GOVERNMENT OF SINDH
HEALTH DEPARTMENT
DR. RUTH K.M PFAU, CIVIL HOSPITAL KARACHI
Pakistan's Largest Public Sector Teaching Hospital
Baba-e-Urdu Road, Karachi, Pakistan | 021-99215740 | 021-9915959
info@chk.gov.pk | www.chk.gov.pk

MS/CHK/Proc//2026 6957 Dated: 22-07 2026.

NOTICE INVITING TENDER

The Dr. Ruth K.M. Pfau Civil Hospital Karachi invites e-bids through E-Pak Acquisition and Disposable System (EPADS) from *Suppliers / firms / Manufacturers / Importers / Authorized Distributors* on Active Taxpayers List of the FBR / SRB (whichever is applicable) for the supply of following items for the financial year 2026-27 under *Rule-46(2) Single Stage-Two Envelopes Procedure*. Bidding documents containing detailed Terms & Conditions can be viewed / downloaded from https://portalsindh.eprocure.gov.pk/#/:

Tender No.	Name of Tender / Tender Title	Bid Security	Bidding Document Cost	Tender purchasing / Downloading date	Date of submission & opening
1	Purchase of Coronary Angiography and Angioplasty Items	**2.5%** Total Value of Quoted Price	**Rs. 5,000/-**	From **27th July 2026** to **11th August 2026** till 10:00 AM.	**11th August-2026** between 10:00AM to 11:00 AM. & Opening **11th August-2026** at 12:00 Noon RESPECTIVELY
2	Purchase of General Surgery Instruments Sets for Orthopaedic O.T.	**2.5%** Total Value of Quoted Price	**Rs. 5,000/-**		

Electronic Bids should be submitted through EPADS ONLY. Interested Bidders are required to register themselves on EPAD System at the link: https://sindh.eprocure.gov.pk/#/supplier/registration for submission of electronic-bids.

The Bids, prepared in accordance with the instructions in the bidding documents, must be submitted on EPADS as per above given schedule. The original instrument of tender fee and bid security of the bid price must reach the procuring agency before the deadline for submission of e-bids, which will be opened on the same day at the address Office of the Medical Superintendent, 2nd Floor, Board Room, Dr. Ruth K.M. Pfau Civil Hospital Karachi.

TENDER FEE:- Rs. 5000/- (Shape of Pay Order) Tender Purchase Receipt obtained from Procurement Department 01st Floor at Dr. Ruth K.M Pfau Civil Hospital, Karachi.

N.B:-

- Any query for e-bidding may contact at Dr. Ruth K.M. Pfau Civil Hospital Karachi at contact No. 021-99215733.
- In case Govt. announces any Public Holiday or any unfavorable circumstances, the tender / bids will be opened on next working day, with same Venue and Time.
- The Purchaser reserves the right to reject any / all bids under the relevant provisions of SPP Rules 2010.

In case of any difficulty prospective bidders may contact EPADS Helpline 051-111-137-237 during working days/hours.

MEDICAL SUPERINTENDENT
Dr. Ruth K.M. Pfau, Civil Hospital Karachi.

کراچی، حیدرآباد، راولپنڈی، پشاور سے بیک وقت اشاعت

تم وہ بہترین اُمت ہو جسے انسانوں (کی اصلاح) کے لئے میدان میں لایا گیا۔ (القرآن)

Daily UMMAT Karachi.

روزنامہ اُمت کراچی

ایڈیٹر کی سے باقاعدہ تصدیق شدہ اشاعت

FRIDAY JULY 24, 2026 Regd:S-944

جلد ۳۰ شمارہ ۳۴۵ | جمعۃ المبارک ۹ صفر المظفر ۱۴۴۸ھ ۲۴ جولائی ۲۰۲۶ | قیمت ۳۵ روپے

DR. RUTH K.M PFAU, CIVIL HOSPITAL KARACHI

HEALTH DEPARTMENT
GOVERNMENT OF SINDH

Pakistan's Largest Public Sector Teaching Hospital, Baba-e-Urdu Road, Karachi, Pakistan

021-99215740021-9915959

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حوالہ:(6957) MS/CHK/Proc//2026

تاریخ:22 جولائی 2026

ٹینڈر کی دعوت کا نوٹس

ڈاکٹر روتھ کے ایم فاؤسول اسپتال کراچی، ایف بی آر (FBR)/ ایس آر بی (SRB) کی فعال ٹیکس دہندگان کی فہرست (Active Taxpayers List) میں شامل سپلائرز/ فرموں/ مینوفیکچررز/ درآمد کنندگان/ مجاز ڈسٹری بیوٹرز سے مالیاتی سال 27-2026 کے لیے سنگل اسٹیج - دو لفافوں کے طریقہ کار رول 46(2) کے تحت درج ذیل اشیاء کی فراہمی کے لیے ای-پاک ایکوزیشن اینڈ ڈسپوزل سسٹم (EPADS) کے ذریعے ای-بڈز (E-bids) کی دعوت دیتا ہے۔ تفصیلی شرائط وضوابط پر مشتمل بڈنگ دستاویزات https://portalsindh.eprocure.gov.pk/#/ سے دیکھی/ ڈاؤن لوڈ کی جاسکتی ہیں۔

Tender No.	Name of Tender / Tender Title	Bid Security	Bidding Document Cost	Tender purchasing/ Downloading Date	Date of submission & opening
1	Purchase of Coronary Angiography and Angioplasty Items	2.5% Total Value of Quoted Price	Rs. 5,000/-	From 27th July 2026 to 11th August 2026 till 10:00 AM.	11th August-2026 between 10:00AM to 11:00 AM & Opening 11th August-2026 at 12:00 Noon RESPECTIVELY
2	Purchase of General Surgery Instruments Sets for Orthopaedic O.T.	2.5% Total Value of Quoted Price	Rs. 5,000/-		

ای-بڈز جمع کرانا: الیکٹرانک بڈز صرف EPADS کے ذریعے جمع کروائی جانی چاہئیں۔ دلچسپی رکھنے والے بولی دہندگان الیکٹرانک بڈز جمع کرانے کے لیے لنک: https://sindh.eprocure.gov.pk/#/supplier/registration پر خود کو EPAD سسٹم پر رجسٹر کریں۔

بڈنگ دستاویزات کی ہدایات کے مطابق تیار کردہ بڈز اوپر دیے گئے شیڈول کے مطابق EPADS پر جمع ہونی چاہئیں۔ ٹینڈر فیس اور بڈ سیکیورٹی کی اصل دستاویزات (Original Instruments) ای-بڈز جمع کرانے کی آخری تاریخ سے پہلے خریدار ایجنسی (Procuring Agency) تک پہنچ جانی چاہئیں، جو اسی دن دفتر میڈیکل سپرنٹنڈنٹ، دوسری منزل، بلاک ڈی، ڈاکٹر روتھ کے ایم فاؤسول اسپتال کراچی کے پتہ پر کھولی جائیں گی۔

ٹینڈر فیس: -/5000 روپے (پے آرڈر کی صورت میں)۔ ٹینڈر خریداری کی رسید ڈاکٹر روتھ کے ایم فاؤسول اسپتال کراچی کی پہلی منزل پر واقع پروکیورمنٹ ڈیپارٹمنٹ سے حاصل کی جاسکتی ہے۔

نوٹ :-

- ای-بڈنگ سے متعلق کسی بھی سوال ۔۔۔ جنہ کے ایم فاؤسول اسپتال کراچی کے فون نمبر 021-99215733 پر رابطہ کیا جاسکتا ہے۔
- حکومت کی طرف سے عام تعطیل کے اعلان ۔۔۔ زیر حالات کی صورت میں ٹینڈر/ بڈز اگلے کاری دن (Working Day) پر اسی مقام اور وقت پر کھولی جائیں گی۔
- خریدار (Procuring Agency) ایس پی پی قواعد 2010 (SPP Rules 2010) کی متعلقہ دفعات کے تحت کسی بھی یا تمام بڈز کو مسترد کرنے کا حق محفوظ رکھتا ہے۔

کسی بھی دشواری کی صورت میں بولی دہندگان کاری ایام/ اوقات کے دوران EPADS ہیلپ لائن 051-111-137-237 پر رابطہ کر سکتے ہیں۔

میڈیکل سپرنٹنڈنٹ
ڈاکٹر روتھ کے ایم فاؤسول اسپتال کراچی

جلد 7، جمعو 24 جولاءِ 2026ع بمطابق 09 صفر المظفر 1448ھ، شمارو 255 قيمت 40 رپيا

ڈاڪٽر روٿ ڪي. ايم پ فائ، سول هسپتال ڪراچي
صحت ڪاتو، سنڌ حڪومت

پاڪستان جي سپ ڪان وڏي پبلڪ سيڪٽر ٽيچنگ هسپتال، باباءِ اردو روڊ، ڪراچي، پاڪستان

021-99215740021-9915959
info@chk.gov.pk | www.chk.gov.pk

Ref: MS/CHK/Proc//2026(6957) Dated:22-07-2026.

ٽينڈر طلب ڪرڻ جو نوٽيس

ڈاڪٽر روٿ ڪي. ايم. پ فائو سول هسپتال ڪراچي پاران مالي واري سال 2026-27ع رول-46(2) سنگل اسٽيج- ٽو اينولپس پروسيجر تحت FBR/SRB (جيڪو به لاڳو ٿئي) جي ايڪٽونڪس پيڙولسٽ ۾ شامل سپلائرز/فرمز/مينافيڪچررز/امپورٽرز/بااختيار ڊسٽريبيوٽرس ڪان اي-ٻاڪ ڪوٽيشن ۽ ڊيموزل سٽر (EPADS) ذريعي هيٺين شين جي سپلاءِ لاءِ اي-بڊز طلب ڪيون وڃن ٿيون. تفصيلي شرطن ۽ ضوابطن جي بٽل ٽينڈر دستاويز https://portalsindh.eprocure.gov.pk/#/ ڏان ڈسي/ڊائون لوڊ ڪري سگهجن ٿا:

ٽينڈر نمبر	ٽينڈر جو نالو/ ٽينڈر ٽائيٽل	بڊ سيڪيورٽي	بئنڪ ڊاڪيومينٽ فيس	ٽينڈر خريدڻ/ ڊائون لوڊ ڪرڻ جي تاريخ	جمع ڪرڻ ۽ کولڻ جي تاريخ
1	ڪروٽري اينجيوگرافي ۽ اينجيوپلاسٽي جي شين جي خريداري	ڪوٽ ڪيل قيمت جو 2.5٪	-/Rs. 5,000	27 جولاءِ 2026 کان 11 آگسٽ 2026 صبح 10:00 AM ڌاڻين	11 آگسٽ 2026 صبح 10:00 AM کان 11:00 AM جي وچ ۾ ۽ کولڻ 11 آگسٽ 2026 تي ٻيهر 12:00 وجي ترتيبوار
2	آرٿرويڊ ڪ او ٽي لاءِ جنرل سرجري اوزارن جي سيٽن جي خريداري.	ڪوٽ ڪيل قيمت جو 2.5٪	-/Rs. 5,000		

- اليڪٽرانڪ بڊز صرف EPADS ذريعي جمع ڪرايون وڃن. دلچسپي رکندڙ بڊرز کي اي-بڊز جمع ڪرڻ لاءِ EPAD سسٽم لنڪ https://sindh.eprocure.gov.pk/#/supplier/registration تي رجسٽريشن ضروري آهي.
- بڊنگ ڊاڪيومينٽس ۾ ڏنل هدايتن مطابق تيار ڪيل بڊز، مٿي ڏنل شيڊول موجب EPADS تي جمع ٿيڻ کپن. ٽينڈر فيس ۽ بڊ پراٿس جي بڊ سيڪيورٽي جو اصل انسٽرومينٽ اي-بڊز جمع ڪرڻ جي آخري تاريخ کان اڳ پرڪيورنگ ايجنسيءَ وٽ پهچڻ گهرجي. جيڪي ساڳئي ڏينهن ميڊيڪل سپرنٽنڈنٽ جي دفتر ٻي منزل، بورڊ روم، ڈاڪٽر روٿ ڪي. ايم. پ فائو سول هسپتال ڪراچي جي پتي تي کوليون ويندیون.
- ٽينڈر فيس:- -/Rs. 5000 (پئي آرڈر جي صورت ۾) ٽينڈر پرچيز رسيد، پرڪيورمينٽ ڊپارٽمينٽ ڇهين منزل، ڈاڪٽر روٿ ڪي. ايم پ فائو سول هسپتال ڪراچي مان حاصل ڪري سگهجي ٿي.

خاص نوٽ -:(N.B)

- اي-بڊنگ بابت ڪنهن به سوال لاءِ ڈاڪٽر روٿ ڪي. ايم. پ فائو سول هسپتال ڪراچي سان رابطو نمبر 021-99215733 تي رابطو ڪري سگهجي ٿو.
- حڪومت پاران عام موڪل جي اعلان يا ڪنهن ناخوشگوار صورتحال جي صورت ۾، ٽينڈر/بڊز اينڈڻ ڪم واري ڏينهن تي ساڳئي هنڌ ۽ وقت تي کوليون ويندیون.
- پرچيزر کي SPP رولز 2010 جي لاڳاپيل شقن تحت ڪنهن به/تمام بڊز کي رد ڪرڻ جو حق حاصل آهي.

ڪنهن به ڏکيائي جي صورت ۾، اميدوار بڊرز ڪم واري ڏينهن/ڪلاڪن دوران EPADS هيلپ لائن 237-137-111-051 تي رابطو ڪري سگهن ٿا.

ميڈيڪل سپرنٽنڈنٽ
ڈاڪٽر روٿ ڪي. ايم. پ فائو سول هسپتال ڪراچي

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JOB PORTAL BY INFORMATION DEPARTMENT

DAWN FRIDAY JULY 24, 2026

DAWN

DR. RUTH K.M PFAU, CIVIL HOSPITAL KARACHI

HEALTH DEPARTMENT
GOVERNMENT OF SINDH

Pakistan's Largest Public Sector Teaching Hospital, Baba-e-Urdu Road, Karachi, Pakistan
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Ref: MS/CHK/Proc//2026(6957) Dated:22-07-2026.

NOTICE INVITING TENDER

The Dr. Ruth K.M. Pfau Civil Hospital Karachi invites e-bids through E-Pak Acquisition and Disposable System (EPADS) from *Suppliers/firms / Manufacturers / Importers / Authorized Distributors* on Active Taxpayers List of the FBR / SRB (whichever is applicable) for the supply of following items for the financial year 2026-27 under ***Rule-46(2) Single Stage- Two Envelopes Procedure***. Bidding documents containing detailed Terms & Conditions can be viewed / downloaded from **https://portalsindh.eprocure.gov.pk/#/:**

Tender No.	Name of Tender / Tender Title	Bid Security	Bidding Document Cost	Tender purchasing/ Downloading Date	Date of submission & opening
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2	Purchase of General Surgery Instruments Sets for Orthopaedic O.T.	2.5% Total Value of Quoted Price	Rs. 5,000/-		

Electronic Bids should be submitted through EPADS ONLY. Interested Bidders are required to register themselves on EPAD System at the link: **https://sindh.eprocure.gov.pk/#/supplier/registration** for submission of electronic-bids.

The Bids, prepared in accordance with the instructions in the bidding documents, must be submitted on EPADS as per above given schedule. The original instrument of tender fee and bid security of the bid price must reach the procuring agency before the deadline for submission of e-bids, which will be opened on the same day at the address Office of the Medical Superintendent, 2nd Floor, Board Room, Dr. Ruth K.M. Pfau Civil Hospital Karachi.

TENDER FEE:- Rs. 5000/- (Shape of Pay Order) Tender Purchase Receipt obtained from Procurement Department 01st Floor at Dr. Ruth K.M Pfau Civil Hospital, Karachi.

N.B:-

- Any query for e-bidding may contact at Dr. Ruth K.M. Pfau Civil Hospital Karachi at contact No. 021-99215733.
- In case Govt. announces any Public Holiday or any unfavorable circumstances, the tender / bids will be opened on next working day, with same Venue and Time.
- The Purchaser reserves the right to reject any/all bids under the relevant provisions of SPP Rules 2010.

In case of any difficulty prospective bidders may contact EPADS Helpline 051-111-137-237 during working days/hours.

MEDICAL SUPERINTENDENT
Dr. Ruth K.M. Pfau, Civil Hospital Karachi.

STANDARD BIDDING DOCUMENTS (SBDs)

SUPPLY OF CORONARY ANGIOGRAPHY AND ANGIOPLASTY ITEMS THROUGH E-PAK ACQUISITION & DISPOSAL SYSTEM (EPADS) FOR FINANCIAL YEAR 2026 - 2027

Dr. Ruth K.M. Pfau, Civil Hospital Karachi

COST OF TENDER DOCUMENTS:	**Rs. 5,000/= Rupees Five Thousand Only (Non-Refundable)**
TENDER PROCEDURE:	**Single Stage – Two Envelope / SPP Rule 46(2)**
TENDER SELLING DATE :	**From the date of publishing to 11th August, 2026 up to 10:00 A.M.**
TENDER SUBMISSION DATE AND TIME:	**On 11th August, 2026 up to 10:00 A.M. to 11:00 AM.**
TENDER SUBMISSION PLACE :	**Procurement Department 1st Floor Admin Block, Civil Hospital Karachi.**
TENDER OPENING DATE AND TIME :	**On 11th August, 2026 at 12:00 Noon**
TENDER OPENING PLACE :	**Committee Room, 2nd Floor Admin Block, Dr. Ruth K.M. Pfau Civil Hospital - Baba – e – Urdu Road – Karachi**

NOTE:

1. **Tender fee: Rs. 5,000/- (in Shape of Pay order)** Tender Purchase Receipt obtained from procurement department 01st floor at Dr. Ruth K.M Pfau Civil Hospital, Karachi must be attached; else the offer will be rejected.
2. No tender will be accepted after closing of the tender date, what so ever reason may be.
3. All the participants must sign each & every page of bid documents, else offer will be rejected.
4. The Dr. Ruth K.M. Pfau Civil Hospital Karachi invites E-bids through E-Pak.

DR. RUTH K.M. PFAU, CIVIL HOSPITAL
BABA E URDU ROAD – KARACHI
Ph: 99215740 - 5 Fax: 99215733

Ph: 02199215759 Fax: 02199215733

BIDDING DATA

Procuring Agency	:	Medical Superintendent, Dr. Ruth K.M. Pfau, Civil Hospital Karachi
Address	:	Baba – e – Urdu Road – Karachi
Name of Item	:	**Coronary Angiography and Angioplasty Items**
Bid Validity	:	90 days (As per SPP Rules – 2013/14) amended till date
Amount of Bid Security	:	2.5% of Bid Quoted Price
Date of Submission	:	As per Tender Enquiry
Date of Opening	:	As per Tender Enquiry
Performance Security	:	5% of the Contract Value
Language of Bid	:	English
Bidding Procedure	:	Single Stage – Two Envelope Procedure
Eligibility Criteria / Technical Evaluation Criteria	:	As per Annexure – A
Advance Payment	:	No Advance Payment
Inspection Authority	:	AMS (Stores), Pharmacist & End User @ Dr. Ruth K.M. Pfau, Civil Hospital, Karachi
Place of Inspection	:	Medical Stores, Dr. RKMP – CHK
Place of Delivery	:	Medical Stores, Dr. RKMP – CHK

Bidders are required to comply with all the clauses mentioned in the Terms and Conditions of the Bid Documents and any deviation will forbid them from competing in the tender.

TERMS &CONDITIONS

Bid will be valid for 90 days from the date of opening for technical and financial evaluation. The bidders shall quote their prices inclusive of all applicable duties and Taxes / transportation etc. and all other expenses on free delivery basis to Consignee's end at Dr. Ruth K.M. Pfau, Civil Hospital, Karachi. Price should be quoted in Figures & Words both, failing which the offer will be ignored.

ITEM #	NOMENCLATURE / PRODUCT NAME	QUANTITYDEMANDED		PRICE PER UNIT
	DETAILS OF ITEMS & QUANTITY ATTACHED ANNEXURE " C "			

DELIVERY PERIOD ..... VALIDITY .....

1. GENERAL CONDITIONS & INSTRUCTIONS:

1.1. **Dr. Ruth K.M. Pfau Civil Hospital Karachi** invites bids through E-Pak Acquisition & Disposal System (EPADS) from Manufacturers / Importers / Authorized Distributors, for the financial year 2026-2027 on **Single Stage – Two Envelopes Procedure** basis as per Clause 46(2) of SPPRA Rules, 2013/14 (Amended till date) i.e. **TECHNICAL** and **FINANCIAL PROPOSAL** will be submitted in separate sealed envelopes.

1.2. The quoted rates must be valid for the financial year 2026-2027. Orders will be placed as per financial releases and policy of Health Department, Government of Sindh Karachi.

1.3. The **Technical Proposal and Financial Proposal** in accordance with the instructions in the bidding documents, must be submitted on EPADS as per above given schedule. The security of the bid price must reach the procuring agency before the deadline for submission of e-bids, which will be opened on the same day at the address Office of the Medical Superintendent, 2nd Floor, Board Room, Dr. Ruth K.M. Pfau Civil Hospital Karachi.

1.4. **Technical Proposal** should have the following documents:

I. **Tender fee: Rs. 5,000/-** (Shape of Pay Order) Tender Purchase Receipt obtained from procurement department 01st floor at Dr. Ruth K.M Pfau Civil Hospital, Karachi must be attached; else the offer will be rejected.
II. Copy of the Bid offer without showing the rates.
III. Registration certificate with Ministry of Health (where applicable).
IV. FDA / CE Marked certificate
V. NTN / Income Tax Certificate
VI. Professional Tax Certificate
VII. GST Registration Certificate (where applicable).
VIII. Bidder should submit a sealed letter from Bank that they can perform business of more than / equal to **Rs. 05 Million.**
IX. All bidder(s) must submit samples (in commercial pack) of all quoted items as per specification mentioned in the technical bid; each sample pack should be marked with Section & Item # (as mentioned in bill of quantities and price schedule). List of sample along with item brochures / leaflet duly acknowledged should also be submitted in the office of The Procurement Department first floor room no.5 Admin block Dr. Ruth K.M Pfau, Civil Hospital Karachi at least 2 days before the submission of the tender & samples receiving receipt must attached in Technical Bid on EPAD. Non submission of the samples will lead to rejection of item(s).

1.5. **Financial Proposal** should have the following documents:

I. Original Pay Order / Bank Draft of Bid Security
II. Original copy of the Bid offer with Quoted price.
III. Printed Price List of the Manufacturer(s) / Importer(s) indicating Trade Price and Retail Price, which should be duly signed and stamped by the Authorized person of the firm.

1.6. Only Manufactures / Importers or their authorized distributors can participate in the Tender. The Distributor should submit authorization letter in Original addressed to Medical Superintendent Dr. Ruth K.M. Phau, Civil Hospital Karachi with reference to this Tender.

1.7. **(A) For Manufacturer:**
All the Bidders (Manufacturer or their Distributor) should fill the Company Profile Proforma which should be filled by the Manufacturer, duly signed and stamped and should be submitted at the specified time of Tender submission along with the relevant certificate and documents otherwise the bid offer will be ignored. The Company Profile Proforma should have the following documents:

I. Photocopy of Registration Certificate issued by Ministry of Health Islamabad (where applicable)
II. Other relevant documents as required in Company Profile Proforma.

1.7 **(B) For Importer:**
All the bidders (Importers or their authorized distributors) should fill the Sole Agent Proforma duly signed and stamped, should be submitted at the specified time of tender submission along with the relevant documents as required in the Proforma otherwise the bid offer will be ignored.

1.8 Tenders must be completed by typing in the column provided / on separate Letter Head duly signed. Soft copies of tender form. Company profile and Sole Agent Proforma may be obtained from the Procurement Department DRKMPCHK.

1.9 The tender must be free from erasing, cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial it duly stamped, else the offer will not be entertained.

1.10 The rates of each item should be written in **figures as well as in words**. Arithmetical errors will be rectified on this basis. If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and the quantity, the unit price shall prevail and the total price shall be corrected. In case of discrepancy the price in words will be authenticated and final.

1.11 Conditional Tenders against the Govt. Rules / policy will not be considered / entertained / accepted.

1.12 Tenders shall be accompanied by Bid Security @ **2.5%** of the value of stores quoted by them in form of Pay Order / Demand Draft in favor of Medical Superintendent, Dr. Ruth K.M. Phau, Civil Hospital Karachi, else the offer will be rejected.

1.13 All Bidders should provide samples (if needed) free of cost of the quoted products. Sample will not returned.

1.14 The following words shall be printed and stamped with indelible ink prominently in English / Sindhi & Urdu property of **"DR. RKMP CHK" & "NOT FOR SALE"** outside and inside the Packing on all items.

1.15 The tendered rate should be inclusive of all applicable taxes to Federal & Provincial Govt. or local bodies and will be deducted from the bill of the contractors / suppliers.

1.16 All the (applicable) Government Taxes (Income Tax / 0.35% Stamp Duty of the value of the contract amount will be deducted at source in office of the Accountant General Sindh from the bills of the Contractors / Suppliers.

1.17 If the Contractors / Suppliers require Tax exemption facility regarding non-deduction of Advance Income Tax. The exemption certificate issued by the concerned authority must be attached duly signed / stamped of the firm concerned and on C&F basis a copy of Bill of Entry (In Original) & Tax paid Challan copy should be attached with the bill along with an undertaking on letter Head.

1.18 One **"SAMPLE TENDER PROFORMA"** is supplied with the list of items to be purchased. The items have to be quoted on the Proforma, duly filled stamped & signed by the authorized bidder. Only those items shall be typed on the Proforma / separate Letter Head (as per serial of Proforma) for which the rates are to be quoted. Any alteration / correction must be initialed and each page is to be signed and stamped at the bottom.

1.19 Registration number (if applicable), make & country of origin of the **Coronary Angiography and Angioplasty Items** must be mentioned for each item, for which quotation is given, otherwise it will not be considered.

1.20 The quoted rates once offered by the firms will not be changed during the contract period.

1.21 The supplies on should be stamped with inedible ink or Laser Printing meant for **"Property of DRKMPCHK Not for Sale" in Urdu, English & Sindhi in each packet, No. cartoon etc,** and delivered at the designated place of Dr. Ruth K.M. Pfau, Civil Hospital Karachi by the authorized representative of the firm at the risk and cost of the supplier. Any breakage or shortage of stock will be recovered from the supplier.

1.22 **All documents should be submitted duly paginated / flagged and the detailed of the documents should also be mentioned in front of the Index.**

2 SPECIAL CONDITIONS:

2.1 Stores are required as early as possible. The bidder may, however, give their short guaranteed delivery period by which the supply will be completed positively.

2.2 The bidders shall quote their firm and final price both in figure and in words on free delivery basis to Dr. Ruth K.M. Pfau, Civil Hospital Karachi.

2.3 Distributor once nominated by the manufacturer(s) / importer(s) will be for the whole contract period and manufacturer(s) / importer(s) cannot change its distributor during the year in any case. In exceptional cases the tendering authority may approve changes.

2.4 No manufacturer / importer shall authorize their distributor / agent / any firm or person to quote the same item, which the manufacturer / importer is quoting itself in any tender. Failing those offers of both manufacturer(s) / importer(s) as well as other bidder shall be ignored.

2.5 The manufacturer / importer of sub-standard quality spurious, counterfeit, misbranded or contaminated item(s) etc. may be black listed by the competent authority or any other authority whose decision will be final and in accordance with the offence and hence their Bid Security may not be released & forfeited.

2.6 If goods are declared sub-standard the Manufacturer(s) / Importer(s) and their Distributor are equally responsible and are bound to supply additional quantity of whole supply free of cost.

2.7 The Technical evaluation carried out by the Technical Committee, Dr. Ruth K.M. Pfau, Civil Hospital Karachi will be final, which will be assessed on clinical experience basis of the consultant(s) in the- relevant specialty.

2.8 Only items approved by the Technical Committee will be considered by the Procurement Committee.

2.9 Only those item(s)'s Financial(s) offer will be announced / considered which were technically qualified by the Technical Committee. If any firm wants to give the separate item wise financial bid they are advised to give separate item wise sealed envelope(s) of every item and should mention the name of the item and tender serial number on the front in BOLD and legible letters to avoid confusion, else the Financial Proposal Envelope will be opened on qualified item basis and it will not be challenged by the Suppliers / Contractors to open the Financial Proposal of the disqualified items.

2.10 If a sample of a batch / Lot Number of item(s) is declared sub-standard, not as per specification, those will be destroyed and payment will not be made to the supplier. The supplier will be responsible to provide the fresh stock of standard quality within 45 days against the rejected supplies. Otherwise amount equivalent to the supplied quantity of defective goods will be deducted from their bill and legal action will be initiated against the offending firm accordingly.

2.11 Manufacturer / Importer will issue an authorization letter as per attached sample Proforma along with technical proposal.

2.12 Manufacturer(s) & Importer(s) will directly supply as per supply order along with Bill of Warranty and Quality Certificate of each batch issued by the authorized Drugs Testing Laboratory of Government (If applicable)

3. PURCHASER'S RIGHT TO VARY QUANTITIES

The Hospital Authority reserves right to increase / decrease or delete the quantities of **Coronary Angiography and Angioplasty Items** at the time of award of contract and also reserves the right to enhance the quantity of goods / services originally specified in the schedule of requirement without any change in unit price or other terms and conditions of goods at any time during contract period.

4. **PURCHASER'S RIGHT TO ACCEPT ANY BID AND REJECT ANY OR ALL BIDS:**
The Hospital Authority reserves the right to purchase full or part of the store or ignore / scrap / cancel the tender as per relevant rules of SPPRA-2013/14 (Amended till date).

PERFORMANCE SECURITY:
The successful bidders will have to deposit the requisite security in the shape of a Pay Order / Demand Draft at 5% value of the order amount. The same will be released after successful completion of stores. After the acceptance of the Tender by the Vendor, a purchase order may be issued during the validity period and if offer is not accepted by the Vendor, the Bid Security shall be forfeited to the Government Accounts.

5. **REDRESSAL:**
Redressal of Grievances & settlement of dispute will be as per SPPRA Rule-2013/14 (Amended till date).

6. **UNDERTAKING on Rs. 100/- Non Judicial Stamp Paper**

7.1. I/ we read / understand the conditions specified in the tender inquiry and undertake:
7.2. That I / we will remain bound to supply any item as an additional quantity at the same rate on which said item I / we have supplied during the contract period.
7.3. That I / we agree whether our tender accepted for total, partial or enhanced quantity for all or any single item.
7.4. I / we also agreed to supply and accept the said item at the rates for the supply of contracted quantity within the stipulated period shown in the contract.
7.5. I/ we understand and ensure for the supply of quality goods. I / we also agree to supply the 100% additional quantity without any additional charges, if the supplies/part of the supplies declared sub-standard.
7.6. I / we undertake that, if any of the information submitted in accordance to this tender inquiry found incorrect, our contract may be cancelled at any stage on our cost and risk.
7.7. I / we undertake that, I/ we will replace the items three month before its expiry.
7.8. I / we undertake that, I/ we has / have never been black listed.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ **Fax #** _____ **Cell #** _____

8. TERMS AND CONDITIONS ACCEPTANCE CERTIFICATE

I / we, M/s._____ is hereby confirmed that we have carefully read all terms and conditions of the tender and also agreed to abide SPPR-2013/14 (Amended till date) for procurement of Laboratory Items during the validity of the tender.

Signature of Vendor: _____

Name of Authorized Person: _____

Designation: _____

Seal and Address: _____

Tel No. _____ Fax No. _____ E-mail address: _____

Witness

1) Name: _____ Signature _____

2) Name: _____ Signature _____

9. Specimen for Authorization letter by Manufacturer/Importer for their Distributor:

I/We, M/s._____ hereby authorize M/s. _____

Address: _____ as our authorized Distributor for Dr. Ruth K.M. Pfau, Civil Hospital Karachi for the financial year of 2026-2027.

We give undertaking that if there is any sub-standard spurious, counterfeit, misbranded or contaminated and short supply of item(s) by our Distributor, we will be responsible for the same. We also undertake that we have read and understood the terms and conditions of the tender enquiry.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ **Fax #** _____ **Cell #** _____

Annexure "A"

TECHNICAL EVALUATION CRITERIA FOR BIDDERS

CORONARY ANGIOGRAPHY AND ANGIOPLASTY ITEMS @ DR. RKMP – CHK

S#	CRITERIA	YES / NO
1	Tender Purchase Receipt must be attached else the offer will be rejected (Original) **(Mandatory)**	
2	2.5% Bid Security in shape of Pay order/Demand draft (Original) **(Mandatory).**	
3	Copy of Registration National Tax Number (NTN), Certificate **(Mandatory)**	
4	General Sales Tax Registration with Provides 03 months Paid Challan / Receipt (Enclosed copy) **(Mandatory)**	
5	Technical Proposal on Bidder's Letterhead without showing rates **(Mandatory)**	
6	Professional Sales Tex Return (enclosed copy) 2026-2027 **(Mandatory)**	
7	Company agreement with principal duly countersigned by Pakistan Embassy / Consulate / duly attested Notary Public. **(Mandatory)**	
8	The documents must be according to the terms & condition as in bidding documents.**(Mandatory)**	
9	Copy of undertaking regarding supply of required items with in stipulated time with quality certificate from authorize laboratory.**(Mandatory)**	
10	**05** Million in each year financial turn over verified from FBR for the last 03 years with bank certificate must be attached.**(Mandatory)**	
11	Relevant experience of last three years & previous satisfactory performance certificate at least 03 Governmental / Semi Governmental Institutions must be attached. **(Mandatory)**	
12	Registration Certificate with Ministry of Health if applicable. .**(Mandatory)**	
13	FDA, CE marked / certificate.**(Mandatory)**	
14	Free Sale Certificate of the items in the country of origin. **(Mandatory)**	
15	Samples receiving receipt. **(Mandatory)**	

NOTE:

The offer will not be entertained if the required documents have not been found attached.

Annexure "B"

Contract Form

THIS AGREEMENT made the _____ day of _____ 2026 between [name of Procuring Agency] of [country of Procuring agency] (here in after called "the Procuring agency") of the one part and [name of Supplier] of [city and country of Supplier] (here in after called "the Supplier") of the other part:

WHEREAS the Procuring agency invited bids for certain goods and ancillary services, viz. [brief description of goods and services] and has accepted a bid by the Supplier for the supply of those goods and services in the sum of [contract price in words and figures] (here in after called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz:

    (a) The Bid Form and the Price Schedule submitted by the Bidder;
    (b) The Schedule of Requirements;
    (c) The Technical Specifications;
    (d) The General Conditions of Contract;
    (e) The Special Conditions of Contract;
    (f) The Procuring agency's Notification of Award.
    (g) The Terms & Condition of the bidding documents.

3. In consideration of the payments to be made by the Procuring agency to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Procuring agency to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
4. The Procuring agency hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the times and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, sealed, delivered _____ by _____ the (for the Procuring Agency)

Signed, sealed, delivered _____ by _____ the (for the Supplier)

DR. RUTH K.M. PFAU, CIVIL HOSPITAL KARACHI
HEALTH DEPARMENT, GOVT. OF SINDH

IMPORTER / SOLE AGENTS

Note.

a) Please fill in the correct information carefully. Submission of wrong / vague information may lead to black listing of the firm.
b) Each page of the Performa must be duly signed & stamped, else the offer will be rejected.
c) Provide a soft copy (CD) along with duly filled Performa in triplicate.
d) Company / firm agreement with principle duly signed by embassy is mandatory.

GENERAL INFORMATION

1.	**Name of the company**			
2.	**Year of establishment**			
3.	**Address of the firm** • Registered office, • Telephone no. • Fax No. E mail address etc.			
4.	**Location of the Company** • Industrial • Commercial • Residential			
5.	**Form of the company Annex copy of MOA/ registration** • Individual • Private limited • Public limited • Partnership • Corporation • Other (specify)			
6.				
7.	**Blacklisting / Complaint / Litigation against the firm** (By any govt. or other org. if any)			
8.	**Drugs sale license number, if applicable** (Annex copy License)			
9.	**Type of activity being carried out by the company:-** • Manufacturing • Assembly / Repacking • Import • Other (specify)			
10.	**Name & Address of the Principal(s) companies**			
11.	**Capital value of the firm/sole agent;** • Authorized Capital • Paid up capital			
12	**Annual sales turnover of the firm in the previous 3 years** (In millions)	Year	Market Sale	Govt. Sector
	• **1.**			
	• **2.**			
	• **3.**			
13.	**Income Tax No (NTN)** • Attach copy of certificates, • Attach details of tax paid during past 3 years • Attach copy of last annual income tax return			
14.	**Sales Tax Registration No.**			

	Attach copy of certificate, and details of Sales Tax paid during past 3 years	
15.	**GMP compliance certificate & GMP audit report of the Principal(s)** (Attach report/ certificate) (if applicable)	
16.	**Free Sale Certificate of the items in the country of origin**	
17.	**Registration with MOH, Islamabad where applicable** Drugs/Surgical Disposable, attach separate sheet	
18.	List of Technical personnel with qualification (Attach List)	
19.	Total Employees (Including Technical staff)	
	Administration	
	Technical	
	Management	
	Sales / Marketing	
20.	**Market Availability** • Products routinely manufactured/imported Only occasionally / on request	

Signature_____
(With name and Designation)
Stamp of Company

INTEGRITY PACT

DECLARATION OF FEES, COMMISSION AND BROKERAGE ETC PAYABLE BY THE SUPPLIERS/CONTRACTORS/CONSULTANTS

Contract Number: **NO. Dated:**
Contract Value: **Rs.**
Contract Title: **Coronary Angiography and Angioplasty items**

M/s._____hereby declares that it has not obtained or induced the procurement of any contract, right, interest, privilege or other obligation or benefit from Government of Sindh (GoS) or any administrative subdivision or agency thereof or any other entity owned or controlled by it (GoS) through any corrupt business practice.

Without limiting the generality of the foregoing, **M/s.**_____ represents and warrants that it has fully declared the brokerage, commission, fees etc. paid or payable to anyone and not given or agreed to give and shall not give or agree to give to anyone within or outside Pakistan either directly or indirectly through any natural or juridical person, including its affiliate, agent, associate, broker, consultant, director, promoter, shareholder, sponsor or subsidiary, any commission, gratification, bribe, finder's fee or kickback, whether described as consultation fee or otherwise, with the object of obtaining or inducing the procurement of a contract, right, interest, privilege or other obligation or benefit, in whatsoever form, from Civil Hospital Karachi (PA), except that which has been expressly declared pursuant hereto.

M/s._____certifies that it has made and will make full disclosure of all agreements and arrangements with all persons in respect of or related to the transaction with PA and has not taken any action or will not take any action to circumvent the above declaration, representation or warranty.

M/s._____accepts full responsibility and strict liability for making any false declaration, not making full disclosure, misrepresenting facts or taking any action likely to defeat the purpose of this declaration, representation and warranty. It agrees that any contract, right, interest , privilege or other obligation or benefit obtained or procured as aforesaid shall, without prejudice to any other right and remedies available to PA under any law, contract or other instrument, be voidable at the option of PA.

Notwithstanding any rights and remedies exercised by PA in this regard, **M/s.**_____ agrees to indemnify PA for any loss or damage incurred by it on account of its corrupt business practices and further pay compensation to PA in an amount equivalent to ten time the sum of any commission, gratification, bribe, finder's fee or kickback given by **M/s.**_____as aforesaid for the purpose of obtaining or inducing the procurement of any contract, right, interest, privilege or other obligation or benefit, in whatsoever form, from PA.

_____ _____

M/s. Medical Superintendent

(Annexure – C)

DR. RUTH K.M. PFAU, CIVIL HOSPITAL KARACHI
BILL OF QUANTITY / REQUIREMENT FOR
"CORONARY ANGIOGRAPHY AND ANGIOPLASTY ITEMS"
"ANGIOPLASTY PACKAGE"

TECHNICAL OFFER

S #	NAME OF ITEMS	Brand Name & Name of Manufacturer	Qty. A/U	DRAP Registration No.
A	**GUIDING CATHETER**			
1	Guiding Catheter JL 3.5 6FR		100 Nos.	Reg No._____
2	Guiding Catheter JR 3.5 6FR		40 Nos.	Reg No._____
3	Guiding Catheter JI 3.5 6FR		400 Nos.	Reg No._____
4	Guiding Catheter JR 4 SH 6FR		100 Nos.	Reg No._____
5	Guiding Catheter EBU 3.5 6FR		600 Nos.	Reg No. _____
6	Guiding Catheter EBU 3 6FR		400 Nos.	Reg No. _____
7	Guiding Catheter AR 6FR		40 Nos.	Reg No. _____
8	Guiding Catheter MPA 6FR		40 Nos.	Reg No. _____
9	Guiding Catheter JR SH 6FR		30 Nos.	Reg No. _____
10	Guiding Catheter AL 6FR		40 Nos.	Reg No. _____
B	**DRUG ELUTING STRENT**			
1	DES 2.5, 3.0, 3, 3.5, 4m 12mm		100 Nos.	Reg No. _____
2	DES 2.5, 3.0, 3, 3.5, 4m 18mm		150 Nos.	Reg No. _____
3	DES 2.5, 3.0, 3, 3.5, 4m 24mm		150 Nos.	Reg No. _____
4	DES 2.5, 3.0, 3, 3.5, 4m 28mm		250 Nos.	Reg No. _____
5	DES 2.5, 3.0, 3, 3.5, 4m 30mm		300 Nos.	Reg No. _____
6	DES 2.5, 3.0, 3, 3.5, 4m 35mm		300 Nos.	Reg No. _____
7	DES 2.5, 3.0, 3, 3.5, 4m 38mm		200 Nos.	Reg No. _____
8	DES 2.5, 3.0, 3, 3.5, 4m 40mm		60 Nos.	Reg No. _____

S #	NAME OF ITEMS	Brand Name & Name of Manufacturer	Qty. A/U	DRAP Registration No.
C	**BALLOON CATHETER**			
1	PTCA Balloon 1.25 x 6		100 Nos.	Reg No._____
2	PTCA Balloon 1.25 x 10		100 Nos.	Reg No._____
3	PTCA Balloon 1.25 x 12		100 Nos.	Reg No._____
4	PTCA Balloon 1.5 x 10		100 Nos.	Reg No._____
5	PTCA Balloon 1.5 x 12		100 Nos.	Reg No._____
6	PTCA Balloon 2.0 x 10		600 Nos.	Reg No._____
7	PTCA Balloon 2.0 x 15		340 Nos.	Reg No._____
8	PTCA Balloon 2.5 x 10		400 Nos.	Reg No._____
9	PTCA Balloon 2.5 x 15		400 Nos.	Reg No._____
D	**BALLOON CATHETER**			
1	NS Balloon 2.75 x 8		200 Nos.	Reg No. _____
2	NS Balloon 2.75 x 10		200 Nos.	Reg No. _____
3	NS Balloon 3.0 x 8		320 Nos.	Reg No. _____
4	NS Balloon 3.0 x 10		320 Nos.	Reg No. _____
5	NS Balloon 3.0 x 12		320 Nos.	Reg No. _____
6	NS Balloon 3.25 x 8		600 Nos.	Reg No. _____
7	NS Balloon 3.25 x 10		600 Nos.	Reg No. _____
8	NS Balloon 3.25 x 12		400 Nos.	Reg No. _____
9	NS Balloon 3.5 x 8		480 Nos.	Reg No. _____
10	NS Balloon 3.5 x 10		480 Nos.	Reg No. _____
11	NS Balloon 3.5 x 12		600 Nos.	Reg No. _____
12	NS Balloon 3.75 x 10		600 Nos.	Reg No. _____
13	NS Balloon 3.75 x 12		600 Nos.	Reg No. _____
14	NS Balloon 4.0 x 10		240 Nos.	Reg No. _____
15	NS Balloon 4.5 x 10		240 Nos.	Reg No. _____
1	3 Port Manifold with Pressure Line (Angio Kit)		.6000 Nos.	Reg No._____

S #	NAME OF ITEMS	Brand Name & Name of Manufacturer	Qty. A/U	DRAP Registration No.
E	**ANGIOPLASTY GUIDE WIRE**			
1	Angioplasty Floppy Guide Wire 190cm		300 Nos.	Reg No. _____
2	Angioplasty Hydrophylic Guide Wire 190cm		50 Nos.	Reg No. _____
3	Angioplasty Intermediate Guide Wire 190cm		50 Nos.	Reg No. _____
4	Angioplasty CTO Guide Wire 190cm		30 Nos.	Reg No. _____
5	Guide Liner		100 Nos.	Reg No. _____
F	**INFLATION DEVICE**			
1	Inflation Device with Anti Bleed		500 Nos.	Reg No. _____
G	**INJECTION**			
1	Inj. Tirofiban Hydrochloride Monohydrate 12.5mg/50 mcg/ml		75 Nos.	Reg No. _____
2	Inj. Adenosine 6mg 2ml		500 Nos.	Reg No. _____
3	Inj. Contras 350mg / 100ml		500 Nos.	Reg No. _____
4	Non Ionic Dye 370/100ml		6000 Nos.	Reg No. _____
H	**ASPIRATION CATHETER**			
1	Export Advance Catheter / Throumbuster		50 Nos.	Reg No. _____
I	**IABP BALLOON**			
1	Intra Aortic Balloon (Medium Size)		10 Nos.	Reg No. _____
J	**ANGIOPLASTY / PTMC / PERIPHERAL ITEMS**			
1	Coronary Micro Catheter		3 Nos.	Reg No. _____
2	Cutting Balloon		2 Nos.	Reg No. _____
3	Drug Eluting Balloon		4 Nos.	Reg No. _____
K	**ANGIOGRAPH GUIDE WIRE**			
1	Angiograph Guide wire 0.35 x 150cm J-Tip		6000 Nos.	Reg No. _____
2	Angiograph Guide wire 0.35 x 260cm J-Tip		50 Nos.	Reg No. _____
L	**SHEATH / TR BAND**			
1	Femoral Sheath 6FR with Puncture Needle		8000 Nos.	Reg No. _____
2	Femoral Sheath 7FR		50 Nos.	Reg No. _____
3	Radial Sheath 6FR		4000 Nos.	Reg No. _____
4	TR Band		2000 Nos.	Reg No. _____

S #	NAME OF ITEMS	Brand Name & Name of Manufacturer	Qty. A/U	DRAP Registration No.
M	**DIAGNOSTIC CATHETE**			
1	Diagnostic Catheter JL 4 6FR		1000 Nos.	Reg No. _____
2	Diagnostic Catheter JL 3.5 6FR		500 Nos.	Reg No. _____
3	Diagnostic Catheter JL 4.5 6FR		100 Nos.	Reg No. _____
4	Diagnostic Catheter JR 4 6FR		7500 Nos.	Reg No. _____
5	Diagnostic Catheter IM 6FR		40 Nos.	Reg No. _____
6	Diagnostic Catheter AR 1 6FR		20 Nos.	Reg No. _____
7	Diagnostic Catheter AR 2 6FR		20 Nos.	Reg No. _____
8	Diagnostic Catheter AL 1 6FR		20 Nos.	Reg No. _____
9	Diagnostic Catheter AL 2 6FR		20 Nos.	Reg No. _____
10	Diagnostic Catheter MPA 6FR		50 Nos.	Reg No. _____
11	Diagnostic Catheter Pigtail Straight 6FR		50 Nos.	Reg No. _____
12	Tiger Radial Catheter 5FR		5000 Nos.	Reg No. _____
N	**CHAMBER**			
1	Temporary Pacing Leads		2000 Nos.	Reg No. _____
O	**DRAP PACK**			
1	Sterilization Set for Angiography & Angioplasty		50 Nos.	Reg No. _____
2	Angiography DRAP Pack		100 Nos.	Reg No. _____
3	Surgeon Gown		100 Nos.	Reg No. _____
P	**CATH LAB EQUIPMENTS**			
1	IVUS Complete Set		1 Nos.	Reg No. _____
2	FFR Complete Set		1 Nos.	Reg No. _____
3	Rota Pro Complete Set		1 Nos.	Reg No. _____
4	IVL Complete Set		1 Nos.	Reg No. _____

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ **Fax:** _____ **Res:** _____ **Mobil:** _____

DR. RUTH K.M. PFAU, CIVIL HOSPITAL KARACHI

BILL OF QUANTITY / REQUIREMENT FOR

"CORONARY ANGIOGRAPHY AND ANGIOPLASTY ITEMS"
"ANGIOPLASTY PACKAGE"

FINANCIAL OFFER

S #	NAME OF ITEMS	Brand Name & Name of Manufacturer	Qty. A/U	Rate (s)	Total Amount (RS)
A	**GUIDING CATHETER**				
1	Guiding Catheter JL 3.5 6FR		100 Nos.	Rs._____	Rs._____
2	Guiding Catheter JR 3.5 6FR		40 Nos.	Rs._____	Rs._____
3	Guiding Catheter JI 3.5 6FR		400 Nos.	Rs._____	Rs._____
4	Guiding Catheter JR 4 SH 6FR		100 Nos.	Rs._____	Rs._____
5	Guiding Catheter EBU 3.5 6FR		600 Nos.	Rs._____	Rs._____
6	Guiding Catheter EBU 3 6FR		400 Nos.	Rs._____	Rs._____
7	Guiding Catheter AR 6FR		40 Nos.	Rs._____	Rs._____
8	Guiding Catheter MPA 6FR		40 Nos.	Rs._____	Rs._____
9	Guiding Catheter JR SH 6FR		30 Nos.	Rs._____	Rs._____
10	Guiding Catheter AL 6FR		40 Nos.	Rs._____	Rs._____
B	**DRUG ELUTING STRENT**				
1	DES 2.5, 3.0, 3, 3.5, 4m 12mm		100 Nos.	Rs._____	Rs._____
2	DES 2.5, 3.0, 3, 3.5, 4m 18mm		150 Nos.	Rs._____	Rs._____
3	DES 2.5, 3.0, 3, 3.5, 4m 24mm		150 Nos.	Rs._____	Rs._____
4	DES 2.5, 3.0, 3, 3.5, 4m 28mm		250 Nos.	Rs._____	Rs._____
5	DES 2.5, 3.0, 3, 3.5, 4m 30mm		300 Nos.	Rs._____	Rs._____
6	DES 2.5, 3.0, 3, 3.5, 4m 35mm		300 Nos.	Rs._____	Rs._____
7	DES 2.5, 3.0, 3, 3.5, 4m 38mm		200 Nos.	Rs._____	Rs._____
8	DES 2.5, 3.0, 3, 3.5, 4m 40mm		60 Nos.	Rs._____	Rs._____

S #	NAME OF ITEMS	Brand Name & Name of Manufacturer	Qty. A/U	Rate (s)	Total Amount (RS)
C	**BALLOON CATHETER**				
1	PTCA Balloon 1.25 x 6		100 Nos.	Rs._____	Rs._____
2	PTCA Balloon 1.25 x 10		100 Nos.	Rs._____	Rs._____
3	PTCA Balloon 1.25 x 12		100 Nos.	Rs._____	Rs._____
4	PTCA Balloon 1.5 x 10		100 Nos.	Rs._____	Rs._____
5	PTCA Balloon 1.5 x 12		100 Nos.	Rs._____	Rs._____
6	PTCA Balloon 2.0 x 10		600 Nos.	Rs._____	Rs._____
7	PTCA Balloon 2.0 x 15		340 Nos.	Rs._____	Rs._____
8	PTCA Balloon 2.5 x 10		400 Nos.	Rs._____	Rs._____
9	PTCA Balloon 2.5 x 15		400 Nos.	Rs._____	Rs._____
D	**BALLOON CATHETER**				
1	NS Balloon 2.75 x 8		200 Nos.	Rs._____	Rs._____
2	NS Balloon 2.75 x 10		200 Nos.	Rs._____	Rs._____
3	NS Balloon 3.0 x 8		320 Nos.	Rs._____	Rs._____
4	NS Balloon 3.0 x 10		320 Nos.	Rs._____	Rs._____
5	NS Balloon 3.0 x 12		320 Nos.	Rs._____	Rs._____
6	NS Balloon 3.25 x 8		600 Nos.	Rs._____	Rs._____
7	NS Balloon 3.25 x 10		600 Nos.	Rs._____	Rs._____
8	NS Balloon 3.25 x 12		400 Nos.	Rs._____	Rs._____
9	NS Balloon 3.5 x 8		480 Nos.	Rs._____	Rs._____
10	NS Balloon 3.5 x 10		480 Nos.	Rs._____	Rs._____
11	NS Balloon 3.5 x 12		600 Nos.	Rs._____	Rs._____
12	NS Balloon 3.75 x 10		600 Nos.	Rs._____	Rs._____
13	NS Balloon 3.75 x 12		600 Nos.	Rs._____	Rs._____
14	NS Balloon 4.0 x 10		240 Nos.	Rs._____	Rs._____
15	NS Balloon 4.5 x 10		240 Nos.	Rs._____	Rs._____
1	3 Port Manifold with Pressure Line (Angio Kit)		.6000 Nos.	Rs._____	Rs._____

S.#	NAME OF ITEMS	Brand Name & Name of Manufacturer	Qty. A/U	Rate (s)	Total Amount (RS)
E	**ANGIOPLASTY GUIDE WIRE**				
1	Angioplasty Floppy Guide Wire 190cm		300 Nos.	Rs._____	Rs._____
2	Angioplasty Hydrophylic Guide Wire 190cm		50 Nos.	Rs._____	Rs._____
3	Angioplasty Intermediate Guide Wire 190cm		50 Nos.	Rs._____	Rs._____
4	Angioplasty CTO Guide Wire 190cm		30 Nos.	Rs._____	Rs._____
5	Guide Liner		100 Nos.	Rs._____	Rs._____
F	**INFLATION DEVICE**				
1	Inflation Device with Anti Bleed		500 Nos.	Rs._____	Rs._____
G	**INJECTION**				
1	Inj. Tirofiban Hydrochloride Monohydrate 12.5mg/50 mcg/ml		75 Nos.	Rs._____	Rs._____
2	Inj. Adenosine 6mg 2ml		500 Nos.	Rs._____	Rs._____
3	Inj. Contras 350mg / 100ml		500 Nos.	Rs._____	Rs._____
4	Non Ionic Dye 370/100ml		6000 Nos.	Rs._____	Rs._____
H	**ASPIRATION CATHETER**				
1	Export Advance Catheter / Throumbuster		50 Nos.	Rs._____	Rs._____
I	**IABP BALLOON**				
1	Intra Aortic Balloon (Medium Size)		10 Nos.	Rs._____	Rs._____
J	**ANGIOPLASTY / PTMC / PERIPHERAL ITEMS**				
1	Coronary Micro Catheter		3 Nos.	Rs._____	Rs._____
2	Cutting Balloon		2 Nos.	Rs._____	Rs._____
3	Drug Eluting Balloon		4 Nos.	Rs._____	Rs._____
K	**ANGIOGRAPH GUIDE WIRE**				
1	Angiograph Guide wire 0.35 x 150cm J-Tip		6000 Nos.	Rs._____	Rs._____
2	Angiograph Guide wire 0.35 x 260cm J-Tip		50 Nos.	Rs._____	Rs._____
L	**SHEATH / TR BAND**				
1	Femoral Sheath 6FR with Puncture Needle		8000 Nos.	Rs._____	Rs._____
2	Femoral Sheath 7FR		50 Nos.	Rs._____	Rs._____
3	Radial Sheath 6FR		4000 Nos.	Rs._____	Rs._____
4	TR Band		2000 Nos.	Rs._____	Rs._____

S #	NAME OF ITEMS	Brand Name & Name of Manufacturer	Qty. A/U	Rate (s)	Total Amount (RS)
M	**DIAGNOSTIC CATHETE**				
1	Diagnostic Catheter JL 4 6FR		1000 Nos.	Rs._____	Rs._____
2	Diagnostic Catheter JL 3.5 6FR		500 Nos.	Rs._____	Rs._____
3	Diagnostic Catheter JL 4.5 6FR		100 Nos.	Rs._____	Rs._____
4	Diagnostic Catheter JR 4 6FR		7500 Nos.	Rs._____	Rs._____
5	Diagnostic Catheter IM 6FR		40 Nos.	Rs._____	Rs._____
6	Diagnostic Catheter AR 1 6FR		20 Nos.	Rs._____	Rs._____
7	Diagnostic Catheter AR 2 6FR		20 Nos.	Rs._____	Rs._____
8	Diagnostic Catheter AL 1 6FR		20 Nos.	Rs._____	Rs._____
9	Diagnostic Catheter AL 2 6FR		20 Nos.	Rs._____	Rs._____
10	Diagnostic Catheter MPA 6FR		50 Nos.	Rs._____	Rs._____
11	Diagnostic Catheter Pigtail Straight 6FR		50 Nos.	Rs._____	Rs._____
12	Tiger Radial Catheter 5FR		5000 Nos.	Rs._____	Rs._____
N	**CHAMBER**				
1	Temporary Pacing Leads		2000 Nos.	Rs._____	Rs._____
O	**DRAP PACK**				
1	Sterilization Set for Angiography & Angioplasty		50 Nos.	Rs._____	Rs._____
2	Angiography DRAP Pack		100 Nos.	Rs._____	Rs._____
3	Surgeon Gown		100 Nos.	Rs._____	Rs._____
P	**CATH LAB EQUIPMENTS**				
1	IVUS Complete Set		1 Nos.	Rs._____	Rs._____
2	FFR Complete Set		1 Nos.	Rs._____	Rs._____
3	Rota Pro Complete Set		1 Nos.	Rs._____	Rs._____
4	IVL Complete Set		1 Nos.	Rs._____	Rs._____

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Ph. Office: _____ **Fax:** _____ **Res:** _____ **Mobil:** _____