

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

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

Ser	Documents	Yes	No	Remarks
1.	Particulars of the Firm			
2.	CNIC			
3.	Drug Sale License as a Distributor Valid (Form No. 11) [See Rule 16]			
4.	National Tax Number Certificate (NTN)			
5.	Sale Tax Registration Certificate			
6.	Professional Tax Certificate Valid			
7.	Active Tax payer list (ATL)			
8.	Character Certificate			
9.	Not Black Listed Certificate			
10.	Minimum 5 Years experience certificated of running Medical Store			
11.	Work experience of 3 years in Pak Defense forces Organization			

**Accepted / Not Accepted**

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