

Anx "A"

**AK CMH RAWALAKOT**

**TENDER NOTICE**

**DAILY LP CONTRACT (MEDICINES/ DISPOSABLES/ LAB KITS/ IMPLANTS)**

**FY 2026/27**

1. Sealed bids are invited from SECP and preferably DGDP registered well reputed firms duly registered with Ministry of Health, Govt of Pakistan for provn of LP Medicines on Daily Basis for **FY 2026/27**. All firms must be registered with income tax, sales tax dept and must be on active list of FBR. Interesting parties will intimate max rebate/ discount to be offered on retail price of medicines.
2. The invitation to tender docus containing detailed terms and condition are aval at **CMH Rwk**t office and the same can be obtained on any working day during office hours.
3. Last date of submission of tenders for daily LP medicines is **16 Mar 2026** by **1030 hrs** and must be deposited to Medical Officer In-charge Medical Store **CMH Rwk**t.
4. The tender shall be opened on same day **16 Mar 2026** by **1100 hrs**, in the presence of representatives of bidders. **CMH Rwk**t may reject all bids due to any reason prior to the acceptance of a bid in accordance with **PPRA Rules 33 (1)**.
5. This advertisement is also aval on PPRA website **ww.ppra.org.pk**.
6. For any information please contact Medical officer In-charge Medical Store **CMH Rwk**t on tel.
7. The sealed tender bids must comprise of a single package containing two separate envelope as per **PPRA Rules 36b:-**
  - a. The bid shall comprise of a single package containing two separate the "**Financial Proposal**" and the "**Technical Proposal**".
  - b. The envelope shall be marked as "**FINANCIAL PROPOSAL**" and "**TECHNICAL PROPOSAL**" in bold and legible letters to avoid confusion.

**COMMANDANT**

**AK CMH RAWALAKOT**

**PTCL No: 05824-920093**

**CELL No: 0333-5796944**

**CHECK LIST OF TECHNICAL PROPOSAL FY 2026/2027**

**Firms Name:** \_\_\_\_\_

| <b>Ser</b> | <b>Documents</b>   | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
|------------|--|------------|-----------|----------------|
| 1.         | Particulars of the Firm  |            |           |                |
| 2.         | CNIC   |            |           |                |
| 3.         | Drug Sale License Valid (Retail & Narcotics)<br>Signed by Auth of concerned province |            |           |                |
| 4.         | National Tax Number Certificate (NTN)  |            |           |                |
| 5.         | Sale Tax Registration Certificate  |            |           |                |
| 6.         | Professional Tax Certificate Valid   |            |           |                |
| 7.         | Active Tax payer list (ATL)  |            |           |                |
| 8.         | Bank Statement of Last 6 months  |            |           |                |
| 9.         | Credit Worthies Certificate of Bank  |            |           |                |
| 10.        | Police Verification Certificate  |            |           |                |
| 11.        | Not Black Listed Certificate   |            |           |                |
| 12.        | Minimum 5 Years experience certificated of<br>running Medical Store                  |            |           |                |
| 13.        | Work experience of 3 years in Pak Defense<br>forces Organization                     |            |           |                |

**Accepted / Not Accepted**

Sign: \_\_\_\_\_

**INVITATION TO BIDDING DAILY LP CONTRACT OF MEDICAL STORES  
(MEDICINES / DISPOSABLE / LAB KITS / IMPLANTS) FY 2026-2027**

**CMH RAWALAKOT**

1. Daily LP Contract to be awarded to company / firm vendor will be evaluated on the following parameters according to Technical & Financial Matrix:-

- a. Complete Tender documents
- b. Bid Money
- c. Supply Mechanism

Firms Name: \_\_\_\_\_

**TECHNICAL & FINANCIAL EVALUATION MATRIX**

| Ser | Description   | Criteria                            | Marks | Remarks |
|-----|---|-------------------------------------|-------|---------|
| 1.  | Registered with SECP  | Yes                                 | 10    |         |
|     |   | No                                  | 0     |         |
| 2.  | Registration with SECP  | More than 5 years                   | 10    |         |
|     |   | 3-5 years                           | 7     |         |
|     |   | 1-3 years                           | 2     |         |
| 3.  | Registration with DGDP  | Yes                                 | 10    |         |
|     |   | No                                  | 0     |         |
| 4.  | Geographical Spread<br>(LP Contracts Institutional)   | All over Pakistan<br>(4x Provinces) | 10    |         |
|     |   | 3x Provinces                        | 7.5   |         |
|     |   | 2x Provinces                        | 5     |         |
|     |   | 1x Provinces                        | 2.5   |         |
|     |   | Limited to a city                   | 0.5   |         |
| 5.  | (Pharmacy Business) Experience of<br>company / firm / vendor  | 5 years and above                   | 10    |         |
|     |   | Less than 5 years                   | 5     |         |
|     |   | Less than 2 years                   | 2     |         |
|     |   | Less than 1 years                   | 0     |         |
| 6.  | Organizational Employment of staff  | Over 500 Employees                  | 10    |         |
|     |   | 201-499 Employees                   | 5     |         |
|     |   | Less than 200<br>employees          | 2.5   |         |
| 7.  | Whether medical store products are<br>available at outlets / warehouse / virtual<br>warehouse   | Yes                                 | 10    |         |
|     |   | No                                  | 5     |         |
| 8.  | Warehouse facility of the company /<br>firm / vendor (Share details)  | Held                                | 10    |         |
|     |   | Not Held                            | 0     |         |
| 9.  | Availability of cold chain enabled<br>transport to ensure daily supply of<br>demand of medical store items                                      | Yes                                 | 10    |         |
|     |   | No                                  | 0     |         |
| 10. | Aval of cold store and backup electrical<br>supply at POS / Medical store (UPS or<br>Generator)   | Yes                                 | 10    |         |
|     |   | No                                  | 0     |         |
| 11. | Police Verification of proprietor,<br>qualified pharmacist and staff  | Yes                                 | 10    |         |
|     |   | No                                  | 0     |         |
| 12. | Security Clearance with any defence<br>organization (name of organization to<br>be mentioned along with evidence)                               | Yes                                 | 10    |         |
|     |   | No                                  | 0     |         |
| 13. | Has th firm / organization ever been<br>blacklisted? If, so (Share details)   | Yes                                 | 0     |         |
|     |   | No                                  | 10    |         |
| 14. | Whether any of vendor's relative in<br>pharmacy business got blacklisted<br>(Share Details)   | Yes                                 | 0     |         |
|     |   | No                                  | 10    |         |
| 15. | Any dispute / Negligence or court case<br>instituted against the company / firm /<br>vendor culminating into blacklisting for<br>certain period | Yes                                 | 0     |         |
|     |   | No                                  | 10    |         |

| Ser                | Description  | Criteria          | Marks      | Remarks |
|--------------------|--|-------------------|------------|---------|
| 16.                | FBR Registration Certificate of company / firm / vendor  | Yes               | 10         |         |
|                    |  | No                | 0          |         |
| 17.                | Direct POS integration with FBR  | Yes               | 10         |         |
|                    |  | No                | 0          |         |
| 18.                | Active Tax payer list of company / firm / vendor   | Yes               | 10         |         |
|                    |  | No                | 0          |         |
| 19.                | External audit of the company / firm / vendor (Share details)  | Yes               | 10         |         |
|                    |  | No                | 0          |         |
| 20.                | Provision of annual audited financial statements   | 3 years incl LFY  | 10         |         |
|                    |  | 2 years incl LFY  | 7          |         |
|                    |  | 1 years incl LFY  | 4          |         |
| 21.                | Annual (Pharmacy) turnover of company / firms / vendor   | 2.5 Bn and above  | 10         |         |
|                    |  | 1.1 Bn to 2.4 Bn  | 5          |         |
|                    |  | Upto 1 Bn         | 2          |         |
| 22.                | Undertaking to produce valid copy of Drug Selling License before commencement of operations/ valid copy of drug sale license held (Copy to produced) | Yes               | 10         |         |
|                    |  | No                | 0          |         |
| 23.                | Valid Distribution license of the company / firm / vendor  | Yes               | 10         |         |
|                    |  | No                | 0          |         |
| 24.                | Provision of 24/7 emergent services by the company / firm / vendor   | Less than ½ hour  | 10         |         |
|                    |  | ½ to 2 hours      | 8          |         |
|                    |  | More than 2 hours | 4          |         |
| <b>Total Score</b> |  |                   | <b>240</b> |         |

**Evaluation – Technical / Financial Marking**

**Total Score = (240)      Score attained =**

**APPLICATION FORM TENDER OF DAILY LP CONTRACT OF MEDICAL STORES**  
**(MEDICINES / DISPOSABLE / LAB KITS / IMPLANTS) FY 2026-2027 CMH RAWALAKOT**  
**(ON COMPANY / FIRM LETTER HEAD)**

1. I \_\_\_\_\_ owner of  
\_\_\_\_\_ will give \_\_\_\_\_% discount of medicines /  
medical store items to CMH Rawalakot.

2. I accept all terms and conditions mentioned in the invitation of Tender. I certify that all the particulars given by me are correct and any incorrect information can disqualify my tender.

Date \_\_\_\_\_ 2026

\_\_\_\_\_  
Signature of applicant with stamp