

TENDER NOTICE

DAILY LP CONTRACT OF MEDICINE 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 Medicine 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 rebates/ discount to be offered on retail price of medicines.
2. The invitation to tender docus containing detailed terms and condition are aval at CMH Chunian office and the same can be obtained on any working day during office hours.
3. Last date of submission of tender for Daily LP medicines 16 Mar 2026 by 1130 hrs and must be deposited to Medical Officer in-charge Medical Store CMH Chunian.
4. The tender shall be opened on same day 16 Mar 2026 by 1200 hrs, in the presence of representative of bidders. CMH Chunian 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 www.ppra.org.pk.
6. For any information please contact Medical Officer in-charge Medical Store CMH Chunian on tel.
7. The sealed tender bids must comprise of a single package containing two separate envelope as per **PPRA Rules 36b:-**
 - a. The bids 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.

PTCL No. 0494530184


Capt/Maj
MO /C
(Med Store CMH Chunian)

Commanding Officer
Combined Military Hospital
Chunian Cantt

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 valid (Retail & Narcotics) 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) cert | | | |
| 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 running Medical Store. | | | |
| 13. | Work Experience of 3 Years in Pak Defense Forces Organization | | | |

Accepted / Not Accepted

Sign _____

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

CMH CHUNIAN

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

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

Firms Name _____

TECHICAL & 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 | 7/5 | |
| | | 2-3 years | 2 | |
| | | 1-2 years | 1 | |
| | | Less than 1 year | 0 | |
| 3. | Registered with DGDP | Yes | 10 | |
| | | No | 0 | |
| 4. | Registered with DGDP | More than 2 years | 10 | |
| | | 1-2 years | 5 | |
| | | Less than 1 year | 2 | |
| 5. | Financial Category with DGDP | Cat A | 10 | |
| | | Cat B | 5 | |
| | | Cat C | 3 | |
| | | Lower than Cat C | 1 | |
| 6. | No of items for which registered with DGDP | More than 500 | 10 | |
| | | 300-500 | 5 | |
| | | 100-300 | 2 | |
| | | Less than 100 | 1 | |
| 7. | Geographical spread | All over Pakistan (4 Provinces) | 10 | |
| | | 3 x Provinces | 7.5 | |
| | | 2 x Provinces | 5 | |
| | | 1x Provinces | 2.5 | |
| 8. | Current no of Independent Pharmacies (Both Retail and LP, JV not included) | 40 and above | 10 | |
| | | 30-40 | 7.5 | |
| | | 20-30 | 5 | |
| | | 10-20 | 2 | |
| | | Less than 10 | 0 | |
| 9. | (Pharmacy business) experience of company /firm vendor | 5 years and above | 10 | |
| | | Less than 5 years | 5 | |
| | | Less than 2 years | 2 | |
| | | Less than 1 year | 0 | |
| 10. | Organizational employment of staff (Account Numbers as proof) | More than 500 employees | 10 | |
| | | 300-500 employees | 5 | |
| | | 100-300 employees | 2 | |

| | | | | |
|-----|---|------------------------------|-------------------|----------------------|
| | | Less than 100 | 0 | |
| 11. | Whether medical store products are available at outlets/warehouse/virtual warehouse | Yes | Physical storage | 10 |
| | | | Virtual warehouse | 5 |
| | | No | | 0 |
| 12. | Warehouse facility of the company/firm/vendor (Share details) | Held | 10 | Recom to Be excluded |
| | | Not Held | 0 | |
| 13. | Whether warehouse is purpose built (humidity and temperature control facility) Or Some makeshift arrangement (residential Accommodation etc) | Purpose built | 10 | |
| | | Make shift arrangement | 0 | |
| | | Residential building | -10 | |
| 14. | Value of Inventory held at warehouse before And throughout contract period (Proof of Inventory and random sample checking During series of surprise visits) | 100 Mn and above | 10 | |
| | | 50-100 Mn | 5 | |
| | | 20-50 Mn | 2 | |
| | | Less than 20 Mn | 0 | |
| 15. | Accumulative value of Inventory held at all Pharmacies throughout the year (On judicial stamp paper duly notarized by oath commissioner) | 400 Mn and above | 10 | |
| | | 200-400 Mn | 5 | |
| | | 50-200 Mn | 2 | |
| | | Less than 50 Mn | 0 | |
| 16. | Area of warehouse | 3 Kanal and above | 10 | |
| | | 2-3 Kanal | 5 | |
| | | 1 Kanal | 2 | |
| 17. | Availability of cold chain enabled transport to ensure daily supply of demand of medical store items | Yes | 10 | |
| | | No | 0 | |
| 18. | Aval of cold storage and backup electrical supply at POS/ medical store (UPS or Generator) | Yes | 10 | |
| | | No | 0 | |
| 19. | Police verification of proprietor, Qualified pharmacist and staff | Yes | 10 | |
| | | No | 0 | |
| 20. | Security clearance with any defense Organization (name of organization to be mentioned along with evidence) | Yes | 10 | |
| | | No | 0 | |
| 21. | Details of doing business with Institutions during LFY (Documentary proof) | Army/Navy/PAF | 10 | |
| | | Federal Govt Institution | 5 | |
| | | Provincial Govt Institutions | 2 | |
| 22. | Have the firm/organization ever been Blacklisted? If, so (Share details) | Yes | 10 | |
| | | No | 0 | |
| 23. | Whether any of vendor's relative in pharmacy business got blacklisted (Share details) | Yes | 0 | |
| | | No | 10 | |
| 24. | Any dispute / negligence or court case instituted against the company/ firm Vendor culminating into blacklisting for certain period | Yes | 0 | |
| | | No | 10 | |
| 25. | FBR registration certificate of Company /Firm/vendor. | Yes | 10 | |
| | | No | 0 | |
| 26. | Registration with FBR | More Than 5 years | 10 | |
| | | 3-5 Years | 5 | |
| | | 1-2 Years | 2 | |
| | | Less than 1 year | 1 | |
| 27. | Direct POS integration with FBR | Yes | 10 | |

| | | | | |
|-----|--|-------------------|----|--|
| | | No | 0 | |
| 28. | Number of POS directly integrated with FBR | More than 30 | 20 | |
| | | 20-30 | 10 | |
| | | 10-20 | 5 | |
| | | Less than 10 | 2 | |
| 29. | Active tax payer list of company/firm /vendor | Yes | 10 | |
| | | No | 0 | |
| 30. | Amount of tax paid in LFY | 100 Mn and above | 20 | |
| | | 50-100 Mn | 10 | |
| | | 10-50 Mn | 5 | |
| | | 10 Mn and Less | 2 | |
| 31. | Salary disbursed to employees per month (Employment Generation Index) | 25 Mn and above | 20 | |
| | | 10-25 Mn | 10 | |
| | | 5-10 Mn | 5 | |
| | | Less than 5 Mn | 2 | |
| 32. | External audit of the company/firm Vendor (Share details) | Yes | 10 | |
| | | No | 0 | |
| 33. | Provision of annual audited financial Statements | 3 years incl LFY | 10 | |
| | | 2 year incl LFY | 5 | |
| | | 1 year incl LFY | 2 | |
| 34. | Annual (Pharmacy turnover of company /firm/vendor | 2.5 Bn and above | 10 | |
| | | 1.1 Bn to 2.4 Bn | 5 | |
| | | Upto 1 Bn | 2 | |
| 35. | Undertaking to produce valid copy of Drug Selling License before Commencement of operations/valid Copy of drug sale license held (copy of Drug sale license held (Copy to be produced) | Yes | 10 | |
| | | No | 0 | |
| 36. | Valid distribution license of the company /firm/Vendor | Yes | 10 | |
| | | No | 0 | |
| 37. | Provision of 24/7 emergent services By the company/firm/vendor | Less than ½ hour | 10 | |
| | | ½ to 2 hour | 8 | |
| | | More than 2 hours | 4 | |

Evaluation – Technical/Financial Marking

Total Score = (390)

Score attained =

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

1. I _____ owner of
_____ will give _____ % discount on medicines / medical
store items to CMH CHN.

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