

Contractor Should Provide following Documents

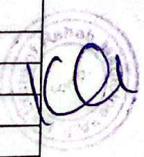
	Details of Documents	Remarks	
1	Valid Drug Selling License (Latest Valid upto 30 Jun 2027)		
2	Valid Sales Tax Registration Certificate (Latest)		
3	Valid Professional Tax Certificate (Latest)		
5	Valid NTN Certificate / Taxpayer Registration Certificate (Latest)		
4	Active tax payer list (ATL) cert (cert that name of is in list)		
7	03 x Specimen signatures of contractor on firm's letter pad		
6	Bank statement of last six month		
9	Postal address/contact number		
10	Police verification.		
11	Undertaking on affidavit regarding nor blacklisting of firm.		

PREQUALIFICATION, TECHNICAL & FINANCIAL EVALUATION MATRIX

Ser	Description	Criteria	Remarks	
1.	Registered with SECP	Yes		
		No		
2.	Registered with SECP	More than 5 years		
		3-5 Years		
		2-3 Years		
		1-2 Years		
		Less than 1 Year		
3.	Registered with DGDP	Yes		
		No		
4.	Registration with DGDP	More than 2 years		
		1-2 Years		
		Less than 1 year		
5.	Financial Category with DGDP	Cat A		
		Cat B		
		Cat C		
		Lower than Cat C		
6.	No of items for which registered with DGDP	More than 500		
		300-500		
		100-300		
		Less than 100		
7.	Geographical spread (LP contracts institutional)	All over Pakistan (4x Provinces)		
		3x Provinces		
		2x Provinces		
		1x Provinces		
8.	Current no of Independent Pharmacies (Both Retail and LP, JV not included)	40 and above		
		30-40		
		20-30		
		10-20		
		Less than 10		
9.	(Pharmacy Business) Experience of company / firm / vendor	5 Years and above		
		Less than 5 Years		
		Less than 2 years		
		Less than 1 years		
10.	Organizational employment of staff (Account numbers as proof)	More than 500 employees		
		300-500 employees		
		100-300 employees		
		Less than 100		
11.	Whether medical store products are available at outlets / warehouse/virtual warehouse Warehouse facility of the company / firm/vendor (share details)	Yes	Physical storage	
			Virtual warehouse	
		No	Held	
			Not Held	
12.	Whether warehouse is purpose built (Humidity and temperature control facility) or some make-shift arrangement (residential accommodation etc)	Purpose Built		
		Make shift arrangement		
		Residential building		
13.	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		
		50-100 Mn		
		20 – 50 Mn		
		Less than 20 Mn		
14.	Accumulative value of Inventory held at all pharmacies throughout the year (On judicial stamp paper duly notarized by Oath Commissioner)	400 Mn and above		
		200-400 Mn		
		50-200 Mn		
		Less than 50 Mn		
15.	Area of Warehouse	3 Kanal and above		
		2-3 Kanal		
		1 Kanal		
16.	Availability of cold chain enabled transport to	Yes		



	ensure daily supply of demand of medical store items	No	
17.	Aval of cold storage and backup electrical supply at POS/medical store (ups or generator)	Yes	
		No	
18.	Police verification of proprietor, qualified pharmacist and staff	Yes	
		NO	
19.	Security clearance with any defence organization (name of organization to be mentioned along with evidence)	Yes	
		No	
20.	Detail of doing Business with Institutions during LFY (Documentary proof)	Army / Navy / PAF	
		Federal Govt Institutions	
		Provincial Govt Institutions	
21.	Has the firm/organization ever been blacklisted? If so (share details)	Yes	
		No	
22.	Whether any of vendor's relative in pharmacy business got blacklisted (share details)	Yes	
		No	
23.	Any dispute/negligence or court case instituted against the company/firm/vendor culminating into blacklisting for certain period	Yes	
		No	
24.	FBR registration certificate of company/firm/vendor	Yes	
		No	
25.	Registration with FBR	More than 5 years	
		3-5 years	
		1-3 years	
		Less than 1 year	
26.	Direct POS integration with FBR	Yes	
		No	
27.	Number of POS directly intergerated with FBR	More than 30	
		20-30	
		10-20	
28.	Active tax payer list of company/firm/vendor	Yes	
		No	
29.	Amount of tax paid in LFY	100 Mn and above	
		50-100	
		10-50 Mn	
		10 Mn and less	
30.	Salary disbursed to employees per month (Employment Generation Index)	20 Mn and above	
		10-25 Mn	
		5-10 Mn	
		Less than 5 Mn	
31.	External audit of the company/firm/vendor (share details)	Yes	
		No	
32.	Provision of annual audited financial statements	8 years incl LFY	
		2 years incl LFY	
		1 years incl LFY	
33.	Annual (pharmacy) turnover of company/firm/vendor	2.5 Bn and above	
		1.1 Bn to 2.4 Bn	
		Upto 1 Bn	
34.	Undertaking to produce valid copy of drug selling license before commencement of operations/valid copy of drug sale license held (copy to be produced)	Yes	
		No	
35.	Valid distribution license of the company/firm/vendor	Yes	
		No	
36.	Provision of 24/7 emergent services by the company/firm/vendor	Less than ½ hour	
		½ to 2 hours	
		More than 2 hours	



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