GOVERNMENT OF SINDH
HEALTH DEPARTMENT

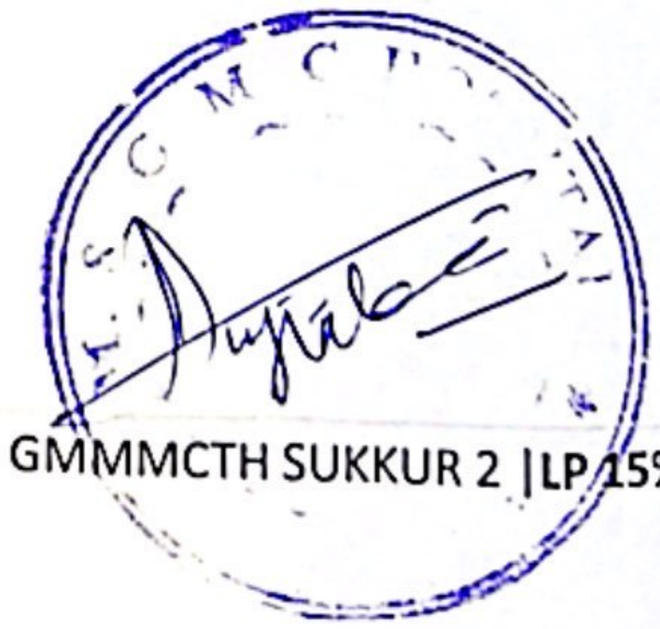
GHULAM MUHAMMAD MAHAR MEDICAL COLLEGE
TEACHING HOSPITAL SUKKUR

FOR FINANCIAL YEAR 2026-27

TENDER FORM FOR PURCHASE OF DRUGS / MEDICINE (15%) LOCAL PURCHASE ON DAILY EMERGENCY BASIS & FROM ZAKAT & BAITUL MAL FUNDS.

GMMMCTH SUKKUR 1 |LP 15%

CONTENTS



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INSTRUCTIONS TO BIDDER

01. The bid is subject to validity for 90 days and can be extend as per relevant rule.
02. Electronic Bids should be submitted through EPADS only, manual bid shall be received.
03. Interested bidders are required to get registered themselves on EPAD System at the link; http://sindh.eprocure.gov.pk/#supplier/registration for submission of electronic bids.
04. The date & Time of Sale of Tender, submission of Tender and opening of Tender is mentioned in NIT and Newspaper as well as on SPPRA Website / E- PADS, which shall be strictly followed by the bidder. Late bidder shall not be entertained.
05. The Tender form should be completely filled and rate by the bidder carefully .The bidder will be responsible for any mistake done by him / his representative.
06. The bidders are required to submit the Original Pay Order of Tender Fee (Non-Refundable) and Original Bid Security separately with covering letter of your firm. Any deviation in this regard shall lead to disqualification of bidder at the time of opening of bids.
07. The Firm / Supplier shall be responsible for delivery of supplies in the stipulated period of time.
08. The Purchaser reserves the right to increase / decrease the quantity of items at any stage of the tender / even after the tender.
09. Conditional Tender against the Government Policy shall not be entertained shall be liable to rejection of bid.
10. The Chairman of procurement committee reserves the right to verify the earnest money / pay order / bank draft at any stage of the tender.
11. In all tenders the local bidders may be preferred so that any emergency should be coped easily.
12. The Purchaser reserves the right to modify any specification / item at any stage of the tender / even after the tender.
13. Any bidder who raises undue observation and create crises, chaos involution and mis-happening the purchase committee / chairman shall be authorized to get him out/ disqualify / blacklist from the tender meeting and from the complete Tender process.
14. There should be performance security @ **5 %** in shape of pay order.

Note.

1. Bidder must read the above instructions before submission of bids and must sign with seal that the instructions are followed carefully and strictly.

2. The Bid security @ Rs. 500,000/- from Section A and for Section B bid security @ Rs 200,000/- .

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SCHEDULE OF DEMAND /REQUIREMENTS / ITEMS / DESCRIPTIONS OF STORE / DETAIL OF WORK

(SECTION-A)

S.NO.	Drug Reg # (R.NO)	Dosage Form	GENRIC NAME WITH STRENGTH	TRADE NAME	QTY FOR 2024-2025	MENUF:	PACKING	TRADEPRICE	QUOTEDRAT
8.		INJ:	0.9% N/SALINE 1000ML		As Required				
9.		INJ:	1/5th D/SALINE 500ML		As Required				
10.		INJ:	10% D/WATER 1000ML		As Required				
11.		INJ:	AMINO ACID 10% FOR LIVER ENCEPHELOPHATHY		As Required				
12.		INJ:	AMINO ACID 5% WITH 20 AMINO ACID 500ML		As Required				
13.		INJ:	25% GLUCOSE		As Required				
14.		INJ:	4% MODIFIED FLAUID GELATIN		As Required				
15.		INJ:	5% D/SALINE 1000ML		As Required				
16.		INJ:	5% D/SALINE 500ML		As Required				
17.		INJ:	5% D/WATER 1000ML		As Required				
18.		INJ:	5% DEXTROSE AND ELECTROLYTES 500ML		As Required				
19.		INJ:	70/30 INSULIN		As Required				
20.		INJ:	ACYCLOVIR 250MG		As Required				
21.		INJ:	ACYCLOVIR 500MG		As Required				
22.		INJ:	ALBUMIN HUMAN		As Required				
23.		INJ:	AMIKACILLINE 100MG		As Required				
24.		INJ:	AMIKACILLINE 500MG		As Required				
25.		INJ:	AMOXICILLIN 500 MG		As Required				
26.		INJ:	AMPICILLINE 500 MG		As Required				
27.		INJ:	ARTEMETHER 80/480		As Required				
28.		INJ:	ARTESUNATE 60MG		As Required				
29.		INJ:	ARV		As Required				
30.		INJ:	ASV		As Required				
31.		INJ:	ATRACURIUM BESYLATE		As Required				
32.		INJ:	ATROPIN		As Required				
33.		INJ:	BUPIVACAINE SPINAL		As Required				
34.		INJ:	CALCIUM GLUCONATE		As Required				
35.		INJ:	CEFOTAXIME 1GM		As Required				
36.		INJ:	CEFOTAXIME 250MG		As Required				
37.		INJ:	CEFTRIAXONE 1GM		As Required				
38.		INJ:	CEFTRIAXONE 2GM		As Required				
39.		INJ:	CEFTRIAXONE 250MG		As Required				
40.		INJ:	CEFTRIAXONE 500MG		As Required				
41.		INJ:	CHLOROPHENARMINE		As Required				
42.		INJ:	CIPROFLOXACINE 500MG		As Required				
43.		INJ:	CITICOLINE		As Required				
44.		INJ:	CLAVULANIC ACID+ AMOXYCILLIN 1.2G		As Required				
45.		INJ:	DEXAMETHASONE		As Required				
46.		INJ:	DISTILLED WATER 5CC		As Required				
47.		INJ:	DOBUTAMIN 250MG		As Required				
48.		INJ:	DOPAMIN		As Required				
49.		INJ:	DROTAVERINE		As Required				
50.		INJ:	FRUSEMIDE		As Required				
51.		INJ:	GELAFUSIN 4%		As Required				
52.		INJ:	GENTAMICIN 80 MG		As Required				
53.		INJ:	HEPARIN		As Required				
54.		INJ:	HYDROCARTISONE 250MG		As Required				
55.		INJ:	INSULIN -N		As Required				
56.		INJ:	INSULIN GLARGINE		As Required				

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S.NO.	Drug Reg # (R.NO)	Dosage Form	GENRIC NAME WITH STRENGTH	TRADE NAME	QTY FOR 2024-2025	MENUF:	PACKING	TRADEPRICE	QUOTEDRATE
57.		INJ:	INSULIN -R		As Required				
58.		INJ:	IRON POLYMALTOSE		As Required				
59.		INJ:	IRON SUCROSE		As Required				
60.		INJ:	ISOFLOREN 100ML		As Required				
61.		INJ:	KETAROLL 10CC		As Required				
62.		INJ:	KETOROLAC 30MG		As Required				
63.		INJ:	LEVOFLOXACINE 500MG		As Required				
64.		INJ:	LIGNOCAIN 2% PLAINES		As Required				
65.		INJ:	LIGNOCAIN 2% WITH ADRENALIN		As Required				
66.		INJ:	LINZOLID 600MG		As Required				
67.		INJ:	L-ORNITHINE + L-ASPARTATE 120ML		As Required				
68.		INJ:	MANNITOL 500ML		As Required				
69.		INJ:	MECOBALAMIN 500 UG ML		As Required				
70.		INJ:	MEROPENEM 1GM		As Required				
71.		INJ:	MEROPENEM 500MG		As Required				
72.		INJ:	METACHLROPROMIDE		As Required				
73.		INJ:	METRONIDAZOLE 500MG/100ML		As Required				
74.		INJ:	MOXIFLOXACIN 400MG		As Required				
75.		INJ:	NALBIPHANE 10MG		As Required				
76.		INJ:	OXYTOCIN		As Required				
77.		INF US	PANTOPRAZOLE 40MG		As Required				
78.		INF US	PARACETAMOL		As Required				
79.		INJ:	PARACETAMOL		As Required				
80.		INJ:	PHENERAMINE MALEATE		As Required				
81.		INJ:	PIPERACILLIN + TAZOBACTAM 2.25G		As Required				
82.		INJ:	PIPERACILLIN + TAZOBACTAM 4.5G		As Required				
83.		INJ:	POTASSIUM CHLORIDE 20ML		As Required				
84.		INJ:	PROPOFOL 1 %		As Required				
85.		INJ:	RANITIDINE 150 MG		As Required				
86.		INJ:	RHO(D) IMMUNE GLOBULIN		As Required				
87.		INJ:	RINGER LACTATE 1000ML		As Required				
88.		INJ:	RINGER LACTATE 500ML		As Required				
89.		INJ:	RINGER LACTATE -D 1000ML		As Required				
90.		INJ:	SODIUM BICARBONATE		As Required				
91.		INJ:	SUXAMETHONIUM		As Required				
92.		INJ:	TERLIPRESSIN ACETATE		As Required				
93.		INJ:	TICARCILLIN+CLAVULANIC ACID 3.2G		As Required				
94.		INJ:	TRAMADOL HCL 100mg		As Required				
95.		INJ:	TRANEXAMIC ACID 500MG		As Required				
96.		INJ:	VANCOMYCIN 1GM		As Required				
97.		INJ:	VANCOMYCIN 250MG		As Required				
98.		INJ:	VANCOMYCIN 500MG		As Required				
99.		INJ:	MIDAZOLAM 1MG		As Required				
100.		TAB	ACETYL SALY CYLICK ACID 75MG		As Required				
101.		TAB	ALENDRONATE + VITAMIN D3		As Required				
102.		TAB	ALFACALCIDOL 0.5MCG		As Required				
103.		TAB	ALPRAZOLAM 0.5MG		As Required				
104.		TAB	AMLODIPINE + VALSARTAN 10 / 160		As Required				
105.		TAB	AMOXICILLIN + PIVOXIL + SULBACTUM 500MG		As Required				
106.		TAB	AMOXICILLIN + PIVOXIL + SULBACTUM DS		As Required				
107.		TAB	ARTEMETHER+ LUMFUNTRIM 80 / 240		As Required				
108.		TAB	ATENOLOL 50 MG		As Required				
109.		TAB	ATROVASTATIN 10 MG		As Required				
110.		TAB	B1+B6+B12		As Required				

S.NO.	Drug Reg # (R.NO)	Dosage Form	GENRIC NAME WITH STRENGTH	TRADE NAME	QTY FOR 2024-2025	MENUF:	PACKING	TRADEPRICE	QUOTEDRAT
111.		TAB	BISOPROLOL 5MG		As Required				
112.		TAB	BISOPROLOL HEMIFUMARATE 2.5MG		As Required				
113.		TAB	BROMAZEPAM 3MG		As Required				
114.		TAB	CALCIUM + VATAMIN D (CHEWCAL)		As Required				
115.		TAB	CAPTOPRIL 25MG		As Required				
116.		TAB	CARBAMAZAPINE 200MG		As Required				
117.		TAB	CARVEDILOL 6.25 MG		As Required				
118.		TAB	CEFIXIME 200MG		As Required				
119.		TAB	CEFIXIME 400MG		As Required				
120.		TAB	CELECOXIB 100MG		As Required				
121.		TAB	CELECOXIB 200MG		As Required				
122.		TAB	CIPROFLOXACINE 500MG		As Required				
123.		TAB	CLAVULANIC ACID+ AMOXYCILLIN 375MG		As Required				
124.		TAB	CLAVULANIC ACID+ AMOXYCILLIN 625MG		As Required				
125.		TAB	DICLOFENIC SODIUM 50MG		As Required				
126.		TAB	DILTIAZEM 30MG		As Required				
127.		TAB	DROTAVERINE 40MG		As Required				
128.		TAB	DESPERIBLE + AMOXICILLIN 500MG		As Required				
129.		TAB	DESPERIBLE + AMOXICILLIN 250MG		As Required				
130.		TAB	DESPERIBLE + ZINC 20MG		As Required				
131.		TAB	ENALAPRIL 10MG		As Required				
132.		TAB	ENALAPRIL 5MG		As Required				
133.		TAB	FEROUS SULPHATE		As Required				
134.		TAB	FEXOFENADIN 120MG		As Required				
135.		TAB	FOLIC ACID		As Required				
136.		TAB	FUROSEMIDE 40MG		As Required				
137.		TAB	GEMIFLOXACIN 320MG		As Required				
138.		TAB	GLIBENCLAMIDE 5MG		As Required				
139.		TAB	GLICLAZIDE MR 60MG		As Required				
140.		TAB	GLIMIPRIDE 1MG		As Required				
141.		TAB	GLIMIPRIDE 2MG		As Required				
142.		TAB	GLIMIPRIDE 3MG		As Required				
143.		TAB	GLIMIPRIDE 4MG		As Required				
144.		TAB	IBUPROFEN 400MG		As Required				
145.		TAB	KETOPROFEN 200MG		As Required				
146.		TAB	LEVETIRACETAM		As Required				
147.		TAB	LEVOFLOXACIN 500MG		As Required				
148.		TAB	LISINOPRIL 10MG		As Required				
149.		TAB	LIVOFLOXACINE 500MG		As Required				
150.		TAB	LORATIDIN 10MG		As Required				
151.		TAB	LOSSART POTASSIUM 50MG		As Required				
152.		TAB	M / VITAMIN - MULTIMINIERAL ZINK		As Required				
153.		TAB	MECOBALAMINE WITH CO-ENZYME VITAMIN B12 SUGAR FREE		As Required				
154.		TAB	MEFENAMIC ACID		As Required				
155.		TAB	METFORMIN HYDROCHLORIDE 500MG		As Required				
156.		TAB	METRONIDAZOLE 400MG		As Required				
157.		TAB	MOXIFLOXACIN 400MG		As Required				
158.		TAB	NITRO GLYCERINE 2.6MG		As Required				
159.		TAB	NITRO GLYCERINE 6.4MG		As Required				
160.		TAB	PANTOPRAZOLE 40MG		As Required				
161.		TAB	PARACETAMOL 500MG		As Required				
162.		TAB	PARACETAMOL + CODIENE		As Required				
163.		TAB	PIOGLITAZONE + METFORMIN HCI 15MG+500MG		As Required				

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S.NO.	Drug Reg # (R.NO)	Dosage Form	GENRIC NAME WITH STRENGTH	TRADE NAME	QTY FOR 2024-2025	MENUF:	PACKING	TRADEPRICE	QUOTEDRATE
164.		TAB	PIOGLITAZONE + METFORMIN HCI 15MG+800MG		As Required				
165.		TAB	PIOGLITAZONE 15MG		As Required				
166.		TAB	PIOGLITAZONE 30MG		As Required				
167.		TAB	PIOGLITAZONE 45MG		As Required				
168.		TAB	PIPEMIDIC ACID		As Required				
169.		TAB	PIROXICAM BETACYCLODEXTIN 20MG		As Required				
170.		TAB	PREDNISOLONE 5MG		As Required				
171.		TAB	PROPRANOLOL 10MG		As Required				
172.		TAB	RABEPRAZOLE SODIUM 10MG		As Required				
173.		TAB	RABEPRAZOLE SODIUM 20MG		As Required				
174.		TAB	RIFAXIMIN 550MG		As Required				
175.		TAB	SALBUTAMOL 2 MG		As Required				
176.		TAB	SILMARIN 200MG		As Required				
177.		TAB	SITAGLIPTIN PHOSPHATE MONOHYDRATE + METFORMIN HCI- 50/1000MG		As Required				
178.		TAB	SITAGLIPTIN PHOSPHATE MONOHYDRATE + METFORMIN HCI- 50/500MG		As Required				
179.		TAB	SPIRONOLCTONE+ FRUSEMIDEZ 40MG		As Required				
180.		TAB	STEMETIL		As Required				
181.		TAB	SULPHAMETHAXAZOLE 400MG +TRIMETHOPRIM 80MG		As Required				
182.		TAB	THEOPHYLLINE 300MG		As Required				
183.		TAB	THEOPHYLLINE SR 200MG		As Required				
184.		C/T	TRAMADOL + PARACETAMOL 37.5 mg/325 MG		As Required				
185.		TAB	TRIMETAZIDINE DIHYDROCHLORIDE		As Required				
186.		TAB	VALSARTAN		As Required				
187.		TAB	VALSARTAN , HYDROCHLOROTHIAZIDE		As Required				
188.		TAB	VALSARTAN + AMLODIPIN 160/10MG		As Required				
189.		TAB	VALSARTAN + AMLODIPIN 160/5MG		As Required				
190.		TAB	VILDAGLIPTIN		As Required				
191.		CAP	A&D		As Required				
192.		CAP	AMOXICILLIN 500 MG		As Required				
193.		CAP	DOXYCYCLLINE 100 MG		As Required				
194.		CAP	ESOMEPERAZOLE 40MG		As Required				
195.		CAP	ESOMEPRAZOLE 40MG + DOMPERIDONE		As Required				
196.		CAP	FEROUS SULPHATE+FOLIC ACID		As Required				
197.		CAP	FLUCONAZOL 200MG		As Required				
198.		CAP	TRANEXAMIC ACID 500MG		As Required				
199.		CAP	POLYSACCHARIDE IRON 150MG		As Required				
200.		CAP	VITAMIN E 400MG		As Required				
201.		SYP:	ALUMUNIUM HYDROXIDE		As Required				
202.		SYP:	AMMONIUM CHLORIDE		As Required				
203.		SYP:	AMOXICILLIN + PIVOXIL + SULBACTUM 250MG		As Required				
204.		SYP:	AMOXICILLIN + PIVOXIL + SULBACTUM 500MG		As Required				
205.		SYP:	AMOXICILLIN 250 MG		As Required				
206.		SYP:	AZITHROMYCINE 250MG		As Required				
207.		SYP:	B-COMPLEX		As Required				
208.		SYP:	CARBAMAZAPINE 200MG		As Required				
209.		SYP:	CEFIXIME 200MG/5ML		As Required				
210.		SYP:	CEFIXIME 100MG/5M		As Required				
211.		SYP:	CHOLECALCIFEROL 400IU, ASCORBIC ACID 60MG, RETINOL 1.5MG, DEXPENTHENOL 3MG, NIACINAMIDE 10MG, CYNOCOBALAMINE 3MCG, PYRIDOXINE 0.5MG RIBOFLAVIN		As Required				

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S.NO.	Drug Reg # (R.NO)	Dosage Form	GENRIC NAME WITH STRENGTH	TRADE NAME	QTY FOR 2024-2025	MENUF:	PACKING	TRADEPRICE	QUOTEDRAT
			1MG,THIAMINE 1MG 120ML						
212.		SYP:	DOMPERIDONE		As Required				
213.		SYP:	FEROUS SULPHATE+FOLIC ACID		As Required				
214.		SYP:	FEXOFENADIN 30MG/60ML		As Required				
215.		SYP:	IBUPROFEN 120ML		As Required				
216.		SYP:	LACTULOSE 120ML		As Required				
217.		SUS	LEVOFLOXACIN 125MG / 5ML		As Required				
218.		SYP:	LORATIDIN		As Required				
219.		SYP:	L-ORNITHINE + L-ASPARTATE 120ML		As Required				
220.		SYP:	L-MONOHYDROCHLORIDE 33.33MG D-PANTHENOL 2.50MG CYANOCOBALAMINE 8.33MCG THIAMINE HCI 4.16MG RIBOFLAVIN 1.66MG PYRIDOXINE HCI 1.00MG NICOTINAMIDE 18.0MG 120ML		As Required				
221.		SYP:	MEFENAMIC ACID		As Required				
222.		SYP:	METRONIDAZOLE		As Required				
223.		SYP:	NALIDIXIC ACID 60ML		As Required				
224.		SUS	NITAZOXANIDE 500MG		As Required				
225.		SYP:	SYP: OROTIC ACID + VIT B12 + FLOIC ACID		As Required				
226.		SYP:	PARACETAMOL		As Required				
227.		SYP:	PHOLCODINE		As Required				
228.		SYP:	PYRITINOL 120ML		As Required				
229.		SUS	ROXITHROMYCIN 50MG /5ML		As Required				
230.		SYP:	SALBUTAMOL		As Required				
231.		SYP:	SODIUM ACID CITRATE		As Required				
232.		SYP:	SULPHAMETHAXAZOLE 200MG , TRIMETHOPRIM 40 MG/5ML		As Required				
233.		SUS	ZINK SULPHATE 10MG		As Required				
234.		SYP:	VITAMIN D 350 UNITS, CALCIUM PHOSPHATE TRIBASIC 210MG 120ML		As Required				
235.		CRE:	BETAMETHASONE / GENTAMICIN 15GM		As Required				
236.		CRE:	BETAMETHASONE 5GM		As Required				
237.		CRE:	CLINDAMYCIN		As Required				
238.		CRE:	CLOBETASOL PROPIONATE 0.05% 15GM		As Required				
239.		CRE:	CLOTRIMAZOLE 1 % 15 GM		As Required				
240.		CRE:	FUSIDIC ACID - BETAMETHASONE 2%		As Required				
241.		CRE:	FUSIDIC ACID 2% 15 GRM		As Required				
242.		CRE:	FUSIDIC ACID 2% HYDROCORTISON 1 % 15 GRM		As Required				
243.		CRE:	FLURBIPROFEN 5% 30GM		As Required				
244.		CRE:	NEOMYCIN		As Required				
245.		CRE:	POLYMYXIN		As Required				
246.		CRE:	POLYMYXIN B SULPHATE		As Required				
247.		CRE:	SILVER SULPHADIAZINE 1 % 20 GRM		As Required				
248.		CRE:	SILVER SULPHADIAZINE 1 % 250 GRM		As Required				
249.		CRE	SILVER SULPHADIAZINE 1 % 50 GRM		As Required				
250.		CRE	SULPHUR 100MG, PERMITHRINE 50MG		As Required				
251.		DRO	NEPAFENAC EYE		As Required				
252.		OINT	ACYCLOVIR EYE		As Required				
253.		GEL	CHLOROPHEXIDINE 4%		As Required				
254.		DRO	ALCAIN EYE DROPS		As Required				
255.		DRO	ATROPIN		As Required				
256.		DRO	BETNESOL EAR		As Required				
257.		DRO	BETNESOL EYE		As Required				

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S.NO.	Drug Reg # (R.NO)	Dosage Form	GENRIC NAME WITH STRENGTH	TRADE NAME	QTY FOR 2024-2025	MENUF:	PACKING	TRADEPRICE	QUOTEDRATE
258.		DRO	BLEPHAPRED EYE		As Required				
259.		OINT	BLEPHAPRED EYE		As Required				
260.		DRO	CHLORAMPHENICOL + DEXAMETHASON		As Required				
261.		DRO	CHLORAMPHENICOL + DEXAMETHASONE EYE		As Required				
262.		DRO	CHLORAMPHENICOL EYE / EAR		As Required				
263.		DRO	CHLOROPHENOL EYE		As Required				
264.		DRO	CIPROFLOXACIN EAR DROPS		As Required				
265.		DRO	CLOTRIMAZOLE EAR DROPS		As Required				
266.		DRO	DORZOLAMIDE-TIMOLOL EYE		As Required				
267.		DRO	FLORMETHALONE		As Required				
268.		DRO	FLUOROMETHOLONE EYE		As Required				
269.		DRO	GENTAMICIN EAR / EYE		As Required				
270.		DRO	HYPROMELLOSE EYE		As Required				
271.		DRO	LOTEPRED FORTE + TOBRAMYCIN EYE		As Required				
272.		DRO	LOTEPRED FORTE EYE		As Required				
273.		DRO	MOXIFLOXACIN + DEXAMETHSON EYE		As Required				
274.		DRO	MOXIFLOXACIN EYE		As Required				
275.		DRO	NATAMYCIN EYE		As Required				
276.		DRO	OFLOXACIN + DEXAMETHASONE EYE		As Required				
277.		DRO	OFLOXACINE EYE		As Required				
278.		DRO	OLOPATADINE 2%		As Required				
279.		DRO	PHENYLEPHRIME HYDROCHLORIDE		As Required				
280.		DRO	PILOCORPINE 2% HCI		As Required				
281.		DRO	POLYETHYLENE GLYCOL+ PROPYLENE GLYCOL EYE		As Required				
282.		DRO	PREDNISOLONE EYE		As Required				
283.		DRO	PROPRACAINE HYDROCHLORIDE		As Required				
284.		DRO	SODA GLYCRINE EAR		As Required				
285.		DRO	SODIUM CROMOGLYCATE		As Required				
286.		DRO	SODIUM CROMOGLYCATE + FLUOROMETHOLONE EYE		As Required				
287.		DRO	SULPHACETAMIDE 20%		As Required				
288.		DRO	SULPHACETAMIDE EYE 10 %		As Required				
289.		DRO	SULPHACETAMIDE EYE 20%		As Required				
290.		DRO	TABRAMYCIN		As Required				
291.		DRO	TIMOLOL		As Required				
292.		DRO	TIMOLOL MALEATE EYE		As Required				
293.		DRO	TOBRADEX EYE		As Required				
294.		DRO	TOBRAMYCIN + DEXAMETHASONE EAR		As Required				
295.		DRO	TOBROMYCIN + DEXAMETHASON EYE		As Required				
296.		OIN	TOBROMYCIN + DEXAMETHASON EYE		As Required				
297.		DRO	TRAVOPROST EYE		As Required				
298.		DRO	TROPICAMIDE 1%		As Required				
299.		SOL:	SALBUTAMOL		As Required				
300.		SOL:	IPTRATROPIUM BROMIDE 10ML		As Required				
301.		SOL:	POLYSACCHARIDE 217.4MG SOLUTION 120ML		As Required				
302.		GEL:	KETOPROFEN 2.5%		As Required				
303.		Jell:	XYLOCAINE		As Required				
304.		LOT	BENZYLE BENZOATE		As Required				
305.		SPR	XYNOSINE NASAL		As Required				
306.		SPR	MOMETASONE FUROATE NASAL SPRAY		As Required				
307.		SPRA	FLUNISOLIDE NASAL SPRAY		As Required				
308.		Sol	XYLOCAINE 4% SOLUTION		As Required				

GMMMCTH SUKKUR 9 | LP 15%

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S.NO.	Drug Reg # (R.NO)	Dosage Form	GENRIC NAME WITH STRENGTH	TRADE NAME	QTY FOR 2024-2025	MENUF:	PACKING	TRADEPRICE	QUOTEDRAT
309.		LIQ	FORMALIN		As Required				
310.			BANDAGE 10CM X 5MTR		As Required				
311.			BANDAGE 15CM X 5MTR		As Required				
312.			BLOOD BAG WITH SET		As Required				
313.			CAT GUT CHROMIC NO 0		As Required				
314.			CAT GUT CHROMIC NO 1		As Required				
315.			CAT GUT CHROMIC NO 2		As Required				
316.			CAT GUT CHROMIC NO 2/0		As Required				
317.			CAT GUT CHROMIC NO 3/0		As Required				
318.			CAT GUT CHROMIC NO 4/0		As Required				
319.			COTTON ROLL 500GRM		As Required				
320.			CREPE BANDAGES 4"		As Required				
321.			CREPE BANDAGES 6"		As Required				
322.			D/SYRIGE 5CC		As Required				
323.			DETTOL		As Required				
324.			DIASOL SOLUTION		As Required				
325.			DISPOSABLE GLOVES		As Required				
326.			DISPOSABLE SYRINGE 10CC		As Required				
327.			DISPOSABLE SYRINGE 30CC		As Required				
328.			DISPOSABLE SYRINGE 60CC		As Required				
329.			DRIP SET		As Required				
330.			EYE SUTURE 10/0		As Required				
331.			EASY STRETCH (SELF ADHESIVE TAPE) 10CM X10CM		As Required				
332.			FACE MASK		As Required				
333.			FEEDING TUBE 16 NO		As Required				
334.			FOLEY CATHERTERS 2WAY ALL SIZE		As Required				
335.			FOLEY CATHERTERS 3WAY ALL SIZE		As Required				
336.			I.V CANULA 18,20,22,24 G WITH STOPPER		As Required				
337.			I.V CHAMBER		As Required				
338.			IV CANULA DRESSING 6CMX8CM		As Required				
339.			INSULIN SYRINGE 1CC		As Required				
340.			INTRA OCULAR LENS		As Required				
341.			MERSILK NO 0		As Required				
342.			MERSILK NO 1		As Required				
343.			MERSILK NO 2		As Required				
344.			MERSILK NO 2/0		As Required				
345.			N.G TUBE ALL NO		As Required				
346.			POP BANDAGE 6"		As Required				
347.			POP BANDAGE 4"		As Required				
348.			PROLENE NO 0		As Required				
349.			PROLENE NO 1		As Required				
350.			PROLENE NO 2/0		As Required				
351.			PROLENE NO 3/0		As Required				
352.			PROLENE NO 4/0		As Required				
353.			PYODINE S 450ML		As Required				
354.			PYODINE S.S 450ML		As Required				
355.			SPINAL NEEDLE 25 / 26 / 27.G		As Required				
356.			SUGAR STRIP		As Required				
357.			SURGICAL BLADES ALL SIZES		As Required				
358.			SURGICAL DRAIN WITH BOTTLE ALL SIZE		As Required				
359.			STERILE GAUZE SPONGES BPC (13 LIGHT) 10CMX10CM (10 PADS) 8 PLY		As Required				
360.			SURGICAL GAUZ (THAN)		As Required				
361.			SURGICAL GLOVES 7.5 , 8 , 8.5		As Required				
362.			SURGICAL NEEDLE		As Required				

GMMMCTH SUKKUR 10 LP 15%

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S.NO.	Drug Reg # (R.NO)	Dosage Form	GENRIC NAME WITH STRENGTH	TRADE NAME	QTY FOR 2024-2025	MENUF:	PACKING	TRADEPRICE	QUOTEDRATE
363.			TR- BENZINCO		As Required				
364.			URINE BAG		As Required				
365.			VICRYL NO 0		As Required				
366.			VICRYL NO 1		As Required				
367.			VICRYL NO 2		As Required				
368.			VICRYL NO 2/0		As Required				
369.			VICRYL NO 3/0		As Required				
370.			VICRYL NO 4/0		As Required				
371.			VICRYLE SUTURE 6 /0		As Required				
372.			ZINC PHOSPHATE		As Required				
373.			ZINC OXIDE ADHESIVE PLASTER 5CMX5M		As Required				
374.			DISPOSABLE SYRINGE 3 CC, AUTO DISTRICTS (FIXED NEEDLE) WHO PREQUALIFIED		As Required				
375.			DISPOSABLE SYRINGE 5 CC, AUTO DISTRICTS (FIXED NEEDLE) WHO PREQUALIFIED		As Required				
376.			AG AMALGUON WITH MERCURY		As Required				
377.			ALVEOGYL DRESSING FOR / DRY SOCKET		As Required				
378.			CLOVE OIL		As Required				
379.			DENTAL (BLOCK NEEDLE)		As Required				
380.			DENTAL CARTRIGES		As Required				
381.			DENTAL CARTRIGES WITH ADERNALLINE		As Required				
382.			DIAMOND BUR SF41, DR,		As Required				
383.			DYCAL		As Required				
384.			ENDOMETHASONE POWDER / LIQU		As Required				
385.			GIC FILLING		As Required				
386.			GIC FILLING MATERIAL		As Required				
387.			GUTTA PURCHA POINT 15-40, 45-80		As Required				
388.			K.FILES 15, 40, 45, 80		As Required				
389.			LA NEEDLE		As Required				
390.			SPT: AMMPNIA AROMATIC		As Required				

National Tax No _____
GST No _____
C.N.I.C # _____
Signature of Contractor _____

SIGNATURE OF BIDDER WITH SEAL

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TERMS & CONDITION FOR PURCHASE OF DRUGS / MEDICINE (15%) LOCAL PURCHASE ON DAILY EMERGENCY BASIS,, ORTHOPEDIC IMPLANT, & OTHERS FROM ZAKAT FUNDS & PAKISTAN BAITUL MAL FUNDS

01. Only those Chemists / drug dealer are allowed to participate who have the facilities of temperature controlled storage (Refrigerator , Air Conditioner) , standby Generator and should have a valid drug license by way of retail , availability of technical person during the opening time the chemist shop.
02. After award of the tender the vendor should sign a contract with GMMMC Hospital Sukkur for the supply of drug / medicines , surgical / disposable items as per terms and conditions of the tender on judicial stamp paper of Rs. 100 /-
03. **The approved chemist / drug dealer is supposed to open the shop / office on Sunday & Other holidays, in case of emergency the chemist / drug dealer is bound to supply store and remain on call.**
04. The approved chemist will collect daily requisition from pharmacist / Incharge Main Medical Store GMMMC Hospital Sukkur by 12:00 Noon and all the items will be delivered by the chemist to the Incharge till 10:00 AM of next working day. If the requisite drug are not supplied within the Emergency basis then the drugs will be purchased from market and cost will be adjusted from their security deposit.
05. If Chemist failed to supply any items in emergency or at time of mass emergency or breach of contract a penalty will be imposed ranging Rs. 25000.00 or any other penalty amount as recommended by the competent authority.
06. The Chemist / Drug Dealer will supply all drugs in commercial packing.
07. The store will have to deliver at main Medical Store GMMMC Hospital Sukkur at the supplier risk and cost. Any breakage of short of stock will be recovered from the supplier.
08. If a batch of drug / Surgical Items is found substandard, adulterated, unregistered of infected with fungus / bacteria on the basis of Analyst report or on presence of foreign particle seen by naked eye which is injurious to the patient life in the opinion of three consultant / end users and report to competent authority, the same will be returned to the supplier Those will be destroyed and payment will not be made to the supplier.
09. All Drugs/ Medicines should be supplied in the conformity with the provision of the Drug Act 1976 and the rules made there under.
10. Firms are bound to supply the Drug / Medicine till the closing of the financial year 2026-27 i.e 30.06.2027
11. Any Conditional and incomplete tender will not be acceptable.
12. Pharmacy / Store should be situated within the vicinity of city / Local of Sukkur.

Certified, signed and sealed by the bidder that he accept all the terms and conditions.

SIGNATURE OF BIDDER WITH SEAL

GMMMCTH SUKKUR 12 |LP 15%

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CONTRACT AGREEMENT FOR THE PURCHASE OF DRUGS / MEDICINE (15%) LOCAL PURCHASE ON DAILY EMERGENCY BASIS & FROM ZAKAT FUNDS

(as per SPPRA Rules)

The contract for the supply of _____concluded this day _____ valid till 30.06.2026between **Medical Superintendent Ghulam Muhammad Mahar Medical College Sukkur** herein after called **THE PURCHASE** and ***M/s*** _____ herein after **THE SUPPLIER.**

THE PURCHASER Will communicate their requirement by issuing purchase order as and when required basis during the period of contract . Supply of Goods to **Office of the Medical Superintendent Ghulam Muhammad Mahar Medical College Hospital Sukkur** at doorstep, as per terms and condition mentioned in the tender form.

THE SUPPLIER will deposit the requisite to the Account Section of Purchaser in favor of Medical Superintendent Ghulam Muhammad Mahar Medical College Hospital Sukkur in the shape of Pay Order / Demand Draft _____value of the order. The same will be released after successful completion of store against the purchase order.

THE SUPPLIER will submit their bills after delivery to **THE PURCHASER** for payment. The Purchases will not the responsible for the payment, if bill not submitted within given time mentioned in the supply order / purchase order.

GMMMCTH SUKKUR 13 | LP 15%

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EVALUATION CRITERIA FOR TECHNICAL EVALUATION OF PURCHASE OF DRUGS & MEDICINE LOCAL PURCHASE (15%)

S. No.	Bidders Eligibility Factor	Requirement	Document Required	Attac
1.	Financial Capacity of Manufacturer	Two years turnover of PKR 50 Million for Drugs / Medicine, Annual Turn over for Implants 5 (M)	Last 03 year	
2.	Original Tender Fee Pay Order	Submitted with company letter head	Fresh (after announcement of NIT)	
	Earnest Money Original	Submitted with company letter head	Fresh (after announcement of NIT)	
	CNIC of CEO / Proprietor	Should be attested, Attached with	**B-19 Officer**	
	Form 7 -A	Fresh / updated (where applicable & must be registered before the announcement of NIT)	For Medicine	
	Form 9	Fresh / updated (where applicable & must be registered before the announcement of NIT)	For Medicine	
	Relevant Experience	in relevant field Government/semi Government/Private	With documentary proof (work orders)	
3.	Manufacturer's Authorization to quoted his items (Only for Orthopedic Implants)	Authorization from the Manufacturer in favor of the Bidder	**(Original)** Authorization Letter / Dealership certificate from the Manufacturer. (Only for Orthopedic Implants)	
4.	Registration with Income Tax	Bidding firm must be registered as Income tax payer	NTN Certificate of Bidder with active status	
5.	Each & Every paper must be duly signed & stamped by owner / CEO and printed on company letterhead	Technical & Administrative Staff's list with Documentary and Physically proof availability of staff with details and Bio data	List of Employees on company's letterhead CNIC, Qualification, Service Card, Email ID, Cell Number.	
6.	Proof of availability of Technical Staff and Administrative Staff with Detail on letter head.	Complete Hierarchy of Staff on letter head dually signed & stamped by Owner / CEO	Coloured Copy of appointment orders, Service Card on company's letter head duly signed & stamped by Owner.	
7.	**Affidavit**	**Showing that firm is not black listed in any institute / department**	Separate Undertaking on attested non Judicial Stamp Paper of 100 Rupees by the Bidder.	
8.	Agreement with all the terms & conditions	Must unconditionally agree with all the instructions, terms & conditions specified in the bidding documents & contract agreement.	Signature & company seal of the Company's authorized person, on the Bidding Firm's Letter Head for & on behalf of the beneficial owner/s of the Bidding Firm unconditionally agreeing with all the instructions, terms & conditions specified in the bidding documents & contract agreement	
9.	Plan Presentation	Visit Hospital with his Expert / Technical Team to prepare Plan	Interested bidders are required to prepare a plan presentation for LP and submit the same in USB with the Tender, incompliance of this will lead to rejection.	
10.	Office setup local	Surroundings of District Sukkur	Address, Photographs, documentary proof, Procurement Committee / authorized member may visit Warehouse in City Sukkur and having store of about 500 patients in case of emergency required medicine	
11.	Shelf life	All quoted Items	Only for Bulk Items 80%, implants are exempted.	
12.	Team / Staff	All	Pharmacist, Chemist and other staff documentary proof	

NOTE :

1. Any firm not fulfilling the above mentioned criteria will lead to the rejection of the bid.
2. Bidder shall tick mark the criteria in the relevant box
3. All the above relevant requirement shall be strictly listed in the same order in the technical proposal / offer.

GMMMCTH SUKKUR 14 |**LP 15%**

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(On Company / Firm Letter head)

CERTIFICATE

It is certified that I have read all the Instruction to bidders and terms & conditions mentioned in the tender form . I affirm by acknowledgement that I shall abide by them strictly.

Signature : _____
Address & Stamp: _____
Phone No. _____

Witness
Name : _____
CNIC : _____
Signature: _____

(On Company / Firm Letter head)
For Purchase of Drug / Medicine (15%) Local Purchase on daily emergency basis and from Zakat funds.

FINANCIAL PROPOSAL / PROFORMA
OF PURCHASE OF DRUGS / MEDICINE (15%) LOCAL PURCHASE ON DAILY EMERGENCY BASIS & FROM ZAKAT FUNDS.

Sr. No.	Tender Sr. No.	Name of Items	Manufacturer / Company	Brand Name	Price Per Unit (in figures)	Price Per Unit (In words)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

SIGNATURE OF BIDDER WITH SEAL

GMMMCTH SUKKUR 16 |LP 15%

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On Company / Firm Letter head)
For Purchase of Drug / Medicine (15%) Local Purchase
on daily emergency basis, Orthopedic Implant and from Zakat funds.

SECTION- B

FINANCIAL PROPOSAL / PROFORMA

SCHEDULE OF DEMAND /REQUIREMENTS / ITEMS / DESCRIPTIONS OF STORE / DETAIL OF WORK (PURCHASE OF DRUG / MEDICINE 15 % ON DAILY EMERGENCY BASIS & FROM ZAKAT & BAITUL MAL FUNDS)

Sr. No	Description of Store	Required Quantity	Discount Offer
01	Local Purchase of Drugs / Medicines, Surgical & Disposable Items (24 Hours / 7 Days on Emergency Basis)	As per Requirement on daily emergency basis 24/7	
02	Orthopedic & Neuro Surgical Items excluding Medicine	As per Requirement on daily emergency basis 24/7	
03	Surgical Items as demand by Medical & Surgical ICU excluding Medicine	As per Requirement on daily emergency basis 24/7	
04	Surgical Items and other Items demand by the Main Store excluding medicine in Emergency Operation Theatre	As per Requirement on daily emergency basis 24/7	
05	Drug / Medicine, & Surgical Items required for the treatment of Patients as funds / grants release from Pakistan Baitul Maal & Zakat Funds	As per Medicine Prescribed by the consultants	

Note.

a) The Tender will be awarded to those who gave the highest discount, in the light of Director General , Health Services Sindh, Hyderabad vide letter # DGAS/AS-Audit (Misc) /2049 dated 28th May 1992, at least 20% discount should be allowed to Government hospital and other institutions on purchase of medicines from the suppliers.

SIGNATURE OF BIDDER WITH SEAL

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