



NFC INSTITUTE OF ENGINEERING & FERTILIZER RESEARCH
Jaranwala Road, Faisalabad (Postal Code-38090) Pakistan.
☎: +92-41-9220355-57 [http: www.iefr.edu.pk](http://www.iefr.edu.pk)
Ministry of Federal Education and Professional Training, Government of Pakistan



SAY NO TO CORRUPTION



**NFC INSTITUTE OF ENGINEERING & FERTILIZER
RESEARCH, FAISALABAD.**
Ministry of Federal Education and Professional
Training, Government of Pakistan.



NOTICE FOR PRE-QUALIFICATION OF HOSPITALS

1.	NFC-IE&FR <i>invites applications from private and preferably public sector and autonomous bodies hospitals</i> having minimum 50 beds facility duly registered with concerned Health Regulatory Authority for prequalification for medical treatment of its employees and their dependents at Faisalabad. Single Stage One Envelope Procedure shall be applied as per Rule 36(a) of PPRA Rule 2004.
2.	Prequalification Document (PQD) along-with terms & conditions can be obtained from our accounts department against bank draft/cash of Rs.2000/- in favor of NFC Institute of Engineering & Fertilizer Research, Faisalabad during the working days (Monday to Friday) from 08:00 AM to 04:00 PM on written request by the contractor. Tender Document is also available on NFC-IE&FR website www.iefr.edu.pk , PPRA website www.ppra.org.pk & EPADS website https://eprocure.gov.pk for information only.
3.	Last date for the submission of applications (complete in all respect) is 20.01.2026 up to 1100 hours . The proposals, prepared in accordance with the instructions provided in the prequalification documents, must be submitted electronically via E-Pak Acquisition and Disposal System (EPADS). Hard copy of the proposals along with documents be submitted in due course of time . The proposals will be opened on the same day at 1130 hours in the office of the undersigned in the presence of hospitals representatives who wish to participate.
4.	The Management of NFC-IE&FR reserves the right to accept or reject any or all the proposals as per PPRA rules.

Registrar/Head (Personnel & Administration)

NFC Institute of Engineering and Fertilizer Research, Jaranwala Road, Faisalabad.
Ph: 041-9220355-57 Ext: 107



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BIDDING DOCUMENT

FOR

PREQUALIFICATION OF HOSPITAL(S) for Financial Year 2025-26, 2026-27 & 2027-28 (3 Years)

Tender No. IEFR/Commercial/Tender/2025/06

Last Date for Quotation Submission: 20.01.2026 at 1100 Hours



PREQUALIFICATION DOCUMENTS

PREQUALIFICATION OF HOSPITALS FOR MEDICAL TREATMENT OF NFC-IE&FR EMPLOYEES AND THEIR DEPENDENTS AT FAISALABAD.

1. PURPOSE:

To prequalify hospitals for provision of medical treatment to the employees of NFC-IE&FR and their dependents at Faisalabad. The arrangements will be made with the prequalified hospitals to provide treatment facilities to the agreed upon terms and conditions.

2. SCOPE OF SERVICES/ REQUIREMENT

- i. The selected Hospitals will be responsible to render/provide the medical treatment and allied services to the Employees and their Dependents as per agreed upon terms and conditions. The details of employees and their dependents (approx.) is as under:

No. of employees	No. of dependents	Total*
279	418	697

** Total number may increase or decrease.*

- ii. Hospitals will be required to continue their services without any interruption on 24 hours' seven days a week basis including all public holidays.
- iii. The arrangement shall continue as per the mentioned terms/duration in the agreement.
- iv. Hospitals must be equipped with comprehensive resources in terms of laboratories/ diagnostic facilities and have technical and financial capacity to render the services.
- v. Hospitals must have at least 05 public sector or corporate organizations on its panel for provision of health care facilities.
- vi. Quotations/ rates will be invited from prequalified hospitals only and financial consideration may not be submitted at this stage.

3. SUBMISSION OF PROPOSALS

Last date for the submission of applications (complete in all respect) is **20.01.2026 up to 1100 hours**. The proposals, prepared in accordance with the instructions provided in the prequalification documents, must be submitted electronically via **E-Pak Acquisition and Disposal System (EPADS)**. Hard copy of the proposals along with documents be submitted to the Registrar/Head (Personnel & Administration), NFC Institute of Engineering & Fertilizer Research, Jaranwala Road, Faisalabad. Tenders received after



stipulated date & time shall not be considered. Delay in submission of bids by the courier company will not be entertained.

4. **EVALUATION CRITERIA**

Mandatory Requirements: The applicant not fulfilling the below mentioned mandatory criteria will be rejected.

Sr. No.	Description	Documents required
1	Applicant must be registered with Government Authorities and Regulatory Bodies as per applicable Laws and Regulations.	Registration Certificate
2	NTN Certificate / Applicant must be Active Taxpayer/ Exemption Letter etc. be provided (status to be verified online from FBR)	NTN Certificate be provided
3	Must have geographical presence in Faisalabad	Profile showing addresses of facilities
4	Hospital must not be blacklisted by any Government Authority or Regulatory Bodies. (Applicant to clearly declare on its letterhead)	Declaration on letterhead
5	List of specialists in each specialty	List of specialists & technical staff
6	List of Public Sector/Corporate organizations on panel.	List of Organizations
7	Should have 50 beds with 70 percent of following facilities for general hospitals (In case of specialty based hospital the condition of 70% shall not apply but such hospitals must have full facilities of the specialty under one roof): <ul style="list-style-type: none">• Diagnostic Lab (Mandatory)• Accident & Emergency• Critical Care• Pathology and Blood Transfusion• Radiology• Gynecology• Surgery• Orthopedics• Gastroenterology (Endoscopic procedure)• Cardiology• Dental• ENT• Ophthalmology• Pediatric Medicine• Neurosurgery• Oncology• Thoracic Surgery	List of facilities in hospital



	<ul style="list-style-type: none">• Spine Surgery• Nephrology Procedures• Urology• Pulmonology (Resuscitation facility)• Anesthesia• Psychiatry• Other essential allied facilities	
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5. **GENERAL TERMS AND CONDITIONS**

1. **Preference will be given to public sector/autonomous bodies hospitals.** However, private hospitals fulfilling the prequalification criteria will also be considered.
2. Private Hospitals must be administered / managed / owned / controlled by Independent Board of Directors/ Trust and must have a legal status as an entity.
3. Payment will be made to the hospitals as per mutually agreed terms and conditions; however, no advance payment will be made.
4. Applicants not fulfilling the mandatory criteria will be rejected.
5. Hospital fulfilling the criteria will be pre-qualified and contract agreement will be executed for 01 year, which will be further extendable on mutually agreed terms and conditions/rates. However, either party can cancel agreement with a notice of thirty days, the hospital will continue to provide facilities to NFC-IE&FR employees and their dependents during notice period and payment thereof will be cleared as per agreed terms and conditions.
6. Quotations/rates will be invited from prequalified hospitals only and financial consideration may not be submitted at this stage. NFC-IE&FR may negotiate with the hospital for further discount, reduction of rate etc. The selection of the hospital will be considered final once award letter is issued by NFC-IE&FR.
7. Contract agreement will be signed with selected hospitals.



ANNEXURE "A"

APPLICATION FORM – ON HOSPITAL LETTERHEAD

Name of Hospital			
Mandatory Requirement			
Profile of Hospital	Must be attached		
Registration	Name of Regulatory Body	Document attached at Page No. __	
NTN No.		Active Tax Payer Yes/No	Document attached at Page No. __
Hospital Location			
Hospital is not blacklisted	Yes, declaration on letterhead is attached at Page No. _____		
List of Specialist in each facility	List of specialist and technical staff attached with complete details at Page No. _____		
Number of Beds Facility			
List of Public Sector/Corporate organization on Panel	List of organizations attached at Page No. _____		
Name of Facilities (70 percent) to be provided as per Serial No.07 of Evaluation Criteria (Not applicable in case of specialty hospital)	Name of facilities attached at Page No. _____		
Private Hospital is being Governed by Independent Board of Directors, Trust	Yes, Relevant Document attached at Page No. _____		

Stamp & Signed by

HBL

HABIB BANK

حبیب بینک

Please use separate Deposit Slips for deposits through Cash & Cheque

کیش اور چیک کے ذریعے ڈپازٹس کے لیے الگ الگ ڈپازٹ سلیپ استعمال کریں۔

Deposit Slip
Customer Copy

D D M M Y Y Y Y

Branch: <u>براج</u>	Date: <u>تاریخ</u>	<u>3</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>2</u>	<u>5</u>
Account Title <u>اکاؤنٹ ہولڈر کا نام</u>									
<input type="checkbox"/> RAAST ID/Account <u>RAAST آئی ڈی/اکاؤنٹ</u>									
IBAN: <u>آئی بی این</u>	<u>P</u>	<u>K</u>	<u>H</u>	<u>A</u>	<u>B</u>	<u>B</u>	<u>0</u>	<u>0</u>	<u>0</u>
Currency: <u>کرنسی</u>	<input type="checkbox"/> PKR	<input type="checkbox"/> USD	<input type="checkbox"/> EURO	<input type="checkbox"/> GBP	<input type="checkbox"/> JPY	<input type="checkbox"/> Others	<input type="checkbox"/> Intercity	<input type="checkbox"/> Within City	<input type="checkbox"/> Same Branch
Credit Card No. <u>کریڈٹ کارڈ نمبر</u>									
<input type="checkbox"/> Self (HBL A/c Holder) <u>ذات خود (آئی بی این اکاؤنٹ ہولڈر)</u>	<input type="checkbox"/> Walk-in Customer <u>(واک ان کسٹمر)</u>			<input type="checkbox"/> (Enter Notes Denominations on Reverse) <u>(نوٹس کی تسمیں چھپی گئیں)</u>			AMOUNT <u>رقم</u>		
<input type="checkbox"/> Cash <u>کیش</u>	BANK/BRANCH <u>بینک/براج</u>			CHEQUE/INSTRUMENT NO. <u>چیک/الٹرنیٹ نمبر</u>					
	<u>HBL</u>			<u>00004339</u>			<u>15,000/-</u>		
TOTAL AMOUNT <u>کل رقم</u>						<u>1</u>			
Total Amount in Words: <u>Five thousand only</u>	Purpose of Transaction: _____								
Commission (if any): _____	Contact No. <u>0321-6094006</u>								
Depositor's Name: <u>ABDUL REHMAN</u>	Fund Transfer Customer Account								
Depositor's CNIC No. _____	(For non-HBL/Walk-in Customers/Also attach ID Document Copy) <u>STLR M</u>								
Depositor's Account No. _____	(For HBL Customers/Account Holders) <u>PK61HARR000832XXXXXX1603</u>								
	To Account: <u>PK17HARR0004540013100701</u>								
	Charges <u>*****15.000.00 PKR</u>								
	Date: <u>2025-12-30</u>								
Received By: _____	Depositor's Signature <u>ABDUL REHMAN</u>			Or Teller <u>G080</u>			Time <u>10.58.21.733000</u>		

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