



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/51

DATED 23-04-2021

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 18-05-2021 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/51 DT. 23-04-2021
Tender to be opened on: 18-05-2021
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.

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 upto 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

DR. MUHAMMAD MASOOD

DY. COMMANDANT

for PAKISTAN ORDNANCE FACTORIES

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/51

23-APR-21**(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/51 Dated 18-02-2021					
001	AMCLAV 1 G TAB/AMOXI-CLAV 1 G TAB/AUGMENTIN 1 G TAB Spec: CO-AMOXICLAV	GETZ/NOVARTIS/GSK OR EQUIVALENT	NO	1480	
002	AMCLAV 375 MG TAB/AMOXI-CLAV 375 MG TAB/AUGMENTIN 375 MG TAB Spec: CO-AMOXICLAV	GETZ/NOVARTIS/GSK OR EQUIVALENT	NO	1440	
003	AMCLAV 625 MG TAB/AMOXI-CLAV 625 MG TAB/AUGMENTIN 625 MG TAB Spec: CO-AMOXICLAV	GETZ/NOVARTIS/GSK OR EQUIVALENT	NO	10000	
004	AMIKIN 250 MG INJ/AMKAY 250 MG INJ/GRASIL 250 MG INJ Spec: AMIKACIN	GSK/BOSCH/SAMI OR EQUIVALENT	VIAL	300	
005	AMIKIN 500 MG INJ/AMKAY 500 MG INJ/GRASIL 500 MG INJ Spec: AMIKACIN	GSK/BOSCH/SAMI OR EQUIVALENT	VIAL	500	
006	AMOXI-CLAV 156.25 MG / 5 ML SYP (BOTTLE OF 60 ML) Spec: CO-AMOXICALVE	NOVARTIS OR EQUIVALENT	BTL	500	
007	AMOXI-CLAV 312.5 MG/5 ML (BOTT OF 60 ML) SYP/AUGMENTIN DS 312.5 MG/5 ML (BOTT OF 60 ML) SYP Spec: CO-AMOXICLAV	NOVARTIS/GSK OR EQUIVALENT	BTL	500	
008	AZOMAX 250 MG CAP/ZETRO 250 MG TAB Spec: AZITHROMYCIN	RAAZEE/NOVARTIS/G ETZ OR EQUIVALENT	NO	5000	
009	AZOMAX 500 MG TAB/ZETRO 500 MG TAB Spec: AZITHROMYCIN	NOVARTIS/GETZ OR EQUIVALENT	NO	15000	
010	BARIZOLD 600 MG / 300 ML INJ/NEZKIL 600 MG / 300 ML INJ/ZOLREST 600 MG / 300 ML INJ Spec: LINEZOLID	BARRET HODGSON/CONTINENTAL PHARMA/BOSCH OR EQUIVALENT	VIAL	4000	
011	BARIZOLD 600 MG TAB/ECASIL 600 MG TAB/NEZKIL 600 MG TAB/NEZOCIN 600 MG TAB Spec: LINEZOLID	BARRET HODGSON/SAMI/CONTINENTAL PHARMA/BROOKES OR EQUIVALENT	NO	2000	
012	CEFIM 100 MG / 5 ML SYP (BOTT OF 30 ML) Spec: CEFIXIME	HILTON OR EQUIVALENT	BTL	1500	
013	CILAPEN 500 MG INJ/ONEM 500 MG INJ/STANEM 500 MG INJ/TIENAM 500 MG INJ Spec: IMIPENEM + CILASTATIN	BOSCH/ASPIN/ICI/OBS PHARMA OR EQUIVALENT	VIAL	5000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
014	CIPESTA 200 MG / 100 ML INJ/CYROGIN 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	GETZ/HIGHNOON/HILTON/BARRETT HODGSON/MERCK/SAMI OR EQUIVALENT	VIAL	1000	
015	CIPROXIN 200 MG / 100 ML INJ Spec: CIPROFLOXACIN	BAYER OR EQUIVALENT	VIAL	1000	
016	CLAFORAN 1 G INJ Spec: CEFOTAXIME	SANOFI AVENTIS OR EQUIVALENT	VIAL	12000	
017	CLAFORAN 250 MG INJ Spec: CEFOTAXIME	SANOFI AVENTIS OR EQUIVALENT	VIAL	8000	
018	CONTIMYCIN 100 MG CAP/VIBRAMYCIN 100 MG CAP Spec: DOXYCYCLINE	ASIAN CONTINENTAL/PFIZER OR EQUIVALENT	NO	5000	
019	DIAZOLE 500 MG / 100 ML INJ/FLAGYL 500 MG / 100 ML INJ Spec: METRONIDAZOLE	B. BRAUN/SANOFI AVENTIS OR EQUIVALENT	VIAL	15000	
020	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 HODGSON/GETZ/NOVARTIS/SANOFI AVENTIS OR EQUIVALENT	VIAL	200	
021	FLAGYL 400 MG TAB Spec: METRONIDAZOLE	SANOFI AVENTIS OR EQUIVALENT	NO	40000	
022	FLAGYL 60 ML SYP Spec: METRONIDAZOLE	SANOFI AVENTIS OR EQUIVALENT	BTL	1000	
023	FORTAZIM 1 GM INJ/FORTUM 1 GM INJ Spec: CEFTAZIDIME	BOSCH/GSK OR EQUIVALENT	VIAL	2600	
024	KETRESS 40 MG TAB Spec: LEVAMISOLE	ICI OR EQUIVALENT	NO	1000	
025	MAXLOX 400 MG INJ/MOXIGET 400 MG INJ/XEFACTA 400 MG INJ Spec: MOXIFLOXACIN	SEARLE/GETZ/HILTON OR EQUIVALENT	VIAL	500	
026	MERONEM 1 GM INJ/MERPEN 1 GM INJ Spec: MEROPENEM	PFIZER/ICI OR EQUIVALENT	VIAL	8000	
027	MERONEM 500 MG INJ/MERPEN 500 MG INJ Spec: MEROPENEM	PFIZER/ICI OR EQUIVALENT	VIAL	8000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
028	OFLOBID 200 MG 100 ML INJ/TARIVID 200 MG 100 ML INJ Spec: OFLOXACIN	HILTON/SANOFI AVENTIS OR EQUIVALENT	BTL	500	
029	OFLOBID 200 MG TAB/TARIVID 200 MG TAB Spec: OFLOXACIN	HILTON/SANOFI AVENTIS OR EQUIVALENT	NO	500	
030	ROCEPHIN 1 G INJ/TRAXON 1 G INJ Spec: CEFTRIAXONE	MARTIN DOW/GSK OR EQUIVALENT	VIAL	5000	
031	SULZON 2 GM INJ Spec: CEFOPERAZONE AND SULBACTAM	BIOCARE OR EQUIVALENT	VIAL	9000	
032	TANZO 2.25 MG INJ Spec: PIPERACILLIN AND TAZOBACTAM	BOSCH OR EQUIVALENT	VIAL	100	
033	TANZO 4.5 GM INJ/TAZOCIN 4.5 GM INJ Spec: PIPERACILLIN AND TAZOBACTAM	BOSCH/WYETH OR EQUIVALENT	VIAL	2500	
034	TARGOCID 200 MG INJ Spec: TEICOPLANIN	SANOFI AVENTIS OR EQUIVALENT	VIAL	500	
035	TARGOCID 400 MG INJ Spec: TEICOPLANIN	SANOFI AVENTIS OR EQUIVALENT	VIAL	500	
036	TYGACIL 50 MG INJ Spec: TIGECYCLINE	WYETH OR EQUIVALENT	VIAL	100	
037	VANOCIN 500 MG INJ/VANCOMYCIN 500 MG INJ Spec: VANCOMYCIN	ELLY LILLY/ABBOTT OR EQUIVALENT	VIAL	3000	
038	ZECEF 750 MG INJ/ZINACEF 750 MG INJ Spec: CEFUROXIME	BOSCH/GSK OR EQUIVALENT	VIAL	4000	
039	ABOCAL TAB/CAC-1000 TAB Spec: CALCIUM SUPPLEMENT	ABBOTT/NOVARTIS OR EQUIVALENT	NO	20000	
040	CECON 500 MG TAB Spec: VITAMIN C	ABBOTT OR EQUIVALENT	NO	15000	
041	CHEWCAL TAB Spec: CALCIUM ELEMENTAL	GSK OR EQUIVALENT	NO	30000	
042	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	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
043	FEFOLVIT CAP/IBERET FOLIC TAB/SANGOBION CAP/TRI-HEMIC TAB Spec: HAEMATINIC AND VITAMIN	GSK/ABBOTT/MERCK/ PFIZER OR EQUIVALENT	NO	10000	
044	FEROSOFT 100 MG / 5 ML INJ/MEGAFFER 100 MG / 5 ML INJ/VENOFER 100 MG / 5 ML INJ Spec: IRON SUCROSE	HILTON/SURGE LABS/RG PHARMA OR EQUIVALENT	AMPULES	1000	
045	FOLIC ACID 5 MG TAB/FOLIC ACID 5 MG TAB/FOLIC ACID 5 MG TAB Spec: FOLIC ACID	IRZA/EROZ/ALBR OR EQUIVALENT	NO	10000	
046	LEDERPLEX 120 ML SYP/MULTIBIONTA 120 ML SYP/POLYBION FORTE SYP/SURBEX SYP Spec: B. COMPLEX (VITAMIN)	PFIZER/MARTIN DOW/MERCK/ABBOTT OR EQUIVALENT	BTL	1000	
047	MULTIBIONTA CAP Spec: MULTIVITAMIN	MERCK OR EQUIVALENT	NO	5000	
048	NEO-K 500 MG TAB Spec: POTASSIUM CHLORIDE	ZAFA OR EQUIVALENT	NO	500	
049	NEUROBION 3 ML INJ/TRIVIDOX 3 ML INJ Spec: B. COMPLEX	MERCK/ABBOTT OR EQUIVALENT	AMPULES	1000	
050	POLYBION -Z CAP/SURBEX Z TAB/THERAGRAN ULTRA TAB/VITRIUM CAP Spec: VITAMIN/MINERAL	MERCK/ABBOTT/GSK/ SEARLE OR EQUIVALENT	NO	20000	
051	QALSIMUM-D TAB Spec: CALCIUM CARBONATE	GSK OR EQUIVALENT	NO	20000	
052	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	20000	
053	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	
054	ATROPINE 1 MG / ML INJ/ATROPINE 1 MG / ML INJ Spec: ATROPINE	PDH/VENUS OR EQUIVALENT	VIAL	6000	
055	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	
056	CO-EZIDAY 50 / 12.5 MG TAB/XAVOR DIU 50 / 12.5 MG TAB Spec: LOSARTAN AND HYDROCHLOROTHIAZIDE	WERRICK/FEROZSONS OR EQUIVALENT	NO	3000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
057	CONCOR 2.5 MG TAB Spec: BISOPROLOL	MERCK OR EQUIVALENT	NO	3000	
058	CONCOR 5 MG TAB Spec: BISOPROLOL	MERCK OR EQUIVALENT	NO	5000	
059	CORDARONE 150 MG/ML INJ Spec: AMIODARONE	SANOFI AVENTIS OR EQUIVALENT	VIAL	1000	
060	EZIDAY 50 MG TAB/XAVOR 50 MG TAB Spec: LOSARTAN	WERRICK/FEROZSONS OR EQUIVALENT	NO	15000	
061	INDERAL 10 MG TAB Spec: PROPRANOLOL	ICI OR EQUIVALENT	NO	2000	
062	ISOPTIN 5 MG / 2 ML INJ Spec: VERAPAMIL	ABBOTT OR EQUIVALENT	VIAL	500	
063	TRICARDIN 250 MG CAP Spec: TRICARDIN	TASLY OR EQUIVALENT	NO	2000	
064	VASTAREL MR 35 MG TAB Spec: TRIMETAZIDINE	SERVIER OR EQUIVALENT	NO	5000	
065	ATORVA 10 MG TAB/LIPIGET 10 MG TAB/LIPIREX 10 MG TAB Spec: ATORVASTATIN	PHARMATEC/GETZ/HI GHNOON OR EQUIVALENT	NO	20000	
066	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	20000	
067	ABOCRAN SACTH/CRANMAX SACTH Spec: SUPPLIMENT	ABBOTT/MATRIX PHARMA OR EQUIVALENT	PKT	3000	
068	ALKACITRON 120 ML SYP/CITRALKA 120 ML SYP Spec: SODIUM ACID CITRATE	PHD PHARMA/PFIZER OR EQUIVALENT	BTL	500	
069	CITROSODA SACTH Spec: SODIUM BICARBONATE AND SODIUM CITRATE	ABBOTT OR EQUIVALENT	SACH	2000	
070	FLOSURE 0.4 MG CAP/PROSTREAT 0.4 MG CAP/TAMSOLIN 0.4 MG CAP Spec: TAMSULOSIN	FEROZESONS/ASIAN/GETZ OR EQUIVALENT	NO	1000	
071	FRUSEMIDE 20 MG INJ/FRUSEMIDE 20 MG INJ/LASIX 20 MG INJ Spec: FRUSEMIDE	LCPW/AMEER PHARMA/SANOFI AVENTIS OR EQUIVALENT	AMPULES	30000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
072	FRUSEMIDE 40 MG TAB/LASIX 40 MG TAB/LASOMIDE 40 MG TAB Spec: FRUSEMIDE	LCPW/SANOFI AVENTIS/PHARMEDIC OR EQUIVALENT	NO	3000	
073	SPIROMIDE 20 MG TAB Spec: SPIRONOLACTONE AND FRUSEMIDE	SEARLE OR EQUIVALENT	NO	7200	
074	SPIROMIDE 40 MG TAB Spec: SPIRONOLACTONE AND FRUSEMIDE	SEARLE OR EQUIVALENT	NO	2000	
075	ANGISED 0.5 MG TAB Spec: GLYCERYL TRINITRATE	GSK OR EQUIVALENT	NO	5000	
076	NITROMINT 2.6 MG TAB/SUSTAC 2.6 MG TAB Spec: GLYCERYL TRINITRATE	MEDIMPEX/SEARLE OR EQUIVALENT	NO	15000	
077	NITROMINT 6.4 MG TAB/SUSTAC 6.4 MG TAB Spec: GLYCERYL TRINITRATE	MEDIMPEX/SEARLE OR EQUIVALENT	NO	1000	
078	ANSAID 100 MG TAB/FROBEN 100 MG TAB/INFLAMATIX 100 MG TAB Spec: FLURBIPROFEN	PFIZER/ABBOTT/ASIAN CONTINENTAL OR EQUIVALENT	NO	1000	
079	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	5000	
080	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	15000	
081	ARTIMOV-K 50 MG TAB/ARTINIL-K 50 MG TAB/CAFLAM 50 MG TAB Spec: DICLOFENIC POTASSIUM	BARRET HODGSON/GLOBAL/NOVARTIS OR EQUIVALENT	NO	3000	
082	BREXIN 20 MG TAB Spec: PIROXICAM-BETA-CYCLODEXTRIN OR EQUIVALENT	CHIESI OR EQUIVALENT	NO	5000	
083	BRUFEN 400 MG TAB Spec: IBUPROFEN	ABBOTT OR EQUIVALENT	NO	5000	
084	CALPOL 500 MG TAB/DISPROL 500 MG TAB/PANADOL 500 MG TAB Spec: PARACETAMOL	GSK/RECKITT/GSK OR EQUIVALENT	NO	50000	
085	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	10000	

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(1)	(2)	(3)	(4)	(5)	(6)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)
086	DEPROGESIC TAB/DIAGESIC TAB/DISTALGESIC TAB/DYPON TAB Spec: P/C + DEXTROPROPOXYPEHENE	LCPW/WILS/LILL/DO NV OR EQUIVALENT	NO	2000	
087	DISPRIN 300 MG TAB Spec: ASPIRIN	RECKITT OR EQUIVALENT	NO	5000	
088	FALGAN 1G/100 ML INJ/NUBEROL-P 1G/100 ML INJ/PROVAS 1 G/100 ML INJ Spec: PARACETAMOL	BOSCH/SEARLE/SAMI OR EQUIVALENT	VIAL	15000	
089	FELDENE 20 MG TAB/PCAM 20 MG TAB/PIRAM 20 MG TAB Spec: PIROXICAM OR EQUIVALENT	PFIZER/MERCK/NAVE GAL OR EQUIVALENT	NO	1000	
090	FELDENE 25 GM GEL/PCAM 25 GM GEL/PIROXICAM 25 GM GEL Spec: PIROXICAM	PFIZER/MERCK/JINNAH OR EQUIVALENT	TUBE	500	
091	FLEXIN 500 MG TAB/SYNFLEX 500 MG TAB Spec: NAPROXEN	ABBOTT/MARTON DOW OR EQUIVALENT	NO	1000	
092	NUBEROL FORTE 50/650 MG TAB/SINAXAMOL EXTRA 50/650 MG TAB Spec: ORPHENADRINE AND PARACETAMOL	SEARLE/AGP OR EQUIVALENT	NO	50000	
093	TONOFLEX P 37.5/325 MG TAB Spec: TRAMADOL + PARACETAMOL	SAMI OR EQUIVALENT	NO	5000	
094	TORADOL 30 MG INJ/TORALAC 30 MG INJ Spec: KETOROLAC TROMETAMOL	MARTIN DOW/GLOBAL PHARMA OR EQUIVALENT	VIAL	5000	
095	ZYLORIC 300 MG TAB Spec: ALLOPURINOL	GSK OR EQUIVALENT	NO	1000	
096	ADENOCOR (ADENOSINE) INJ Spec: ADENOSINE	SANOPIAVENTIS OR EQUIVALENT	VIAL	400	
097	DOBUTAMINE 250 MG INJ/AYLANTO 250 MG INJ/MYUNGMOON DOBUTAMINE 250 MG INJ Spec: DOBUTAMINE	ABBOTT/ROTEX MEDICA/HOFFMANN	AMPULES	300	
098	NORADRIN 4 MG / ML INJ Spec: NOREPINEPHRINE	ATCO OR EQUIVALENT	AMPULES	1000	
099	ABICLOT 75 MG TAB/CLOTNIL 75 MG TAB/LOWPLAT 75 MG TAB/PIDOGREL 75 MG TAB Spec: CLOPIDOGREL	ABBOTT/BARRET HODGSON/PHARMEVO/HIGHNOON OR EQUIVALENT	NO	5000	
100	ASCARD 75 MG TAB/LOPRIN 75 MG TAB Spec: ASPIRIN	ATCO/HIGHNOON OR EQUIVALENT	NO	20000	

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/51

23-APR-21

(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 from commercial opening 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 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.

(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 _____