POF 1262-A
(INDIGENOUS SUPPLIES)

Government of Pakistan
PAKISTAN ORDNANCE FACTORIES
TENDER ENQUIRY
(Therapeutic Goods / Pharmaceuticals)

To

M/s _____

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Dear Sirs,

Reference : TENDER ENQUIRY NO. **0001/HOSP/LP/56/MEDICINES** DATED **02-11-2026**

You are requested to submit sealed quotations for the item(s) noted in the Schedule to the Tender.Offer should be sent duly sealed in a single stage two envelopes. Fax offer received before opening of Tender is acceptable. Please note the following instructions for filling the tender:-

1. SUBMISSION OF TENDER

1.1 Tenders will be opened at 10:00 hours on **01-12-2026** in Bid Centre adjacent to Rabita Hall POF Wah Cantt. Quotation must be submitted electronically on www.ebidding.pof.gov.pk (**otherwise offer will not even be entertained**) as well as in hard form (duly sealed in envelope) before 30 minutes of opening time. The tender received late will not be entertained. You may witness the opening of the tender if you so desire.If a representative is deputed, he should bring a letter of authority from you.

1.2 Only one tender should be included in one envelope. The outside of the envelope should be inscribed with:-

Tender Enquiry No: **0001/HOSP/LP/56/MEDICINES** **DT.** **02-11-2026**
Tender to be opened on: **01-12-2026**
Address as follows:-

(www.ebidding.pof.gov.pk) BID CENTER
ADJACENT TO RABITA HALL
POFS, WAH CANTT.

1.3 If envelope does not indicate reference of T.E or received late the same may be returned un-opened.

2. GENERAL INSTRUCTIONS REGARDING PREPARATION OF QUOTATIONS (THERAPEUTIC GOODS)

2.1 For MEDICINES, the prices should be filled in column 6 and delivery date in relevant column of the schedule to this Tender Enquiry. The undertaking should be signed at the bottom of the Schedule which shall form the Quotation. You may use a separate sheet if necessary.

2.2 For MEDICINES, the bid shall comprise a single package containing two seperate envelopes. Each envelope shall contain seperately the Technical offer and the Comercial offer:-
Part I "Technical Offer": It should exclusively give technical details and literatures/brochures of the MEDICINES; validity date; delivery schedule;

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and signed undertaking given on the schedule to this Tender Enquiry. It must not indicate price, costs etc.

Part II "Commercial Offer": It should indicate the commercial terms e.g.price, terms of payment, mode of payment, mode of supply.

Each part should be placed in a separate sealed cover. The envelopes should be inscribed with Part I "Technical Quotation without Price" and Part II "Commercial Quotation with Price".

2.3 The quotation must remain valid for, at least 90 days from the date of opening of commercial tenders.

2.4 The quotation should hold good for any reduced or enhanced quantities without notice.

2.5 In the event of non-acceptance of offer, intimation may be given to the firms on their request.

2.6 Conditional offers or alternative offers are likely to be ignored.

2.7 Quotations should be based on:-

F.O.R. station of despatch basis, i.e. delivered free on rail, inclusive of packing and forwarding charges. The stores will be booked under Military Credit Note, to be provided by the purchaser.

Free delivery at POF's hospital at **WAH CANTT**

In this case Octroi duty if any,will be payable by the supplier.

2.8 Taxes and Duties etc. where applicable, must be shown separately, quoting refrences to Registration No. in cases of Sales Tax and relevent authority in the case of others. Offers without these clarifications and inclusive of Taxes and Duties may be ignored.

2.9 Taxes and duties levied on or after Tender opening date or on or after the date offer was signed and despatched will be allowed to include in the offered rates.

2.10 "Suppliers will furnish a certificate, issued by Excise & Taxation deptt:, that he has cleared all Proffessional Tax payable by him" offers recieved without this certificate will be rejected.

2.11 If the requisite information is not furnished on the T.E forms or offer received is not conformity with the requirement of T.E such offer shall be ignored.

2.12 The supplier will render necessary information regarding hazardous effects on environment of the material/products supplied by them,in their quotations and shipping/despatch documents.

3. INSPECTION

3.1 Supplies shall be subject to the inspection and acceptance by the competent inspection authority nominated by the Purchaser, who will arrange it at his own cost. Inspection facilities such as tools, test equipment, instruments etc will, however, be provided by the Suppliers in accordance with the relevant specifications.

3.2 Where considered necessary by the Purchaser, the stores may be obtained on Warranty/Guarantee subject to inspection on receipt. Rejected stores will be removed and replaced with the acceptable stores by the Supplier at his own expense, with in a specified time.

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4. TENDER FEE

The tender must be accompanied with a non-refundable tender fee Rs 500/- by means of a crossed postal order / pay order in favour of: **Director Admin POF WAH CANTT.**

4.1 TENDER SAMPLE

Where required, offer must accompany tender sample., strictly according to the description and specification given in Tender Enquiry. Offer not accompanied by tender sample will NOT be entertained excepting the established and reputable firms who have either previously satisfactorily supplied the same or similar stores or have submitted an acceptable sample thereof against previous T.E.

5. BID MONEY

Bid Money as per following detail, should accompany the tender in the shape of Deposit at Call Receipt / Pay Order / Banker's Cheque, from a scheduled Bank drawn in favour of:- **DY. COMMANDANT POF HOSPITAL WAH CANTT.**

5.1 Registered / indexed firms incl foreign firms - 2% of quoted value subject to max ceiling of Rs. 0.50 M.

5.2 Registered / un-indexed firms incl foreign firms - 03% of quoted value subject to max ceiling of Rs. 0.75 M.

5.3 Unregistered Firms incl foreign firms - 5% of quoted value subject to max ceiling of Rs. 1.00 M.

5.4 Govt. organization/ production units/state owned enterprises/ welfare projects of Svcs HQ - Rs. 0.50 M.

5.5 Earnest money will be returned to un successful (less first three lowest quote firms) bidders on opening of commercial offer.

5.6 Earnest / bid money will be returned to successful bidder on submission of unconditional BG.

6. ACCEPTANCE OF OFFERS.

6.1 POF Hospital may reject all bids or proposals at any time period to the acceptance of the bid or proposals, but is not required to justify grounds for its rejection. POF shall incur no liability towards suppliers or contractors who have submitted bids or proposals.

6.2 **PERFORMANCE BOND**

(a) The successful bidders shall provide performance guarantee which shall not exceed 10% of the contract amount in form of **unconditional Bank Guarantee / CDR** from a scheduled Bank within 07 working days from issuance of LOI strictly. The performance Bond will be in favour of CMA(POF) Wah Cantt. It will be returned on satisfactory completion of contract.

(b) If the Supplier fails to furnish the Performance Bond within the specified time, such failure will constitute a breach of the contract and the Purchaser shall be entitled to make other arrangements for purchase of the stores at the risk and expense of the Supplier.

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6.3 **Performance Bond** from State owned organizations may be waived off at the discretion of the Purchaser.

6.4 **FAILURE TO SUPPLY THE STORES**

All deliveries must be completed by the specified date. In case of failure to deliver the stores within the scheduled time should have arisen from "Force Majeure", which the purchaser may admit as reasonable ground for further time, he will allow such additional time as he may consider to have been required by the circumantances of the case.Otherwise, he will be entitled, at his discretion, to cancel the contract; and/or claim liquidated damages upto 2% but not less than 1% of the contract price of the items and their quantities for each and every month or part of a month, beyond the specified delivery date,during which these may not be delivered, subject to a maximum of 10% of the total contract value of the particular stores which remained unsupplied either in part or in full; or, to purchase, from elsewhere, the unsupplied stores at the risk and cost of the supplier.

6.5 **PAYMENT**

Payment will be made through Crossed Cheque/ RAAST i.d. by the CMA(POF)on receipt/ acceptance of stores on our prescribed bill form supported by receipt voucher on part/full supply basis.

(a) Payment of duties/Taxes including professional tax (where applicable) must be supported by proof of having paid these to concerned Govt. Taxation Deptt.

7. SECURITY OF INFORMATION

The tenderer and his employees must not communicate any information relating to the sale/purchase of stores under this enquiry to any person other than the manufacturer or to any press or agent not authorised in writing by POFs to receive it.

Please return the Schedule to the Tender duly signed by the specified date, alongwith the specifications, drawings etc. if any, enclosed herewith - if you are unable to quote.

WARNING In case the firm abstain from making offers or fail to return/ acknowledge the tender form by the specified date on three consecutive occasions, no further tender enquiry may be issued to them and their names would liable to be removed from the approved list.

Yours faithfully

DR. MEHFISHAN FEROZE

DY. COMMANDANT

for **PAKISTAN ORDNANCE FACTORIES**

Tele **051-9314101-2 /25042** Fax **051-9271400**

POF 1262-A

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1) FOR MATERIALS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
Indent No. 0001/LP/HOSP/56 Dated 01-06-2026							
001	AMCLAV 156.25 MG / 5 ML SYP (BOTTLE OF 60 ML)/AMOXI-CLAV 156.25 MG / 5 ML SYP (BOTTLE OF 60 ML)/AUGMENTIN 156.25 MG / 5 ML SYP (BOTTLE OF 60 ML)/CALAMOX 156.25 MG / 60 ML SYP Spec: CO-AMOXICALVE	GETZ/NOVARTIS/GSK /BOSCH OR EQUIVALENT	BTL	1500			
002	AMCLAV DS 312.5 MG / 5 ML SYP (BOTTLE OF 60 ML)/AMOXI-CLAV 312.5 MG / 5 ML SYP (BOTTLE OF 60 ML)/AUGMENTIN DS 312.5 MG / 5 ML SYP (BOTTLE OF 90 ML)/CALAMOX DS 312.5 MG / 5 ML SYP (BOTTLE OF 60 ML) Spec: CO-AMOXICLAV	GETZ/NOVARTIS/GSK /BOSCH OR EQUIVALENT	BTL	1000			
003	AMIKIN 100 MG INJ/AMKAY 100 MG INJ/GRASIL 100 MG INJ Spec: AMIKACIN	GSK/BOSCH/SAMI OR EQUIVALENT	VIAL	2000			
004	AMIKIN 250 MG INJ/AMKAY 250 MG INJ/GRASIL 250 MG INJ Spec: AMIKACIN	GSK/BOSCH/SAMI OR EQUIVALENT	VIAL	3000			
005	AMOXIL 500 MG CAP/OSPAMOX 500 TAB/WYMOX 500 MG CAP Spec: AMOXICILLIN	GSK/NOVARTIS/ICI OR EQUIVALENT	NO	2000			
006	AVELOX 400 MG INJ/MOFEST 400 MG INJ/MOXIGET 400 MG INJ/XEFACTA 400 MG INJ Spec: MOXIFLOXACIN	BAYER SCHERING/SAMI/GET Z/HILTON OR EQUIVALENT	VIAL	400			
007	AVELOX 400 MG TAB/MOFEST 400 MG TAB/MOXIBACT 400 MG TAB/MOXIGET 400 MG TAB/XEFACTA 400 MG TAB Spec: MOXIFLOXACIN	BAYER SCHERING/SAMI/CON TINENTAL PHARMA/GETZ/HILTO N OR EQUIVALENT	NO	1000			
008	AXCIN 500 MG TAB/CIPROXIN 500 MG TAB/CIPVAL 500 MG TAB/CYROCIN 500 MG TAB Spec: CIPROFLOXACIN	NOVARTIS/BAYER/GS K/HIGHNOON OR EQUIVALENT	NO	15000			
009	AZIPOS 200 MG/5 ML (BOTTLE OF 15 ML) SYP/AZITMA 200 MG/5 ML (BOTTLE OF 15 ML) SUSP/AZOMAX 200 MG/5 ML (BOTTLE OF 15 ML) SYP/ZETRO 200 MG/5 ML (BOTTLE OF 15 ML) SYP Spec: AZITHROMYCIN	HIGHNOON/SAMI/NOV ARTIS/GETZ OR EQUIVALENT	BTL	1000			
010	AZOMAX 250 MG CAP/AZOTEK 250 MG CAP/ZETRO 250 MG CAP Spec: AZITHROMYCIN	NOVARTIS/SAFFRON/ GETZ OR EQUIVALENT	NO	4000			
011	AZOMAX 500 MG TAB/ZETRO 500 MG TAB/ZEZOT 500 MG TAB Spec: AZITHROMYCIN	NOVARTIS/GETZ/BOS CH OR EQUIVALENT	NO	2000			
012	B-TIG 50 MG INJ/TAGAGY 50 MG INJ/TYGACIL 50 MG INJ Spec: TIGECYCLINE	BOSCH/MTI/PFIZER OR EQUIVALENT	VIAL	700			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
013	CARICEF 100 MG / 5 ML SYP (BOTTLE OF 30 ML)/CEFIA 100 MG / 5 ML SUSP (BOTTLE OF 30 ML)/CEFIGET 100 MG / 5 ML SYP (BOTTLE OF 30 ML)/CEFIM 100 MG / 5 ML SYP (BOTTLE OF 30 ML) Spec: CEFIXIME	SAMI/HIGHNOON/GETZ/HILTON OR EQUIVALENT	BTL	2000			
014	CARICEF DS 200 MG SYP/CEFIGET DS 200 MG SYP/CEFIM DS 200 MG SYP Spec: CEFIXIME	SAMI/GETZ/HILTONOR EQUIVALENT	BTL	1000			
015	CEFIGET 400 MG CAP/CEFIM 400 MG CAP/FIXVAL 400 MG CAP Spec: CEFIXIME	GETZ/HILTON/GSK OR EQUIVALENT	NO	8500			
016	CEFSTAR 1 GM INJ/MAXIPIME 1 G INJ Spec: CEFEPIME	BARRET HODGSON/GSK OR EQUIVALENT	VIAL	800			
017	CIDOMYCIN 80 MG INJ/GENTAMYCIN 80 MG INJ/GENTICYN 80 MG INJ Spec: GENTAMICIN	SANOFI AVENTIS//RAY PHARMA OR EQUIVALENT	AMPULE	1500			
018	CILAPEN 500 MG INJ/STANEM 500 MG INJ/TIENAM 500 MG INJ Spec: IMIPENEM + CILASTATIN	BOSCH/LCI/OBS PHARMA OR EQUIVALENT	VIAL	3600			
019	CIPESTA 200 MG / 100 ML INJ/CIPROXIN 200 MG / 100 ML INJ/HIFLOX 200 MG / 100 ML INJ/MERCIP 200 MG / 100 ML INJ/NOVIDAT 200 MG / 100 ML INJ Spec: CIPROFLOXACIN	GETZ/BAYER/HILTON/MARTIN DOW/SAMI OR EQUIVALENT	VIAL	6000			
020	CLAFORAN 1 G INJ/XIMATOF 1 G INJ Spec: CEFOTAXIME	SANOFI AVENTIS/GETZ OR EQUIVALENT	VIAL	2000			
021	CLARAMED 250 MG TAB/CLARITEK 250 MG TAB/KLARIBECT 250 MG TAB/KLARICID 250 MG TAB/RITHMO 250 MG TAB Spec: CLARITHROMYCIN	NOVARTIS/GETZ/MERCK/ABBOTT/SAMI OR EQUIVALENT	NO	2500			
022	CLARAMED 60 ML SYP/KLARIBECT 60 ML SYP/KLARICID 60 ML SYP Spec: CLARITHROMYCIN	NOVARTIS/MERCK/ABBOTT OR EQUIVALENT	BTL	700			
023	CONTIMYCIN 100 MG CAP/VIBRAMYCIN 100 MG CAP Spec: DOXYCYCLINE	ASIAN CONTINENTAL/PFIZER OR EQUIVALENT	NO	4000			
024	DIAZOLE 500 MG / 100 ML INJ/FLAGYL 500 MG / 100 ML INJ Spec: METRONIDAZOLE	B.BRAUN/SANOFI AVENTIS OR EQUIVALENT	VIAL	16000			
025	DYNAQUIN 500 MG / 100 ML INJ/GILIT 500 MG / 100 ML INJ/LEFLOX 500 MG / 100 ML INJ/LEVOFIN 500 MG / 100 ML INJ/TAVANIC 500 MG / 100 ML INJ Spec: LEVOFLOXACIN	BARRETT HODGSON/SJ&G/GETZ/NOVARTIS/SANOFI AVENTIS OR EQUIVALENT	VIAL	200			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
026	DYNAQUIN 500 MG TAB/LEFLOX 500 MG TAB/LEVOXIN 500 MG TAB/TAVANIC 500 MG TAB Spec: LEVOFLOXACIN	BARRETT HODGSON/GETZ/SEARLE/SANOFI AVENTIS OR EQUIVALENT	NO	6000			
027	ECASIL 200 MG / 100 ML INJ/NEZKIL 200 MG / 100 ML INJ Spec: LINEZOLID	SAMI/CONTINENTAL PHARMA OR EQUIVALENT	VIAL	400			
028	ECASIL 600 MG / 300 ML INJ/NEZKIL 600 MG / 300 ML INJ/ZOLREST 600 MG / 300 ML INJ Spec: LINEZOLID	SAMI/CONTINENTAL PHARMA/BOSCHOR EQUIVALENT	VIAL	8500			
029	ECASIL 600 MG TAB/NEZKIL 600 MG TAB Spec: LINEZOLID	SAMI/CONTINENTAL PHARMA OR EQUIVALENT	NO	6000			
030	FLAGYL 400 MG TAB Spec: METRONIDAZOLE	SANOFI AVENTIS OR EQUIVALENT	NO	35000			
031	FLAGYL 60 ML SYP Spec: METRONIDAZOLE	SANOFI AVENTIS OR EQUIVALENT	BTL	1600			
032	FORTAZIM 1 GM INJ/FORTUM 1 GM INJ Spec: CEFTAZIDIME	BOSCH/GSK OR EQUIVALENT	VIAL	4000			
033	MERONEM 1 GM INJ/MERPEN 1 GM INJ/PENRO 1 GM INJ/ROMERO 1 GM INJ Spec: MEROPENEM	PFIZER/ICI/BOSCH/SAMI OR EQUIVALENT	VIAL	15000			
034	MERONEM 500 MG INJ/MERPEN 500 MG INJ/PENRO 500 MG INJ/ROMERO 500 MG INJ Spec: MEROPENEM	PFIZER/ICI/BOSCH/SAMI OR EQUIVALENT	VIAL	3000			
035	MYCONIL ORAL 30 ML DROP/NILSTAT ORAL 30 ML DROP Spec: NYSTATIN	AMSON/ICI OR EQUIVALENT	BTL	1200			
036	NEBCIN 20 MG INJ Spec: TOBRAMYCIN	AGP OR EQUIVALENT	VIAL	150			
037	NEBCIN 80 MG INJ Spec: TOBRAMYCIN	AGP OR EQUIVALENT	VIAL	150			
038	OFLOBID 200 MG 100 ML INJ/TARIVID 200 MG 100 ML INJ Spec: OFLOXACIN	HILTON/SANOFI AVENTIS OR EQUIVALENT	BTL	600			
039	TALZON 2.25 MG INJ/TANZO 2.25 MG INJ/TAZOCIN 2.25 MG INJ/TAZOPIP 2.25 MG INJ Spec: PIPERACILLIN AND TAZOBACTAM	GETZ/BOSCH/PFIZER/ICI OR EQUIVALENT	VIAL	500			

PAKISTAN ORDNANCE FACTORIES

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
040	TANZO 4.5 GM INJ/TAZOCIN 4.5 GM INJ/TAZOPIP 4.5 GM INJ Spec: PIPERACILLIN AND TAZOBACTAM	BOSCH/PFIZER/LCI OR EQUIVALENT	VIAL	10000			
041	VANCOMYCIN 1 G INJ/VINJEC 1 G INJ Spec: VANCOMYCIN	ABBOTT/BOSCH OR EQUIVALENT	VIAL	600			
042	VELOSEF 500 MG CAP Spec: CEPHRADINE	GSK OR EQUIVALENT	NO	1000			
043	VORIF 200 MG TAB Spec: VORICONAZOLE	FEROZSONS OR EQUIVALENT	NO	1500			
044	ZECEF 1.5 GM INJ/ZINACEF 1.5 GM INJ Spec: CEFUROXIME	BOSCH/GSK OR EQUIVALENT	VIAL	3000			
045	ZECEF 750 MG INJ/ZINACEF 750 MG INJ Spec: CEFUROXIME	BOSCH/GSK OR EQUIVALENT	VIAL	500			
046	CLEXANE 40 MG INJ/CLOTLES-SS 40 MG INJ/NOXANE 40 MG INJ Spec: ENOXAPARIN	SANOFI AVENTIS/HIMONT PHARMACEUTICAL/BF BIOSCIENCES OR EQUIVALENT	AMPULE	9000			
047	CLEXANE 60 MG INJ/CLOTLES-SS 60 MG INJ/NOXANE 60 MG INJ Spec: ENOXAPARIN	SANOFI AVENTIS/HIMONT PHARMACEUTICAL/BF BIOSCIENCES OR EQUIVALENT	AMPULE	9000			
048	HEPARIN 5000 IU/ML INJ/HEPARIN 5000 IU/ML INJ/HEPARIN 5000 IU/ML INJ/HEPARINOL 5000 IU/ML INJ/HEPAROTEX 5000 IU/ML INJ Spec: HEPARIN	B.BRAUN/FEROZSONS /HAJI MEDICINES/BIOMEDICS/PANPHARMA GERMANY OR EQUIVALENT	VIAL	8000			
049	K-LOT 10 MG / ML INJ/VIT-K 10 MG / ML INJ Spec: PHYTOMENADIONE (VITAMIN K1)	GT PHARMA/VENUS PHARMA OR EQUIVALENT	AMPULE	2000			
050	RITBAN 10 MG TAB/RIVACLOT 10 MG TAB/RIVAXO 10 MG TAB/XCEPT 10 MG TAB Spec: RIVAROXABAN	SAMI/BARRETT HODGSON/GETZ/PHARMEVO OR EQUIVALENT	NO	1000			
051	XCEPT 15 MG TAB Spec: RIVAROXABAN	PHARMEVO OR EQUIVALENT	NO	1000			
052	XCEPT 20 MG TAB Spec: RIVAROXABAN	PHARMEVO OR EQUIVALENT	NO	3000			

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
053	CONTRATHIONE 200 MG / 10 ML INJ/P-DOXIME 200 MG / 10 ML INJ Spec: PARLIDOXIME METHYLSULPHATE	ACTI-MED/ATCO OR EQUIVALENT	VIAL	1000			
054	DEFAROX 500 MG TAB/DESIROX 500 MG TAB/ODEROX 500 MG TAB/OLEPTISS 500 MG TAB Spec: DEFERASIROX	MARTIN DOW/GLITZ/A.J.MIRZA/NOVARTIS OR EQUIVALENT	NO	6000			
055	DESFERAL 500 MG INJ Spec: DESFERRIOXAMINE MESYLATE	NOVARTIS OR EQUIVALENT	NO	1500			
056	GLYPRESSIN 1 MG INJ/NOVAPRESSIN 1 MG INJ/TERLIP 1 MG INJ Spec: TERLIPRESSIN	ATCO/FEROZSONS/GETZ OR EQUIVALENT	VIAL	1000			
057	HUMAN ALBUMIN 20% 100 ML/HUMAN ALBUMIN 20% 100 ML/HUMAN ALBUMIN 20% 100 ML/PLASBUMIN 20% 100 ML Spec: HUMAN ALBUMIN	BIOTEST/CSL BEHRING/NABIQASIM/GRIFOLS OR EQUIVALENT	VIAL	700			
058	HUMAN ALBUMIN 20% 50 ML/HUMAN ALBUMIN 20% 50 ML/HUMAN ALBUMIN 20% 50 ML Spec: HUMAN ALBUMIN	BIOTEST/NABIQASIM/CSL BEHRING OR EQUIVALENT	VIAL	900			
059	JINTROTIDE 0.1 MG INJ/SANDOSTATIN 0.1 MG INJ Spec: OCTREOTIDE	ACCURATE/NOVARTIS OR EQUIVALENT	VIAL	900			
060	KOATE DVI 250 IU INJ Spec: ANTIHEMOPHILIC FACTOR	TELECRIS OR EQUIVALENT	VIAL	100			
061	NALOX 0.4 MG / ML INJ Spec: NALOXONE	HAJI MEDICINE OR EQUIVALENT	VIAL	150			
062	ABOCAL TAB/CAC 1000 PLUS TAB/CAC-1000 TAB Spec: CALCIUM SUPPLEMENT	ABBOTT/HALEON-GSK/NOVARTIS OR EQUIVALENT	NO	15000			
063	AMDOXINE 50 MG TAB/VITA-6 50 MG TAB Spec: VITAMIN B6	AMSON/MENDOZA OR EQUIVALENT	NO	20000			
064	ASCOPLEX 120 ML SYP/LEDERPLEX 120 ML SYP/POLYBION FORTE SYP/SURBEX SYP Spec: B. COMPLEX (VITAMIN)	GLITZ/ICI/MARTIN DOW/ABBOTT OR EQUIVALENT	BTL	2000			
065	BISLERI 120 ML SYP/FERRICURE 120 ML SYP/SYTRON 120 ML SYP Spec: IRON SUPL (IRON SUCROSE)	SAMI/CONTINENTAL PHARMA/PFIZER OR EQUIVALENT	BTL	700			
066	BUFEXO 40 MG TAB/GOURIC 40 MG TAB/UIRGO 40 MG TAB Spec: FEBUXOSTAT	SEARLE/PHARMEVO/SAMI OR EQUIVALENT	NO	7000			

PAKISTAN ORDNANCE FACTORIES

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
067	CALCIUM GLUCONATE INJ Spec: CALCIUM SUPLIMENT	WUHAN OR EQUIVALENT	AMPULE	6000			
068	CALCIUM-P 110 ML SUSP Spec: CALCIUM PHOSPHORUS SUPPLEMENT	PDH OR EQUIVALENT	BTL	200			
069	D-TRES 5 MG INJ/DOPLET-3 5 MG INJ/INDROP-D 5 MG INJ/MIURA-D 5 MG INJ Spec: CHOLECALCIFEROL (VIT D3)	SAMI/SAFFRON/NEUTRO PHARMA/GETZ OR EQUIVALENT	AMPULE	12000			
070	FEFOLVIT CAP/IBERET FOLIC TAB/SANGOBION CAP/TAB VITAMIN (TAB IROLITZ)/TRI-HEMIC TAB Spec: VITAMIN	GSK/ABBOTT/MARTIN DOW/GLITZ PHARMA/ICI OR EQUIVALENT	NO	40000			
071	FERCARI INJ/FERINJECT INJ/FERIUM INJ Spec: FERRIC CARBOXYMALTOSE	HILTON/RG PHARMACEUTICA/BF BIOSCIENCES OR EQUIVALENT	VIAL	1000			
072	FEROSOFT 100 MG / 5 ML INJ/IROSE 100 MG / 5 ML INJ/VENOFER 100 MG / 5 ML INJ Spec: IRON SUCROSE	HILTON/SHAIGAN/RG PHARMA OR EQUIVALENT	AMPULE	13000			
073	FOLIC ACID 5 MG TAB Spec: FOLIC ACID	ZAFA OR EQUIVALENT	NO	20000			
074	MULTIBIONTA CAP/VI-DAYLIN CAP Spec: MULTI VITAMIN	MERCK/ABBOTT OR EQUIVALENT	NO	3000			
075	NEUROBION 3 ML INJ Spec: B. COMPLEX	MARTIN DOW OR EQUIVALENT	AMPULE	15000			
076	OPTILET M TAB/POLYBION -Z CAP/SURBEX Z TAB/THERAGRAN ULTRA TAB/VITRIUM CAP Spec: VITAMIN / MINERAL	ABBOTT/MARTIN DOW/ABBOTT/GSK/SEARLE OR EQUIVALENT	NO	48000			
077	QALSIUM-D TAB Spec: CALCIUM CARBONATE	HALEON-GSK OR EQUIVALENT	NO	50000			
078	RABECID 20 MG TAB/RABOSH 20 MG TAB Spec: RABEPRAZOLE	HIGHNOON/BOSCH OR EQUIVALENT	NO	7000			
079	ZOPENT 40 MG TAB Spec: PANTOPRAZOLE	HILTON OR EQUIVALENT	NO	7000			
080	AMGYDEX 5 ML E/D/BRACIN-D 5 ML E/D/MYDEX 5 ML E/D/SANTODEX 5 ML E/D/TOBRACIN-T 5 ML E/D/TOBRADEX 5 ML E/D Spec: DEXAMETHASONE+TOBRAMYCIN	KOBEC/ATCO/SHAIGAN/SANTE/HELIX PHARMA/ALCON OR EQUIVALENT	BTL	1200			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
081	BLINK FRESH 10 ML E/D/TEARS PLUS 10 ML E/D Spec: LUBRICANT (POLYVINYL ALCOHOL & POVIDONE)	SANTE/BARRETT HODGSON OR EQUIVALENT	BTL	600			
082	EYEMOX 5 ML E/D/MEGAMOX 5 ML E/D/MIONX 5 ML E/D/MOXIGAN 5 ML E/D/VIGAMOX 5 ML E/D Spec: MOXIFLOXACIN	VEGA/SANTE/SHAIGAN/BARRETT/ALCON OR EQUIVALENT	BTL	900			
083	EYFEM 5 ML E/D/FML 5 ML E/D/LAMCY 5 ML E/D/OCUFLUR 5 ML E/D Spec: FLUOROMETHOLONE	KOBEC/BARRETT HODGSON/SHAIGAN/SANTE OR EQUIVALENT	BTL	200			
084	NEPAC 5 ML E/D/NEPAFEN 5 ML E/D/NEPANAC 5 ML E/D/NEVANAC 5 ML E/D Spec: NEPAPHENAC	SANTE/SHAIGAN/KOBEC/NOVARTIS OR EQUIVALENT	BTL	200			
085	POLYFEX EYE OINT 6 GM Spec: SILVER SULPHADIAZINE	GSK OR EQUIVALENT	NO	600			
086	PRED FORTE 5 ML E/D Spec: PREDNISOLONE	BARRETT HODGSON OR EQUIVALENT	BTL	300			
087	TEARS NATURAL II 15 ML E/D Spec: LUBRICANT (DEXTRAN+HYPROMELLOSE)	NOVARTIS OR EQUIVALENT	BTL	400			
088	NEO-MERCAZOLE 5 MG TAB Spec: CARBIMAZOLE	RAY PHARMA OR EQUIVALENT	NO	4000			
089	THYRONORM 25 MCG TAB Spec: THYRONORM	ABBOTT OR EQUIVALENT	NO	6000			
090	THYRONORM 50 MCG TAB Spec: THYRONORM	ABBOTT OR EQUIVALENT	NO	7000			
091	ACTIM 2.5 MG TAB/BARILOL 2.5 MG TAB/CONCOR 2.5 MG TAB Spec: BISOPROLOL	SAMI/BARRETT HODGSON/MARTIN DOW OR EQUIVALENT	NO	6000			
092	ACTIM 5 MG TAB/BARILOL 5 MG TAB/CONCOR 5 MG TAB Spec: BISOPROLOL	SAMI/BARRETT HODGSON/MARTIN DOW OR EQUIVALENT	NO	4000			
093	ADVANT 16 MG TAB/CANSAAR 16 MG TAB/TREATAN 16 MG TAB Spec: CANDESARTAN	GETZ/ABBOTT/PHARMEVO OR EQUIVALENT	NO	500			
094	ADVANTEC 16 / 12.5 MG TAB/CANREC PLUS 16 / 12.5 MG TAB/CANSAAR PLUS 16 / 12.5 MG TAB/DIASTOLIC-H 16 / 12.5 MG TAB/TREATAN-D 16 / 12.5 MG TAB Spec: CANDESARTAN AND HYDROCHLOROTHIAZIDE	GETZ/MERCK/ABBOTT/WERRICK/PHARMEVO OR EQUIVALENT	NO	500			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
095	ALDOMET 250 MG TAB Spec: METHYLDOPA	OBS OR EQUIVALENT	NO	600			
096	AMPRESS 10 MG TAB/HYPOTIN 10 MG TAB/NORVASC 10 MG TAB/QUVASC 10 MG TAB/SOFVASC 10 MG TAB Spec: AMLODIPINE	BARRETT HODGSON/SAFFRON/PFIZER/NOVARTIS/WILSON OR EQUIVALENT	NO	6000			
097	AMPRESS 5 MG TAB/HYPOTIN 5 MG TAB/NORVASC 5 MG TAB/QUVASC 5 MG TAB/SOFVASC 5 MG TAB Spec: AMLODIPINE	BARRETT HODGSON/SAFFRON/PFIZER/NOVARTIS/WILSON OR EQUIVALENT	NO	12000			
098	ATROPINE 1 MG / ML INJ/PD TROP 1 MG / ML INJ Spec: ATROPINE	VENUS/PDH LABS OR EQUIVALENT	VIAL	4000			
099	AVSAR 10 / 160 MG TAB/COVAM 10 / 160 MG TAB/EXFORGE 10 / 160 MG TAB/VALAM 10 / 160 MG TAB/VALTEC AM 10 / 160 MG TAB Spec: VALSARTAN AND AMLODIPINE	PHARMEVO/GETZ/NOVARTIS//TABROS OR EQUIVALENT	NO	4500			
100	AVSAR 5 / 160 MG TAB/COVAM 5 / 160 MG TAB/EXTOR 5 / 160 MG TAB/NEWDAY 5 / 160 MG TAB/VALTEC AM 5 / 160 MG TAB Spec: VALSARTAN AND AMLODIPINE	PHARMEVO/GETZ/SEARLE/WERRICK/TABROS OR EQUIVALENT	NO	2000			
101	AVSAR 5 / 80 MG TAB/COVAM 5 / 80 MG TAB/DIOPLUS 5 / 80 MG TAB/EXTOR 5 / 80 MG TAB/NEWDAY 5 / 80 MG TAB Spec: VALSARTAN AND AMLODIPINE	PHARMEVO/GETZ/ATCO/SEARLE/WERRICK OR EQUIVALENT	NO	15000			
102	AVSAR PLUS 160/10/12.5 TAB/EXFORGE HCT 10/160/12.5 MG TAB/SOFVASC HCT 10/160/12.5 MG TAB/TRIFORGE 10/160/12.5 MG TAB Spec: VALSARTAN, AMLODIPINE & HYDROCHLOROTHIAZIDE	PHARMEVO/NOVARTIS/WILSONS/HIGHNOON OR EQUIVALENT	NO	4000			
103	BLOKIUM 50 MG TAB/CARDIOLITE 50 MG TAB/CONTROBEAT 50 MG TAB/TENORMIN 50 MG TAB Spec: ATENOLOL	HIGHNOON/ASIAN CONTINENTAL/PFIZER/ICI OR EQUIVALENT	NO	1000			
104	CAPOTEN 25 MG TAB/QUTRIL 25 MG TAB Spec: CAPTOPRIL	GSK/NOVARTIS OR EQUIVALENT	NO	4000			
105	CARLOV 6.25 MG TAB/CARVEDA 6.25 MG TAB Spec: CARVEDILOL	HILTON/FEROZSONS OR EQUIVALENT	NO	6000			
106	CARSEL 100 MG TAB/MEPRESOR 100 MG TAB/MEROL 100 MG TAB Spec: METOPROLOL	UNIMARK/NOVARTIS/ATCO OR EQUIVALENT	NO	500			
107	CARSEL 25 MG TAB/MEROL 25 MG TAB Spec: MELOPROLOL	UNIMARK/ATCO OR EQUIVALENT	NO	500			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
108	CO-EZIDAY 50 / 12.5 MG TAB/SARTAN-H 50 / 12.5 MG TAB/XAVOR DIU 50 / 12.5 MG TAB Spec: LOSARTAN AND HYDROCHLOROTHIAZIDE	WERRICK/BARRETT HODGSON/FEROZSONS OR EQUIVALENT	NO	6000			
109	CONIFA 10 MG TAB/SOLIF 10 MG TAB/SOLIFEN 10 MG TAB Spec: SOLIFENACIN SUCCINATE	SEARLE/GENIX/GETZ OR EQUIVALENT	NO	3000			
110	EZIDAY 25 MG TAB/XAVOR 25 MG TAB Spec: LOSARTAN	WERRICK/FEROZSONS OR EQUIVALENT	NO	4000			
111	EZIDAY 50 MG TAB/XAVOR 50 MG TAB Spec: LOSARTAN	WERRICK/FEROZSONS OR EQUIVALENT	NO	28000			
112	GABICA 100 MG CAP/ZEEGAP 100 MG CAP Spec: PREGABALIN	GETZ/HILTON OR EQUIVALENT	NO	5000			
113	INDERAL 10 MG TAB Spec: PROPRANOLOL	ICI OR EQUIVALENT	NO	5000			
114	LABETALOL 50MG / 10 ML INJ Spec: LABETALOL	ZAFA OR EQUIVALENT	VIAL	500			
115	TRIKAT MR 35 MG TAB/VASTAREL MR 35 MG TAB Spec: TRIMETAZIDINE	NEXT/SERVIER OR EQUIVALENT	NO	8000			
116	D-CORT 4 MG / 1 ML INJ/DECADRON 4 MG / 1 ML INJ/DEXAMETHASONE 4 MG / 1ML INJ/ORADEXON 4 MG / 1 ML INJ Spec: DEXAMETHASONE	BROOKS/OBS PHARMA/HARMAIN PHARMA/OBS PHARMA OR EQUIVALENT	AMPULE	18000			
117	DELTACARTIL EC 5 MG TAB Spec: PREDNISOLONE TEBUTATE	PFIZER OR EQUIVALENT	NO	4000			
118	DELTACORTRIL 5 MG TAB Spec: PREDNISOLONE	PFIZER OR EQUIVALENT	NO	12000			
119	HYDROCORT 100 MG INJ/HYZONATE 100 MG INJ/SOLU-CORTEF 100 MG INJ Spec: HYDROCORTISONE SODIUM SUCCINATE	AKHAI/AMSON/PFIZER OR EQUIVALENT	VIAL	18000			
120	SOLU-MEDROL 1 GM INJ Spec: METHYLPREDNISOLONE SODIUM SUCCINATE	PFIZER OR EQUIVALENT	VIAL	50			
121	SOLU-MEDROL 500 MG INJ Spec: METHYLPREDNISOLONE SODIUM SUCCINATE	PFIZER OR EQUIVALENT	VIAL	50			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
122	BARIUM SULPHATE POWDER (EZ-HD)/BARIUM SULPHATE POWDER 340 G Spec: BARIUM SULPHATE	EZEM/VIZUMAX, USA OR EQUIVALENT	BTL	150			
123	GADOVIST PRE FILLED SYRINGE 7.5 ML INJ Spec: GADOBUTROL	BAYER OR EQUIVALENT	VIAL	300			
124	INTRAPAQUE 100 ML INJ (FOR PATIENT WITH IMPAIRED RENAL FUNCTION) Spec:	GRATON OR EQUIVALENT	NO	1000			
125	IOXICAN 300 MG / 100 ML INJ//KOPAQ 300 MG / 100 ML INJ//MONOPAQUE 300 MG / 100 ML INJ//OMNIPAQUE 300 MG / 100 ML INJ//ULTARVIST 300 MG / 100 ML INJ Spec: IOHEXOL	GRATON PHARMA/HIMMEL/GRATON PHARMA BEIJING CHINA/SCITECH/BAYER OR EQUIVALENT	BTL	1000			
126	IOXICAN 300 MG / 50 ML INJ//KOPAQ 300 MG / 50 ML INJ//MONOPAQUE 300 MG / 50 ML INJ//OMNIPAQUE 300 MG / 50 ML INJ//ULTARVIST 300 MG / 50 ML INJ Spec: IOHEXOL	GRATON/HIMMEL/GRATON PHARMA/SCITECH/BAYER OR EQUIVALENT	BTL	600			
127	OMNIVIST 15 ML INJ Spec: GADOPENTETATE	GRATON PHARMA OR EQUIVALENT	VIAL	200			
128	BIO ALPHA 0.5 MCG CAP/BONE-ONE 0.5 MCG CAP/ONE-ALPHA 0.5 MCG CAP/ONE-ALPHA 0.5 MCG CAP/X-BONE 0.5 MCG TAB Spec: ALFACALCIDOL	NABIQASIM/MARTIN DOW/LEO/ZAM ZAM/WILSHIRE OR EQUIVALENT	NO	2000			
129	EPIAO 4000 IU INJ/EPOKINE 4000 IU INJ/EPREX 4000 IU INJ/ERITROGEN 4000 IU INJ/ERYTHROPOIETIN 4000 IU INJ Spec: EPOETIN ALFA	AJ MIRZA PHARMA/RG PHARMA/JANSSEN CILAG/FEROZSONS/BF BIOSICIENCES OR EQUIVALENT	AMPULE	8000			
130	EPOKINE 10000 IU INJ/EPREX 10000 IU INJ/ERITROGEN 10000 IU INJ/ERYTHROPOIETIN 10000 IU INJ/MAC EPO 10000 IU INJ Spec: EPOETIN ALFA	RG PHARMA/JANSSEN-CILAG/FEROZSONS/BF BIOSCIENCES/MACTOR OR EQUIVALENT	VIAL	4000			
131	LOPHOS 667 MG TAB Spec: CALCIUM SUPPLEMENT	RG PHARMA OR EQUIVALENT	NO	6000			
132	DERMAZIN 50 GM CREAM/FLAMAZINE 50 GM CREAM/QUENCH 50 GM CREAM/SSD 50 GM CREAM/SULPHAZINE 50 GM CREAM Spec: SILVER SULPHADIAZINE	NOVARTIS/BSN/FEROZSONS/GLITZ/SWISS OR EQUIVALENT	TUBE	800			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
133	ANPLAG 90 MG TAB Spec: TICAGRELOR	PHARMEVO OR EQUIVALENT	NO	3000			
134	LIPIGET 10 MG TAB/LIPIREX 10 MG TAB Spec: ATORVASTATIN	GETZ/HIGHNOON OR EQUIVALENT	NO	10000			
135	LIPIGET 40 MG TAB/LIPIREX 40 MG TAB Spec:	GETZ/HIGHNOON OR EQUIVALENT	NO	10000			
136	ROLIP 20 MG TAB/ROVISTA 20 MG TAB/X-PLENDED 20 MG TAB Spec:	HILTON/GETZ/PHARMEVO OR EQUIVALENT	NO	15000			
137	ACLOVA 250 MG INJ/CYCLOZ 250 MG INJ/ZOVIRAX 250 MG INJ Spec: ACYCLOVIR	AKHAI/HIGHNOON/GSK OR EQUIVALENT	VIAL	200			
138	ACYCLOVIR 400 MG TAB/ACYLEX 400 MG TAB Spec: ACYCLOVIR	ABBOTT/FEROZSONS OR EQUIVALENT	NO	600			
139	ACYCLOVIR 500 MG INJ/HYPOVIR 500 MG INJ Spec: ACYCLOVIR INF	ABBOTT/NABIQASIM OR EQUIVALENT	AMPULE	1000			
140	AMPHOTERICIN-B 50 MG INJ/ANFOTERICINA FADA 50 MG INJ Spec: AMPHOTERICIN B	TABROS PHARMA/MEDINET OR EQUIVALENT	VIAL	30			
141	BETADERM 15 GM OINT/BETNOVATE 15 GM OINT Spec: BETAMETHASONE VALERATE	ATCO/GSK OR EQUIVALENT	NO	600			
142	BETADERM 5 GM CREAM/BETNOVATE 5 GM CREAM Spec: BETAMETHASONE VALERATE	ATCO/GSK OR EQUIVALENT	NO	600			
143	BETADERM 60 ML LOTION/BETNOVATE 60 ML LOTION Spec: BETAMETHASONE VALERATE	ATCO/GSK OR EQUIVALENT	BTL	200			
144	CANESTEN EXTRA 15 GM CREAM Spec: BIFONAZOLE	BAYER HEALTH CARE OR EQUIVALENT	NO	200			
145	CETRIX 10 MG TAB/RIGIX 10 MG TAB/ZYRTEC 10 MG TAB Spec: CETIRIZINE	SAFFRON/AGP/GSK OR EQUIVALENT	NO	18000			
146	CLOBEDERM 15 GM OINT/CLOBETREX 15 GM OINT/CLOBEVATE 15 GM OINT/DERMOVATE 15 GM OINT Spec: CLOBETASOL	ATCO/DERMAGEN/STIEFEL/GSK OR EQUIVALENT	NO	600			
147	CONAZ 60 ML LOTION/KETOWIN 60 ML LOTION Spec: KETOCONAZOL	ATCO/SHAIGAN OR EQUIVALENT	BTL	400			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
148	DAKATRIN ORAL 20 GM GEL Spec: MICONAZOLE GEL	ASPIN OR EQUIVALENT	NO	600			
149	DENTICEPT MOUTH WASH 200 ML/ENZICLOR 200 ML MOUTH WASH Spec: BENZYDAMINE HCL AND CHLORHEXIDINE GLUCONATE	HIRANIS/PLATINUM OR EQUIVALENT	BTL	400			
150	DERMA SMOOTH LOTION Spec: FLUOCINOLONE	VALOR OR EQUIVALENT	NO	200			
151	DIFLUCAN 150 MG CAP/FLUDERM 150 MG CAP/FUNGONE 150 MG CAP/ZOLANIX 150 MG CAP Spec: FLUCONAZOLE	PFIZER/NABIQASIM/ SAMI/GSK OR EQUIVALENT	NO	400			
152	DIFLUCAN 50 MG CAP/FLUDERM 50 MG CAP/ZOLANIX 50 MG CAP Spec: FLUCONAZOLE	PFIZER/NABIQASIM/ GSK OR EQUIVALENT	NO	200			
153	FUDIC 15 G CREAM/FUSAC 15 G CREAM/FUSIDERM 15 G CREAM Spec: FUSIDIC ACID	SHAIGAN/SANTE/MAR TIN DOW OR EQUIVALENT	NO	1200			
154	FUDIC-H 15 GM CREAM/FUSAC-H 15 GM CREAM/FUSIL-HC 15 GM CREAM Spec: HYDROCORTISONE AND FUSIDIC ACID	SHAIGON/SANTE/TAB ROS OR EQUIVALENT	NO	1200			
155	FUSIDERM 15 GM OINT Spec: FUSIDIC ACID	MARTIN DOW OR EQUIVALENT	TUBE	1200			
156	HYDROCORTISONE 1 % 5 GM CREAM Spec: HYDROCORTISONE	ZAFA OR EQUIVALENT	NO	400			
157	LORIN NSA 10 MG TAB/SOFTIN 10 MG TAB/TIRLOR 10 MG TAB Spec: LORATADINE	ASIAN CONTINENTAL/WERRI CK/NOVARTIS OR EQUIVALENT	NO	8000			
158	MALIN LOTION 60 ML/SCAB FREE LOTION 60 ML Spec: PERMETHERIN	PHARMA HEALTH/ATCO OR EQUIVALENT	NO	600			
159	POLYFAX SKIN OINT 20 GM Spec: NEOMYCN+POLYMIXIN B	GSK OR EQUIVALENT	NO	4800			
160	RIGIX 120 ML SYP Spec: CETRIZINE	AGP OR EQUIVALENT	BTL	2500			
161	SOMOGEL 20 GM GEL Spec: CETYLPYRIDINIUM CHLORIDE AND LIGNACAINE	ABBOTT OR EQUIVALENT	NO	600			
162	CARDURA 2 MG TAB Spec: COXAZOSIN MESYLATE	AGP OR EQUIVALENT	NO	2000			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
163	CARDURA 4 MG TAB Spec: DOXAZOSIN MESYLATE	AGP OR EQUIVALENT	NO	3000			
164	CITRALKA 120 ML SYP Spec: SODIUM ACID CITRATE	ICI OR EQUIVALENT	BTL	1200			
165	CITROSODA SACHT Spec: SODIUM BICARBONATE AND SODIUM CITRATE	ABBOTT OR EQUIVALENT	SACH	2400			
166	DUODART 0.4 MG CAP/MAXFLOW-D CAP/TAMSOL-D CAP Spec: TAMSULOSIN+ DUTASTERIDE	GSK/CCL/GLOBAL OR EQUIVALENT	NO	5500			
167	FLOSURE 0.4 MG CAP/PROSTREAT 0.4 MG CAP/TAMSOLIN 0.4 MG CAP Spec: TAMSULOSIN	FEROZESONS/ASIAN CONTINENTAL/GETZ OR EQUIVALENT	NO	7000			
168	FRUSEMID 20 MG INJ/FRUSEMIDE 20 MG INJ/FRUSEMIDE 20 MG INJ/LASIX 20 MG INJ Spec: FRUSEMIDE	BAJWA PHARMACEUTICALS/LCPW/AMEER PHARMA/SANOFI AVENTIS OR EQUIVALENT	AMPULE	30000			
169	FRUSEMIDE 40 MG TAB/G-MIDE 40 MG TAB/LASIX 40 MG TAB/LASOMIDE 40 MG TAB Spec: FRUSEMIDE	LCPW/GLITZ PHARMA/SANOFI AVENTIS/PHARMEDIC OR EQUIVALENT	NO	10000			
170	SPIROMIDE 20 MG TAB Spec: SPIRONOLACTONE AND FRUSEMIDE	SEARLE OR EQUIVALENT	NO	2000			
171	SPIROMIDE 40 MG TAB Spec: SPIRONOLACTONE AND FRUSEMIDE	SEARLE OR EQUIVALENT	NO	4500			
172	ARINAC FORTE 400 MG TAB Spec: IBUPROFEN AND PSEUDOEPHEDRINE	ABBOTT OR EQUIVALENT	NO	7000			
173	BECEPTOR 10 MG TAB/EBAGET-D 10 MG TAB/EBGIT 10 MG TAB/HISTALIS 10 MG TAB/KESTINE 10 MG TAB Spec: EBASTINE	SAMI/GETZ/GLITZ/PHARMEVO/HIGHNOON OR EQUIVALENT	NO	12000			
174	CIPOTIC-D 5 ML EAR DROP/DEXCIP 5 ML EAR DROP/ZEPRODEX 5 ML EAR DROP Spec: CIPROFLOXACIN AND DEXAMETHASONE	BARRETT HODGSON/REMINGTON/SANTE OR EQUIVALENT	BTL	100			
175	DANZEN DS 10 MG TAB Spec: SERATIOPEPTIDASE	HELIX PHARMA OR EQUIVALENT	NO	6000			
176	DICLORAN DISPERSIBLE 50 MG TAB/SOFAC 50 MG TAB Spec: DICLOFENAC SODIUM	SAMI/SAFFRON OR EQUIVALENT	NO	2500			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
177	FEXET 180 MG TAB/FEXO 180 MG TAB/SOFTIN-F 180 MG TAB/TEFEND 180 MG CAP/TELFAST 180 MG TAB Spec: FEXOFENADINE	GETZ/HILTON/WERRICK/GLITZ/SANOFI AVENTIS OR EQUIVALENT	NO	6000			
178	FEXET-D TAB/FEXO D TAB/TELFAST D TAB Spec: FEXOFENADINE AND PSEUDOEPHEDRINE	GETZ/HILTON/SANOF AVENTIS OR EQUIVALENT	NO	3000			
179	NORSALINE-P 30 ML NASAL DROP/SALINASE 30 ML NASAL DROP Spec: SODIUM CHLORIDE	ATCO/XENON OR EQUIVALENT	BTL	400			
180	SERC 16 MG TAB Spec: BETAHISTINE	ABBOTT OR EQUIVALENT	NO	8000			
181	SERC 8 MG TAB Spec: BETAHISTINE	ABBOTT OR EQUIVALENT	NO	3000			
182	STEMETIL 5 MG TAB Spec: PROCHLORPERAZINE	SANOFI AVENTIS OR EQUIVALENT	NO	1500			
183	XYLOCAINE SOLUTION TOP 4% 50 ML Spec: LIGNOCAINE	BARRETT HODGSON OR EQUIVALENT	BTL	100			
184	DIVANZA 500 MG TAB/EPIVAL 500 MG TAB Spec: SODIUM VALPROATE	HIRANIS/ABBOTT OR EQUIVALENT	NO	5000			
185	EPICETAM 500 MG TAB/KEPPRA 500 MG TAB/KLEVRA 500 MG TAB/LERACE 500 MG TAB/XETICAM 500 MG TAB Spec: LEVETIRACETAM	CCL/GSK/PHARMEVO/HILTON/GETZ OR EQUIVALENT	NO	8000			
186	EPIVAL 500 MG / 5 ML INJ Spec: SODIUM VALPROATE	ABBOTT OR EQUIVALENT	VIAL	300			
187	EPIVAL 60 ML SYP/VEZIPRO 60 ML SYP Spec: SODIUM VALPROATE	ABBOTT/GLITZ OR EQUIVALENT	BTL	300			
188	EPLIPSA 500 MG/5 ML INJ/LERACE 500 MG / 5ML INJ/XETICAM 500 MG/5 ML INJ Spec: LEVETIVACEFAM	HELIX/HILTON/GETZ OR EQUIVALENT	VIAL	2000			
189	GABICA 50 MG TAB/PREGY 50 MG TAB/ZEEGAP 50 MG CAP Spec: PREGABALIN	GETZ/SAMI/HILTON OR EQUIVALENT	NO	12000			
190	GABICA 75 MG CAP/HIGAB 75 MG TAB/XILICA 75 MG TAB/ZEEGAP 75 MG TAB Spec: PREGABALIN	GETZ/SAFFRON/PHARMEVO/HILTON OR EQUIVALENT	NO	8000			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
191	GABIX 100 MG CAP/NEOGAB 100 MG CAP Spec: GABAPENTIN	GETZ/HILTON OR EQUIVALENT	NO	3000			
192	HITOP 50 MG TAB/NEUTOP 50 MG TAB Spec: TOPIRAMATE	HILTON/NABIQASIM OR EQUIVALENT	NO	3000			
193	KLEVRA 250 MG TAB/LERACE 250 MG TAB/XETICAM 250 MG TAB Spec: LEVETIRACETAM	PHARMEVO/HILTON/GETZ OR EQUIVALENT	NO	1000			
194	LERACE 60 ML SYP Spec: LEVETIRACETAM	HILTON OR EQUIVALENT	BTL	500			
195	LERACE 750 MG TAB Spec: LEVETIRACETAM	HILTON OR EQUIVALENT	NO	1000			
196	RIVOTRIL 0.5 MG TAB Spec: CLONAZEPAM	MARTIN DOW OR EQUIVALENT	NO	4000			
197	RIVOTRIL 2 MG TAB Spec: CLONAZEPAM	MARTIN DOW OR EQUIVALENT	NO	2000			
198	TEGRAL 200 MG TAB/TERIL 200 MG TAB Spec: CARBAMAZEPINE	NOVARTIS/MARTIN DOW OR EQUIVALENT	NO	2000			
199	ACEFYL COUGH 125 ML SYP Spec: ACEFYLLINE PIPERAZINE AND DIPHENHYDRAMINE	NABIQASIM OR EQUIVALENT	BTL	12000			
200	AEROLIN EVOHALER 100 MCG INHALER/BUTOVENT 100 MCG INHALER/SALBO HFA 100 MCG INHALER Spec: SALBUTAMOL	GSK/CHIESI/GETZ OR EQUIVALENT	BTL	100			
201	AIREEZ 10 MG TAB/MONTIGET 10 MG TAB/MONTIKA 10 MG TAB/MYTEKA 10 MG TAB Spec: MONTELUKAST	PHARMEVO/GETZ/SAMI/HILTON OR EQUIVALENT	NO	20000			
202	AIREEZ 5 MG TAB/MONTIGET 5 MG TAB/MONTIKA 5 MG TAB/MYTEKA 5 MG TAB Spec: MONTELUKAST	PHARMEVO/GETZ/SAMI/HILTON OR EQUIVALENT	NO	4000			
203	ALLERGEX 120 ML SYP/ALLERPHENE 120 ML SYP/CLOMIN 120 ML SYP Spec: CHLORPHENIRAMINE	NABIQASIM/PDH/GLITZ OR EQUIVALENT	BTL	2000			
204	ATEM NEBULISER SOLUTION 250 MCG / ML (2 ML) Spec: IPRATROPIUM BROMIDE	CHIESI OR EQUIVALENT	AMPULE	6000			
205	AVIL 2 ML INJ Spec: PHENIRAMINE MELEATE	SANOFI AVENTIS OR EQUIVALENT	AMPULE	5000			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
206	BEKSON FORTE 250 MCG INHALER/CLENIL FORTE 250 MCG INHALER Spec: BECLOMETHASONE DIPROPIONATE	GETZ/CHIESI OR EQUIVALENT	BTL	100			
207	CLENIL AEROSOL 800 MCG NEBULES Spec: BECLOMETHASONE DIPROPIONATE	CHIESI OR EQUIVALENT	BTL	15000			
208	COMBIVAIR 200/6 MCG ROTACAP Spec: FORMOTEROL FUMARATE AND BECLOMETHASONE DIPROPIONATE	HIGHNOON OR EQUIVALENT	NO	6000			
209	COMBIVAIR 400/6 MCG ROTACAP/FORMIGET 400/6 MCG ROTACAP Spec: FORMOTEROL FUMARATE AND BECLOMETHASONE DIPROPIONATE	HIGHNOON/GETZ OR EQUIVALENT	NO	12000			
210	ETOSIL 2 ML INJ/PROMETHAZINE 2 ML INJ Spec: PROMETHAZINE (HCL)	ELITE PHARMA/LCPW OR EQUIVALENT	AMPULE	500			
211	FOSTER INHALER 100/6 MCG Spec: BECLOMETHASONE & FORMOTEROL	CHIESI OR EQUIVALENT	BTL	100			
212	HYDRYLLIN DM 120 ML SYP/RELTUS DM 120 ML SYP Spec: P/C PSEUDOEPHIDRINE+ CHLORPHENERMINE	SEARLE/PHARMATEC OR EQUIVALENT	BTL	600			
213	IPNEB NEBULISER SOLUTION 250 MCG / ML (20 ML) Spec: IPRATROPIUM BROMIDE	ATCO OR EQUIVALENT	BTL	3000			
214	MUCOCYST 3 GM SACHT/MUCOLATOR 3 GM SACHT Spec: ACETYLCYSTEINE	EVOLUTION PHARMA/ABBOTT OR EQUIVALENT	PKT	10000			
215	RESPOMETIC/REVOLIZER ROTACAP SPACER/ROBUST Spec: SPACER	GETZ/HIGHNOON/SEARLE OR EQUIVALENT	NO	2000			
216	SERETIDE DISKUS 50/100 MCG Spec: SALMETEROL / FLUTICASONE PROPIONATE	GSK OR EQUIVALENT	NO	200			
217	SERETIDE DISKUS 50/250 MCG Spec: SALMETEROL / FLUTICASONE PROPIONATE	GSK OR EQUIVALENT	NO	200			
218	SERETIDE DISKUS 50/500MCG Spec: SALMETEROL / FLUTICASONE PROPIONATE	GSK OR EQUIVALENT	NO	200			
219	TIOGET 18 MCG/TIOVAIR ROTACAP Spec: TIOTROPIUM	GETZ/HIGHNOON OR EQUIVALENT	NO	5000			
220	VENTOLIN RESPIRATORY SOLUTION 20 ML Spec: SALBUTAMOL	GSK OR EQUIVALENT	BTL	2000			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
221	APSIN 40 MG TAB/FAMOT 40 MG TAB/ULCENIL 40 MG TAB Spec: FAMOTIDINE	SAFFRON/SHAIGAN/SIZA OR EQUIVALENT	NO	1400			
222	DEXTOP 30 MG CAP/DOLGINA 30 MG CAP/RAZODEX 30 MG CAP Spec: DEXLANSOPRAZOLE	SEARLE/HILTON/GETZ OR EQUIVALENT	NO	2000			
223	DEXTOP 60 MG CAP/DOLGINA 60 MG CAP/RAZODEX 60 MG CAP Spec: DEXLANSOPRAZOLE	SEARLE/HILTON/GETZ OR EQUIVALENT	NO	2000			
224	DIJEX MP 120 ML SYP/MUCAINE 120 ML SYP/TRISIL PLUS 120 ML SYP Spec: ALUMINUM HYDROXIDE, MAGNISIUM HYDROXIDE, SIMETHICONE AND CARBOXY METHYLCELLULOSE	ABBOTT/ICI/EFROZE OR EQUIVALENT	BTL	10000			
225	DIMENHYDRINATE 50 MG / 1 ML INJ/GRAVINATE 50 MG / 1 ML INJ Spec: DIMENHYDRINATE	BAJWA PHARMA/SEARLE OR EQUIVALENT	AMPULE	48000			
226	DUPHALAC 120 ML SYP/KOLAC 3.35 GM / 5 ML 120 ML SYP/LILAC 120 ML SYP Spec: LACTULOSE	ABBOTT/ASIAN CONTINENTAL/GETZ OR EQUIVALENT	BTL	4500			
227	ESOMEGA 20 MG CAP/ESSO 20 MG CAP/NEXUM 20 MG CAP/NOVOTEPH 20 MG CAP Spec: ESOMEPRAZOLE	FEROZSONS/SHAIGAN/GETZ/SAMI OR EQUIVALENT	NO	24000			
228	ESOMEGA 40 MG CAP/ESSO 40 MG CAP/NEXUM 40 MG CAP/NOVOTEPH 40 MG CAP Spec: ESOMEPRAZOLE	FEROZSONS/SHAIGAN/GETZ/SAMI OR EQUIVALENT	NO	140000			
229	GANATON 50 MG TAB/ITP 50 MG TAB Spec: ITOPRIDE	ABBOTT/SAMI OR EQUIVALENT	NO	5000			
230	GANATON OD 150 MG TAB/ITP OD 150 MG TAB Spec: ITOPRIDE	ABBOTT/SAMI OR EQUIVALENT	NO	10000			
231	KLEEN ENEMA 135 ML Spec: ENEMA LIQUID	NABIQASIM OR EQUIVALENT	BTL	1000			
232	LEVOPRAID 25 MG TAB/SULVORID 25 MG TAB Spec: LEVOSULPIRIDE	PACIFIC PHARMA/HIGH-NOON OR EQUIVALENT	NO	4000			
233	LIBRAX TAB Spec: CHLORDIZEPOXIDE TAB	ROCHE OR EQUIVALENT	NO	2500			
234	MAXOLON 10 MG INJ Spec: METOCLOPRAMIDE HCL	GSK OR EQUIVALENT	AMPULE	3000			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
235	MAXOLON 10 MG TAB Spec: METOCLOPRAMIDE HCL	GSK OR EQUIVALENT	NO	2000			
236	MOTILIUM 10 MG TAB/PERIDONE 10 MG TAB Spec: DOMPERIDONE	ASPIN/SAMI OR EQUIVALENT	NO	15000			
237	MOVCOL SACHET Spec: MACROGOL	GENIX OR EQUIVALENT	SACH	5000			
238	NO-SPA 40 MG INJ Spec: DROTAVERINE	SANOFI AVENTIS OR EQUIVALENT	AMPULE	20000			
239	NO-SPA 40 MG TAB/RELISPA 40 MG TAB Spec: DROTAVERINE	SANOFI AVENTIS/SEARLE OR EQUIVALENT	NO	5000			
240	OMEGA 40 MG CAP/RISEK 40 MG CAP/TEPH 40 MG CAP Spec: OMEPRAZOLE	FEROZSONS/GETZ/SAMI OR EQUIVALENT	NO	36000			
241	OMSTA 20 MG CAP/RISEK 20 MG CAP Spec: OMEPRAZOLE	HIGHNOON/GETZ OR EQUIVALENT	NO	46000			
242	ORAGIL SACHET/ORASAL-F SACH/ORAZAF SACH/ORS SACH/ORS SACHET/OSMOLAR SACHET/WERISOL SACH Spec: ORAL REHYDRATION SALT	GLITZ/WILSON/ZAFA/GEOFMAN/EDEN PHARMA/ATCO/WERRICK OR EQUIVALENT	NO	18000			
243	PK-MERZ 100 MG TAB Spec: AMANTADINE	BROOKES OR EQUIVALENT	NO	2000			
244	RIFAXA 550 MG TAB Spec: RIFAXIMIN	FEROZSONS OR EQUIVALENT	NO	7500			
245	RISEK 40 MG INJ/VYBER 40 MG INJ Spec: OMEPRAZOLE	GETZ/SHAIGAN OR EQUIVALENT	VIAL	20000			
246	ULSANIC 120 ML SYP Spec: SUCRALFATE	HIGHNOON OR EQUIVALENT	BTL	500			
247	URSO 250 MG CAP Spec: URSODEOXYCHOLIC ACID	AGP OR EQUIVALENT	NO	2500			
248	VERMOX 100 MG TAB Spec: MEBENDAZOLE	ASPIN OR EQUIVALENT	NO	1000			
249	VERMOX 30 ML SUSPENSION Spec: MEBENDAZOLE	ASPIN OR EQUIVALENT	BTL	200			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
250	VONIZA 20 MG TAB Spec: VONOPRAZAN	HILTON OR EQUIVALENT	NO	5000			
251	ZENTEL 100 MG / 10 ML SYP Spec: ALBENDAZOLE	GSK OR EQUIVALENT	BTL	300			
252	ARTHROTEC-50 50 MG TAB/CYTOPAN 50 MG TAB Spec: DICLOFENAC SODIUM AND MISOPROSTOL	PFIZER/GETZ OR EQUIVALENT	NO	16500			
253	BREEKY 200 MCG TAB Spec: MISOPROSTOL	SAMI OR EQUIVALENT	NO	16000			
254	BRINO 500 MG CAP/MAXNA 500 MG CAP/TRANSAMIN 500 MG CAP/XAMIG 500 MG CAP Spec: TRANEXAMIC ACID	SAMI/AGP/HILTON/HIGHNOON OR EQUIVALENT	NO	4000			
255	BRINO 500 MG INJ/MAXNA 500 MG INJ/TRANSAMIN 500 MG INJ Spec: TRANEXAMIC ACID	SAMI/AGP/HILTON OR EQUIVALENT	AMPULE	12000			
256	CEROPHENE 50 MG TAB/CLOMID 50 MG TAB/FERTAB 50 MG TAB/PROLIFEN 50 MG TAB Spec: CLOMIPHENE CITRATE	HILTON/PACIFIC PHARMA/SHAIGAN/CHIESI OR EQUIVALENT	NO	600			
257	DAFLON 500 MG CAP Spec: DIOSMIN AND HESPERDIN	SERVIER OR EQUIVALENT	NO	2000			
258	DIROGEST 10 MG TAB/DUPHASTON 10 MG TAB Spec: DYDROGESTERONE	ZAFA/ABBOTT OR EQUIVALENT	NO	5000			
259	ENVEPE 10/10 MG TAB/XYQUIL DR 10/10 MG TAB Spec: DOXYLAMINE AND VITAMIN B6	RG PHARMA/SAMI OR EQUIVALENT	NO	6000			
260	FERTI-C 5000 IU INJ/IVF-C 5000 IU INJ/PREGNYL 5000 IU INJ Spec: CHORIONIC GONADOTROPHIN, HUMAN (HCG)	RG PHARMA/GALAXY/SEARLE OR EQUIVALENT	VIAL	500			
261	GLANDIN E-2 VAG 3 MG TAB/PROSTIN E-2 VAG 3 MG TAB Spec: DINOPROSTONE	NABIQASIM/PFIZER OR EQUIVALENT	NO	500			
262	HYDRALAZINE 20 MG INJ Spec: HYDRALAZINE	ZAFA OR EQUIVALENT	VIAL	3000			
263	IMMUNORHO 300 MCG INJ/RHO-GAM UF PLUS 300 MCG INJ/RHOPHYLAC 300 MCG INJ Spec: RHO (D) IMMUNE GLOBULIN	POPULAR/AMSON/CSL BEHRING OR EQUIVALENT	VIAL	120			
264	INTIG-D TAB/OSNATE-D TAB Spec: OSSEIN MINERAL COMPLEX	SAMI/AGP OR EQUIVALENT	NO	12000			

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
265	MAGNESSIUM SULPHATE 10 ML INJ Spec: MAGNESIUM SULPHATE	ZAFA OR EQUIVALENT	AMPULE	2000			
266	OXYTOCIN 5 IU INJ/SYNTOCINON 5 IU INJ/TOCINOX 5 IU INJ Spec: OXYTOCIN	AMAN PHARMA/NOVARTIS/GEOFMAN OR EQUIVALENT	AMPULE	36000			
267	ANGISED 0.5 MG TAB Spec: GLYCERYL TRINITRATE	GSK OR EQUIVALENT	NO	7000			
268	CARDNIT 2.6 MG TAB/NITROMINT 2.6 MG TAB/SUSTAC 2.6 MG TAB Spec: GLYCERYL TRINITRATE	ATCO/MEDIMPEX/SEARLE OR EQUIVALENT	NO	10000			
269	CARDNIT 6.4 MG TAB/NITROMINT 6.4 MG TAB/SUSTAC 6.4 MG TAB Spec: GLYCERYL TRINITRAT	ATCO/MEDIMPEX/SEARLE OR EQUIVALENT	NO	2000			
270	ISOKET 10 MG /10 ML INJ/SORBID 10 MG / 10 ML INJ Spec: ISOSORBIDE DINITRATE	ATCO/HOFFMANN OR EQUIVALENT	AMPULE	3000			
271	ANTI SNAKE VENOM SERUM 10 ML INJ/ASVS 10 ML INJ Spec: ANTI-SNAKE VENOM SERUM	NIH/AMSON OR EQUIVALENT	VIAL	100			
272	ANTIRABIES INJ/LYSSAVAC-N INJ/RABI-GENE INJ/RABIPUR INJ/VERORAB INJ Spec: RABIES VACCINE	ATLANTIC PHARMACEUTICALS/CSL BEHRING/GENE-TECH/NOVARTIS/SANOFI AVENTIS OR EQUIVALENT	AMPULE	2000			
273	BERIRAB-P 2 ML INJ/HYPERRAB 2 ML INJ/RABIES IMMUNOGLOBULIN 2 ML INJ Spec: RABIES IMMUNOGLOBULIN	CSL BEHRING/TELECRIS OR EQUIVALENT	VIAL	270			
274	GAMMARAAS 2.5 MG / 50 ML INJ/HL-GLOBIN 2.5 MG / 50 ML INJ/PENTAGLOBIN 50 ML INJ Spec: IMMUNE GLOBULIN (HUMAN) IV	POPULAR/HUALAN/BIOTEST OR EQUIVALENT	VIAL	150			
275	HEP B IMMUNOGLOBULIN INJ/HEPATECT INJ Spec: HEPATITIS B IMMUNOGLOBULIN	CSL/NABIQASIM OR EQUIVALENT	VIAL	30			
276	IMATET VACCINE 0.5 ML INJ Spec: TETANUS TOXOID (ADSORBED)	AMSON OR EQUIVALENT	VIAL	9000			
277	PENTAGLOBIN 500 MG/10 ML INJ/PENTAGLOBIN 500 MG/10 ML INJ Spec: IMMUNE GLOBULIN (HUMAN) IV	BIOTEST/NABIQASIM OR EQUIVALENT	VIAL	80			
278	BARACLUDE 0.5 MG TAB/CENTAURUS 0.5 MG TAB/ECAVIR 0.5 MG TAB/TACAVIR 0.5 MG TAB Spec: ENTECAVIR	GSK/FEROZSONS/MACTER/CCL OR EQUIVALENT	NO	6000			

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
279	SOVELA 400 MG + 100 MG TAB/VELPAGET 400 MG + 100 MG TAB Spec: SOFOSBUVIR + VELPATASAVIR	SEARLE/GETZ PHARMA OR EQUIVALENT	NO	7000			
280	AMINOLEBAN 500 ML INJ Spec: AMINOACIDS	OTSUKA OR EQUIVALENT	BTL	200			
281	AMINOVEL 600 5 % 500 ML INJ Spec: AMINOACIDS	OTSUKA OR EQUIVALENT	BTL	2500			
282	DEXTROSE 25 % 20 ML INJ/MEDISOL 25 % 20 ML INJ Spec: DEXTROSE	OTSUKA JAPAN/MEDIPAK OR EQUIVALENT	BAG	10500			
283	DEXTROSE 4.3% + NACL 0.18% IV SOLUTION Spec:	MEDIPAK OR EQUIVALENT	VIAL	8000			
284	GELOFUSINE 500 ML INJ/HAEMACCEL 500 ML INJ Spec: GELATIN, SUCCINYLATED (PLASMA SUBSTITUTE)	B. BRAUN/SANOFI AVENTIS OR EQUIVALENT	BTL	600			
285	MANNITOL 500 ML INJ/MEDISOL-MANNITOL 500 ML INJ/OSMOTOL 500 ML INJ Spec: MANNITOL	B. BRAUN/MEDIPAK/OTSUKA OR EQUIVALENT	BTL	700			
286	MEDISOL 10 % 1000 ML INJ/PLADEX 10 % 1000 ML INJ/STERIFLUID-10 % 1000 ML INJ Spec: DEXTROSE	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BTL	1500			
287	MEDISOL 5 % 1000 ML INJ/PLADEX-5 5 % 1000 ML INJ/STERIFLUID-5 % 1000 ML INJ Spec: DEXTROSE	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	1700			
288	MEDISOL NS 0.9 % NACL 100 ML INJ/PLASALINE 0.9 % NACL 100 ML INJ/STERIFLUID-NS 0.9 % NACL 100 ML INJ Spec: SODIUM CHLORIDE 0.9 % IV SOLN	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	120000			
289	MEDISOL NS 0.9 % NACL 1000 ML INJ/PLASALINE 0.9 % NACL 1000 ML INJ/STERIFLUID-NS 1000 ML INJ Spec: SODIUM CHLORIDE 0.9%	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	25100			
290	MEDISOL NS 0.9 % NACL 500 ML INJ/PLASALINE 0.9 % NACL 500 ML INJ/STERIFLUID-NS 0.9 % NACL 500 ML INJ Spec: SODIUM CHLORIDE 0.9 % IV SOLN	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	17000			
291	MEDISOL RINGER 1000 ML INJ/STERIFLUID RL 1000 ML INJ Spec: RINGER'S INF	MEDIPAK/FDL OR EQUIVALENT	BAG	18000			
292	MEDISOL RINGER 500 ML INJ/RINGER'S SOLUTION 500 ML INJ/STERIFLUID RL 500 ML INJ Spec: RINGER'S INF	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	20500			

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
293	MEDISOL ½ STR SALINE 500 ML INJ/PLADEXSAL ½ STR SALINE 500 ML INJ Spec: SODIUM CHLORIDE 0.45%	MEDIPAK/OTSUKA OR EQUIVALENT	BAG	4000			
294	MEDISOL-S 5 % + NACL 0.9 % 1000 ML INJ/PLADEXSAL 5 % + NACL 0.9 % 1000 ML INJ/STERIFLUID-DS 1000 ML INJ Spec: DEXTROSE 5% AND SODIUM CHLORIDE 0.9%	MEDIPAK/OTSUKA/FDL OR EQUIVALENT	BAG	2000			
295	MEYLON 8.4 % 25 ML INJ/MINI BC/SODIUM BICARBONATE 8.4 % 50 ML INJ Spec: SODIUM BICARBONATE	OTSUKA/FDL/MEDIPAK OR EQUIVALENT	VIAL	2000			
296	POTASSIUM CHLORIDE 20 ML INJ Spec: POTASSIUM CHLORIDE	B. BRAUN OR EQUIVALENT	AMPULE	2000			
297	ANSAID 100 MG TAB/FROBEN 100 MG TAB/INFLAMATIX 100 MG TAB/SYNALGO 100 MG TAB Spec: FLURBIPROFEN	PFIZER/ABBOTT/ASIAN CONTINENTAL/PLATINUM OR EQUIVALENT	NO	3000			
298	ARTIFEN 50 MG TAB/DICLORAN 50 MG TAB/VOLTAB 50 MG TAB/VOLTRAL 50 MG TAB/VOREN 50 MG TAB Spec: DICLOFENAC SODIUM	ABBOTT/SAMI/MEDIFINE/NOVARTIS/ASIAN CONTINENTAL OR EQUIVALENT	NO	12000			
299	ARTIFEN 75 MG / 3 ML INJ/DICLORAN 75 MG / 3 ML INJ/DIFLOSID 75 MG / 3 ML INJ/VOREN 75 MG / 3 ML INJ Spec: DICLOFENAC SODIUM	ABBOTT/SAMI/GEOFMAN/ASIAN CONTINENTAL OR EQUIVALENT	AMPULE	12000			
300	ARTINIL-K 50 MG TAB/CAFLAM 50 MG TAB Spec: DICLOFENIC POTASSIUM	GLOBAL/NOVARTIS OR EQUIVALENT	NO	4000			
301	BACLIN 10 MG TAB/FEXIBIL 10 MG TAB/LIOREX 10 MG TAB Spec: BACLOFEN	RIFA LIFE SCIENCES/WILSHIRE/MAQ PHARMA OR EQUIVALENT	NO	2500			
302	BOFALGAN 1G/100 ML INJ/PROVAS 1G/100 ML INJ Spec: PARACETAMOL	BOSCH/SAMI OR EQUIVALENT	VIAL	40000			
303	BREXIN 20 MG TAB/PIREXEN 20 MG TAB Spec: PIROXICAM & BETA-CYCLODEXTRIN	CHIESI/SAFFRON OR EQUIVALENT	NO	5000			
304	BRUFEN 120 ML (100 MG / 5 ML) SYP/IBUGESIC SUSP Spec: IBUPROFEN	ABBOTT/WILSON OR EQUIVALENT	BTL	6000			
305	BRUFEN 400 MG TAB Spec: IBUPROFEN	ABBOTT OR EQUIVALENT	NO	2000			
306	CALPOL 500 MG TAB/PANADOL 500 MG TAB Spec: PARACETAMOL	GSK/HALEON/GSK OR EQUIVALENT	NO	300000			

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
307	CALPOL 60 ML SYP/PANADOL 60 ML SYP Spec: PARACETAMOL	GSK/GSK OR EQUIVALENT	BTL	6000			
308	CAMPEX 100 MG INJ/MERLON 100 MG INJ/TRAMADOL 100 MG INJ/TRAMAL 100 MG INJ Spec: TRAMADOL	AKHAI/AGP/HIGHNOON/SEARLE OR EQUIVALENT	AMPULE	25000			
309	CAMPEX 50 MG TAB/TONOFLEX 50 MG CAP/TRAMADOL 50 MG TAB/TRAMAL 50 MG CAP Spec: TRAMADOL	AKHAI/SAMI/HIGHNOON/SEARLE OR EQUIVALENT	NO	40000			
310	DICLORAN SR 100 MG TAB/SOFAC-SR 100 MG TAB/VOLTRAL SR 100 MG TAB Spec: DICLOFENAC SODIUM	SAMI/SAFFRON/NOVARTIS OR EQUIVALENT	NO	3000			
311	DISPRIN 300 MG TAB Spec: ASPIRIN	RECKITT OR EQUIVALENT	NO	5000			
312	FELDENE 20 MG TAB/PCAM 20 MG TAB Spec: PIROXICAN	PFIZER/MARTIN DOW OR EQUIVALENT	NO	7500			
313	FELDENE 25 GM GEL/PCAM 25 GM GEL Spec: PIROXICAM	PFIZER/MARTIN DOW OR EQUIVALENT	TUBE	4000			
314	FLEXIN 500 MG TAB/SYNFLEX 500 MG TAB Spec: NAPROXEN	ABBOTT/MARTON DOW OR EQUIVALENT	NO	4000			
315	KETRODIL 30 MG INJ/TORADOL 30 MG INJ/TORALAC 30 MG INJ Spec: KETOROLAC TROMETAMOL	ICI/MARTIN DOW/GLOBAL PHARMA OR EQUIVALENT	VIAL	40000			
316	MYOLAX TAB/THIOLAX TAB Spec: THIOCOLCHICOSIDE	REKO/S.J & G. OR EQUIVALENT	NO	20000			
317	NIMS 100 MG TAB/NISE 100 MG TAB Spec: NIMESULIDE	SAMI/PHARMEVO OR EQUIVALENT	NO	3000			
318	NUBEROL FORTE 50/650 MG TAB/SINAXAMOL EXTRA 50/650 MG TAB Spec: ORPHENADRINE AND PARACETAMOL	SEARLE/AGP OR EQUIVALENT	NO	160000			
319	PONSTAN 250 MG TAB Spec: MEFENAMIC ACID	PFIZER OR EQUIVALENT	NO	10000			
320	PONSTAN FORTE 500 MG Spec: MEFENAMIC ACID	PFIZER OR EQUIVALENT	NO	3000			
321	TONOFLEX P 37.5 / 325 MGTAB Spec: TRAMADOL + PARACETAMOL	SAMI OR EQUIVALENT	NO	30000			

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
322	AMARYL 2 MG TAB/GETRYL 2 MG TAB/SAFGO 2 MG TAB Spec: GLIMEPIRIDE	SANOFI AVENTIS/GETZ/SAFFRON OR EQUIVALENT	NO	10000			
323	AMARYL 3 MG TAB/GETRYL 3 MG TAB/SAFGO 3 MG TAB Spec: GLIMEPIRIDE	SANOFI AVENTIS/GETZ/SAFFRON OR EQUIVALENT	NO	2000			
324	AMARYL 4 MG TAB/GETRYL 4 MG TAB/SAFGO 4 MG TAB Spec: GLIMEPIRIDE	SANOFI AVENTIS/GETZ/SAFFRON OR EQUIVALENT	NO	10000			
325	DAPA 10 MG TAB/DAPWIZ 10 MG TAB/DAPXIGA 10 MG TAB/DIAMPA 10 MG TAB/XIGA 10 MG TAB Spec: DAPAGLIFLOZIM	HILTON/PHARMEVO/FEROZESONS/GETZ/CCL OR EQUIVALENT	NO	20000			
326	DIABETRON CR 30 MG TAB/DIAMICRON MR 30 MG TAB/GETZID MR 30 MG TAB Spec: GLICLAZIDE	FEROZESON/SERVIER/GETZ OR EQUIVALENT	NO	3500			
327	DIABETRON CR 60 MG TAB/DIAMICRON MR 60 MG TAB/GETZID MR 60 MG TAB Spec: GLICLAZIDE	FEROZESONS/SERVIER/GETZ OR EQUIVALENT	NO	6000			
328	DIAMPA L XR 10/5/1000 MG TAB/ERLINA PLUS XR 10/5/1000 MG TAB/GLEM-LIN MXR 10/5/1000 MG TAB Spec: EMPAGLIFLOZIN, LINAGLIPTIN & METFORMIN HCL	GETZ/PHARMEVO/NABIQASIM OR EQUIVALENT	NO	1500			
329	GLITOS 30 MG TAB/PIOZER 30 MG TAB/ZOLID 30 MG TAB Spec: PIOGLITAZONE	SEAR/HILTON/GETZ OR EQUIVALENT	NO	1000			
330	GLUCOPHAGE 500 MG TAB/NEODIPAR 500 MG TAB/NEOPHAGE 500 MG TAB Spec: METFORMIN	MARTIN DOW/SANOFI AVENTIS/ABBOTT OR EQUIVALENT	NO	25000			
331	INOSITA 100 MG TAB/SITAGLU 100 MG TAB/TREVIA 100 MG TAB Spec: SITAGLIPTIN	PHARMEVO/HILTON/GETZ OR EQUIVALENT	NO	4000			
332	INOSITA 50 MG TAB/SITAGEN 50 MG TAB/SITAGLU 50 MG TAB/TAGIP 50 MG TAB/TREVIA 50 MG TAB Spec: SITAGLIPTIN	PHARMEVO/FEROZESONS/HILTON/HIGHNOON/GETZ OR EQUIVALENT	NO	3000			
333	INOSITA PLUS 50/1000 MG TAB/JUVIA-M PLUS 50/1000 MG TAB/SITAMET 50/1000 MG TAB/SITAGLUMET 50/1000 MG TAB/TREVIAMET 50/1000 MG TAB Spec: SITAGLIPTIN AND METFORMIN	PHARMEVO/HELIX/CCL/HILTON/GETZ OR EQUIVALENT	NO	31000			
334	LINJARDY MXR 5/2.5/1000 MG TAB Spec: EMPAGLIFLOZIN, LINAGLIPTIN & METFORMIN HCL	CCL OR EQUIVALENT	NO	2000			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
335	LINJARDY-MXR 12.5/2.5/1000 MG TAB Spec: EMPAGLIFLOZIN, LINAGLIPTIN & METFORMIN	CCL OR EQUIVALENT	NO	2000			
336	LINJARDY-MXR 25/5/1000 MG TAB Spec: EMPAGLIFLOZIN, LINAGLIPTIN & METFORMIN	CCL OR EQUIVALENT	NO	1500			
337	SITAGEN-M 50/500 MG TAB/SITAGLUMET 50/500 MG TAB/TREVIAMET 50/500 MG TAB Spec: SITAGLIPTIN AND METFORMIN	FEROZESONS/HILTON /GETZ OR EQUIVALENT	NO	35000			
338	ALP 0.5 MG TAB/PROLAM 0.5 MG TAB Spec: ALPRAZOLAM	HILTON/GLITZ OR EQUIVALENT	NO	9000			
339	CIPRALEX 10 MG TAB/CITANEW 10 MG TAB/ESGLIT 10 MG TAB Spec: ESCITALOPRAM	LUNDBECK/HILTON/G LITZ OR EQUIVALENT	NO	20000			
340	FLUX 20 MG CAP/GALAXY 20 MG CAP Spec: FLUOXETINE	HILTON/GLITZ OR EQUIVALENT	NO	1000			
341	GEROX 20 MG TAB Spec: PAROXETINE	GLITZ OR EQUIVALENT	NO	3000			
342	LEXGIT 3 MG TAB/LEXILIUM 3 MG TAB/LEXTONIL 3 MG TAB Spec: BROMAZEPAM	GLITZ/SAMI/MARTIN DOW OR EQUIVALENT	NO	10000			
343	OZIP 5 MG CAP Spec: OLANZAPINE	GLITZ OR EQUIVALENT	NO	6000			
344	RAZE 2 MG TAB Spec: RISPERIDONE	GLITZ OR EQUIVALENT	NO	2000			
345	SERENACE 5 MG / 1 ML INJ Spec: HALOPERIDOL	SEARLE OR EQUIVALENT	AMPULE	800			
346	VALIUM 10 MG / 2 ML INJ Spec: DIAZEPAM	MARTIN DOW OR EQUIVALENT	VIAL	1500			
347	CELLBEX 100 MG CAP/MOVERYL 100 MG CAP/SELECO 100 MG CAP Spec: CELECOXIB	GETZ/SAMI/HORIZON OR EQUIVALENT	NO	8000			
348	CELLBEX 200 MG CAP Spec: CELECOXIB	GETZ OR EQUIVALENT	NO	6000			
349	LACOLEP 100 MG TAB Spec: LACOSAMIDE	HILTON PHARMA OR EQUIVALENT	NO	10000			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
350	LACOLEP 50 MG TAB/LACOLIT 50 MG TAB/LAKOSA 50 MG TAB/NUROSA 50 MG TAB Spec: LACOSAMIDE	HILTON PHARMA/SEARLE/WINLET/HELIX OR EQUIVALENT	NO	2500			
351	MABIL 500 MCG TAB/MECOBAL 500 MCG TAB/METHYCOBAL 500 MCG TAB/NERVON 500 MCG TAB Spec: MECOBALAMIN	SAMI/NABIQASIM/HILTON/GETZ OR EQUIVALENT	NO	60000			
352	MELOR 7.5 MG TAB/MOBIX 7.5 MG TAB/XOBIX 7.5 MG TAB Spec: MELOXICAM	SAMI/GLOBAL PHARMA/HILTON OR EQUIVALENT	NO	4000			
353	MOBIX 15 MG TAB/XOBIX 15 MG TAB Spec: MELOXICAM	GLOBAL PHARMA/HILTON OR EQUIVALENT	NO	3000			
354	MOVAX 2 MG TAB/RELAXIT 2 MG TAB/TERNELIN 2 MG TAB Spec: TIZANIDINE	SAMI/GLITZ/NOVARTIS OR EQUIVALENT	NO	8500			
355	MOVAX 4 MG TAB/RELAXIT 4 MG TAB/TERNELIN 4 MG TAB Spec: TIZANIDINE	SAMI/GLITZ/NOVARTIS OR EQUIVALENT	NO	4000			
356	ACTIFLOR 250 MG SACH/ENFLOR 250 MG SACH Spec: SACCHOROMYCES BOULARDII	PHARMEVO/HILTON OR EQUIVALENT	SACH	16500			
357	BLES 3 ML INJ (SURFACTANT) Spec: BERACTANT	AJM OR EQUIVALENT	VIAL	50			
358	BLES 5 ML INJ (SURFACTANT) Spec: BERACTANT	AJM OR EQUIVALENT	VIAL	60			
359	SPASLAR-P 60 ML SYP Spec: HYOSCINE	AGP OR EQUIVALENT	BTL	800			
360	ZIGLIT 20 MG / 60 ML SYP/ZINCAT OD 20 MG / 60 ML SYP/ZYNQ 20 MG / 60 ML SYP Spec: ZINC XULPHATE MONOHYDRATE	GLITZ/ATCO/NABIQASIM OR EQUIVALENT	BTL	600			
361	ABOCAIN 0.5% 10 ML INJ/BUPICAIN 0.5% 10 ML INJ Spec: BUPIVACAINE	ABBOTT/LCPW OR EQUIVALENT	AMPULE	800			
362	ABOCAIN SP 7.5 MG / 2 ML INJ/BUPICAIN SP 7.5 MG / 2 ML INJ/NERVLOK 0.75 MG / 2 ML INJ/PIVACAIN SP INJ Spec: BUPIVACAINE	ABBOTT/LCPW/SURGE/BAJWA PHARMA OR EQUIVALENT	AMPULE	2000			
363	ACURON 5 ML INJ/ATRACURE 5 ML INJ/ATRELAX 5 ML INJ/EFACURIUM 5 ML INJ/TRACRIUM 5 ML INJ/TRACUR 5 ML INJ Spec: ATRACURIUM BESYLATE	BROOKS PHARMA/LINEAR PHARMA/ABBOTT/SURGE/GSK/AKHAI OR EQUIVALENT	AMPULE	3000			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
364	ADRAVAX 1 ML INJ/ADRENALINE 1 ML INJ Spec: ADRENALINE	PDH LABS/PDH PHARMA OR EQUIVALENT	AMPULE	4000			
365	BALIGNO INJ 2% 200 MG/XYLOCAINE 2% PLAIN (10 ML) INJ Spec: LIGNOCAINE	BAJWA PHARMACEUTICAL/BARRETT HODGSON OR EQUIVALENT	AMPULE	9000			
366	DIPRIVAN 20 ML INJ/POFOL 20 ML INJ/PROPOFOL 20 ML INJ/PROPOFOL 20 ML INJ Spec: PROPOFOL	ICI/AKHAI/B.BRAUN /ABBOTT OR EQUIVALENT	AMPULE	2000			
367	DORMICUM 5 ML INJ Spec: MEDAZOLAM	MARTIN DOW OR EQUIVALENT	AMPULE	7500			
368	EVORANE 100 ML SOLUTION/FORANE 100 ML INJ/RESTANE 100 ML INJ Spec: ISOFLURANE	HEBEI YIPIN PHARMA PRC/GETZ/PIRAMAL OR EQUIVALENT	BTL	300			
369	GLYCOL-P 0.2 MG/ 1 ML INJ/PYROLATE 0.2 MG/ 1 ML INJ Spec: GLYCOPYROLATE	BAJWA PHARMA/BROOKS PHARMA OR EQUIVALENT	AMPULE	800			
370	KETLAR 10 ML INJ Spec: KETAMINE	AKHAI OR EQUIVALENT	AMPULE	1000			
371	KINZ 10 MG INJ/NALBIN 10 MG INJ/NUBAIN 10 MG INJ/NUBIGET 10 MG INJ Spec: NALBUPHINE	SAMI/GLOBAL PHARMA/SEARLE/GETZ OR EQUIVALENT	AMPULE	5500			
372	LIGNOCAIN GEL 2 % 15 GM Spec: LOCAL ANAESTHETIC	LCPW OR EQUIVALENT	NO	9000			
373	NEOSTIG-N 2.5 MG / ML INJ/NEOSTIGMINE 2.5 MG INJ Spec: NEOSTIGMINE	BAJWA PHARMA/HAJI MEDICINES OR EQUIVALENT	AMPULE	700			
374	PYODINE 10 % 450 ML SOLUTION Spec: POVIDONE-IODINE	BROOKES OR EQUIVALENT	BTL	3000			
375	PYODINE 7.5 % 450 ML SCRUB Spec: POVIDONE-IODINE	BROOKES OR EQUIVALENT	BTL	1800			
376	S-CHOLINE 100 MG INJ/SUXAL 100 MG INJ/SUXAMETHONIUM 100 MG INJ Spec: SUXAMETHONIUM	AKHAI/GLOBAL PHARMA/HAJI MEDICINES OR EQUIVALENT	AMPULE	300			
377	SEVORANE 250 ML LIQ/SEVORANE 250 ML LIQ/SOJOURN 250 ML LIQ Spec: SEVOFLURANE	ABBOTT/GETZ/USA OR EQUIVALENT	BTL	15			

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES 02-NOV-26

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Item No.	Description with Specs. etc.	Manufacturer	Unit	Qty	Quoted Rate (Rs.)	GST (Rs.)	Total Price (Rs.)
378	XYLOAID 2% WITH ADRENALINE (10 ML) INJ Spec: LIGNOCAINE + ADRENALINE	BARRETT HODGSON OR EQUIVALENT	AMPULE	5000			
379	ADENOCOR (ADENOSINE) 6 MG INJ/ADOZIN 6 MG INJ Spec: ADENOSINE	SANOFI AVENTIS/VEM OR EQUIVALENT	VIAL	600			
380	BOPAMIN 200 MG / 5 ML INJ/DOPAMINE 200 MG / 5 ML INJ/DOPATROPIN 200 MG / 5 ML INJ/MYUNGMOON INOPAN 200 MG / 5 ML INJ Spec: DOPAMINE	BAJWA PHARMACEUTICALS/ABBOTT/ROTEX MEDICA/HOFFMANN OR EQUIVALENT	AMPULE	1400			
381	DOBUTAMINE 250 MG INJ/DOBUTINE 250 MG / 20 ML INJ Spec: DOBUTAMINE	ABBOTT/BAJWA PHARMACEUTICALS OR EQUIVALENT	AMPULE	1200			
382	NORADRIN 4 MG / ML INJ Spec: NOREPINEPHRINE	ATCO OR EQUIVALENT	AMPULE	10000			
383	ABICLOT 75 MG TAB/CLOPID 75 MG TAB/LOWPLAT 75 MG TAB/PIDOGREL 75 MG TAB Spec: CLOPIDOGREL	ABBOTT/FEROZESONS/PHARMEVO/HIGHNOON OR EQUIVALENT	NO	12000			
384	ASCARD 75 MG TAB/LOPRIN 75 MG TAB Spec: ASPIRIN	ATCO/HIGHNOON OR EQUIVALENT	NO	70000			
385	ASCARD PLUS 75/150 MG TAB/CLOPID ASP 75/150 MG TAB/LOWPLAT PLUS 75/150 MG TAB/OGREL PLUS 75/150 MG TAB/PIDOGREL-AP 75/150 MG TAB Spec: CLOPIDOGREL AND ASPIRIN	ATCO/FEROZESONS/PHARMEVO/BOSCH/HIGHNOON OR EQUIVALENT	NO	9000			

GRAND TOTAL (Rs):

(2) For Plant & Machinery:
Specification:-

(3) **Special Conditions**

01 Only one rate should be quoted in local currency i.e, Rs / Unit.

02 The delivered medicines/store which are subsequently found un-registered or nearing the expiry date at any stage during the currency of the contract, shall have to be replaced by the supplier at its own expense.

03 Firms may require to submit sample of quoted brands on FOC basis, if required by End User.

04 Each delivery challan must bear batch No, Date of manufacture and date of expiry of delivered Store alongwith mandatory information to Purchase Section.

05 Firm will indicate 'short shelf life' of store, where applicable, in Tech Bid. Any plea to this effect at later stage will not be considered.

06 The supplier will make sure that the medicines/Store are not sub-standard and have prescribed life printed on packing. The medicines shall be delivered in original sealed packing/containers from the manufacturers.

07 The supplier will be bound to supply the store within Delivery Period.

Brand name must clearly be Mentioned against which the rate is quoted.

PAKISTAN ORDNANCE FACTORIES

SCHEDULE TO TENDER NO. 0001/HOSP/LP/56/MEDICINES **02-NOV-26**

08

09 Supplier must ensure the quality of items supplied. In case of any complaint from end user, the supplier will replace the item on his own expense.

10 Only registered suppliers (with sales tax & income tax deptt) who are on active taxpayer list (ATL) of FBR are elligible to supply goods/services to government departments. If any registered suppliers is not ACTIVE on ATL, his payment will be stopped till the mandatory returns and appearance on ATL of FBR.

11 Tender Received Without Bid Money will Be Rejected. As well as offers with Bid Money less than 50% of the required amount will be rejected. Remaining amount (above 50%) must be submitted within 10 days, otherwise offer will be rejected.

12 PPRA Criteria for Technical Evaluation of Bids is attached as Annex-"A".

13 5% quantity less / access is allowed as per procedure.

14 Samples of Therapeutic goods being supplied by the firm may be got tested by procuring agency from any reputable Lab at the expense of the firm at any stage during currency of contract/expiry of medicines, if required .

15 Supplier will ensure / provide documentary evidence at the time of payment that stamp duty @ 0.25% of total value of contract have been paid.

16 Offers of firms with credible past performance with POFs will be given due consideration.

17 Supplier's Capability Performa is mandatory for the new entrant firms/quoting the store for first time to submit alongwith undertaking with the technical offer. POFs reserves the right to reject offers without requisite information.

18 Public Sector Organizations / POF subsidiaries may be exempted from Supplier Capability Performa. However, POFs may require the same from existing suppliers where considered necessary based on value, nature or risk of procurement.

19 Proof of successful completion of contract of same/similar nature &/or comparable value store to any government organization may be attached (if any) and will be given extra weightage at time of evaluation of offers.

20 Offers with Bid Money less than 50% of the required amount will be rejected straingtaway. Remainng amount (above 50%) must be submitted within 10 days, otherwise offer will be rejected.

(4) Undertaking

Should our offer be accepted, we hereby undertake to supply the stores/render the services contracted on the basis of General Conditions of Contract embodied in Form POF 1281, and to deposit the performance bond in the shape of unconditional Bank Guarantee / CDR within the prescribed time, failing which it will constitute a breach of contract, and POF will have the right to purchase the stores/services elsewhere at our risk and cost.

Place _____ **Signature of the Tenderer** _____
Date _____ **Name** _____
_____ **Position** _____
_____ **Address** _____
Income Tax G.I.R. No _____
Official Stamp _____

SECTION VI- EVALUATION AND QUALIFICATION CRITERIA
(SAMPLE)

PUBLIC PROCUREMENT REGULATORY AUTHORITY (PPRA)

Sample Qualification and Technical Evaluation criteria

<table>
<tr><th></th><th>Parameters</th><th>Detail</th><th>Total marks</th><th>Remarks</th></tr>
<tr><td>1</td><td>Market experience in quoted items</td><td><table><tr><td>i.</td><td>Above 5 years</td><td>5</td></tr><tr><td>ii.</td><td>3-5 yrs</td><td>3</td></tr><tr><td>iii.</td><td>1-2 yrs</td><td>1</td></tr></table></td><td>5</td><td>In case of authorize supplier, original manufacturer experience shall be attached. Experience less than 1 year are not eligible</td></tr>
<tr><td>2</td><td>Past performance</td><td>Major institution served<table><tr><td>i.</td><td>Above 10</td><td>10</td></tr><tr><td>ii.</td><td>8 to 10</td><td>8</td></tr><tr><td>iii.</td><td>5 to 7</td><td>6</td></tr><tr><td>iv</td><td>2 to 4</td><td>4</td></tr><tr><td>v.</td><td>1</td><td>2</td></tr><tr><td>vi</td><td>No institution served</td><td>0</td></tr></table></td><td>10</td><td>Institution include Government department, hospitals and private hospitals</td></tr>
<tr><td>3</td><td>Credibility and certification</td><td><table><tr><td>i.</td><td>Valid GMP certificate</td><td>5</td></tr><tr><td>ii.</td><td>Valid ISO certification</td><td>3</td></tr><tr><td>iii.</td><td>Any other relevant certification</td><td>2</td></tr></table></td><td>10</td><td>GMP issued by Drug Regulator Authority of Pakistan is required. Therapeutic goods which are not Registered with DRAP are not eligible.</td></tr>
<tr><td>4</td><td>Financial Status</td><td><table><tr><td>i.</td><td>Last year audited balance sheet</td><td>5</td></tr><tr><td>ii.</td><td>Tax returns last 3 years</td><td>3</td></tr><tr><td>iii.</td><td>Bank certificates about wealth, reputation and liquidity status that bidders have never defaulted</td><td>2</td></tr></table></td><td>10</td><td>Bidder can provide more than one certificate which indicates about bidder's financial wealth, liquidity status, reputation that they have never defaulted in financial transactions and letter</td></tr>
</table>

<table>
<tr><td></td><td></td><td></td><td></td><td>of credits.</td></tr>
<tr><td>5</td><td>Production capacity</td><td>Per day production capacity against the quoted items against total advertised quantity<table><tr><td>i</td><td>1.6-2%</td><td>5</td></tr><tr><td>ii</td><td>1.1-1.5%</td><td>3</td></tr><tr><td>iii</td><td>1%</td><td>2</td></tr><tr><td>iv</td><td>Less</td><td>0</td></tr></table></td><td>5</td><td></td></tr>
<tr><td>6</td><td>Product sample</td><td>Sample will be examine per following parameters
a) Labeling and packing rule 1986
b) Outer packing
c) Inner packing
d) Physical appearance<table><tr><td>i</td><td>Excellent</td><td>5</td></tr><tr><td>ii</td><td>Good</td><td>3</td></tr><tr><td>iii</td><td>Satisfactory</td><td>2</td></tr><tr><td>iv</td><td>Unsatisfactory</td><td>0</td></tr></table></td><td>5</td><td>Products that 100% comply with the advertised specification shall be considered for evaluation</td></tr>
<tr><td>7</td><td>Technical staff</td><td><table><tr><td>i</td><td>Plant manager</td><td>PHD/ MPHIL</td><td>2</td></tr><tr><td></td><td></td><td>Pharm</td><td>1</td></tr><tr><td>i</td><td>Production manger</td><td>PHD/ MPHIL</td><td>2</td></tr><tr><td></td><td></td><td>2</td><td>1</td></tr><tr><td>i</td><td>Quality surance manger</td><td>Pharm)/ MSc hemistry</td><td>1</td></tr><tr><td>i</td><td>Quality control manager</td><td>Pharm)/ MSc hemistry</td><td>1</td></tr></table></td><td>6</td><td>Bidder is required to attach relevant attested degree and appointment letter of the concerned staff</td></tr>
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<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>8</td><td>Bioequivalence study of the quoted products</td><td>Availability of bioequivalence study</td><td>3</td><td></td></tr>
<tr><td>9</td><td>Ranking of firm</td><td>Current ranking according to Sales (pharmaceutical sales index)<table><tr><td>i</td><td>Above 100</td><td>1</td></tr><tr><td>ii</td><td>60-99</td><td>3</td></tr><tr><td>iii</td><td>30-59</td><td>5</td></tr><tr><td>iv</td><td>1-29</td><td>6</td></tr></table></td><td>6</td><td>Attach certificate of current ranking</td></tr>
<tr><td>10</td><td>Source of Raw Material</td><td><table><tr><td rowspan="2">i</td><td rowspan="2">Active ingredient</td><td>Original Manufacture/research molecule /FDA approved</td><td>5</td></tr><tr><td>Others</td><td>3</td></tr><tr><td rowspan="2">ii</td><td rowspan="2">Excipient</td><td>Original Manufacture/research molecule /FDA approved</td><td>5</td></tr><tr><td>Others</td><td>3</td></tr></table></td><td>10</td><td>Attach certificate</td></tr>
<tr><td>11</td><td></td><td>Obtained marks=</td><td>Total = 70</td><td></td></tr>
</table>