
- 05 Each delivery challan must bear batch No, Date of manufacture and date of expiry of delivered medicines/Store.
- 06 Sales Tax Registration No. issued by Excise & Taxation Department must be given in quotation.
- 07 S.Tax will not be paid by POF Hospital in accordance with S.No.52-A in 6th schedule of S.Tax Act-1990 through Finance Bill. 2008 being teaching hospital over 500 beds.
- 08 The supplier is responsible to deliver the medicines as and when required by the purchaser.
- 09 The supplies must be of fresh manufacture and must possess at least 85% to 90% of the labeled life on receipt by the consignee.
- 10 The supplier will make sure that the medicines/Store are not sub-standard and have prescribed life printed on packing. The medicines shall be delivered in original sealed packing/containers from the manufacturers.
- 11 The delivery is required immediately.
- 12 Brand name must clearly be Mentioned against which the rate is quoted.
- 13 Supplier must assure the quality of items supplied. In case of any complaint from end user, the supplier will replace the item on his own expense.
- 14 Supplier provide authorized distribution letter of their manufacturer/ importer.
- 15 Only registered suppliers (with Sales Tax & Income Tax Deptt) who are on Active Taxpayer List (ATL) of FBR are elligible to supply goods/services to Government departments.
- 16 The payment to the registered persons may be linked with the active taxpayer status of the suppliers as per FBR database. I any registered suppliers is not in ATL his payment should be stopped till he mandatory returns and appers on ATL of FBR.

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/49

12-APR-19

(4) Undertaking

Should our offer be accepted, we hereby undertake to supply the stores/render the services contracted on the basis of General Conditions of Contract embodied in Form POF 1281, and to deposit the performance bond within the prescribed time, failing which it will constitute a breach of contract, and POF will have the right to purchase the stores/services elsewhere at our risk and cost.

Place _____

Date _____

Signature of the Tenderer _____

Name _____

Position _____

Address _____

Income Tax G.I.R. No _____

Official Stamp _____