

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) | | | |
| 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 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. | Registration 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 (LP Contracts Institutional) | All over Pakistan (4x Provinces) | 10 | |
| | | 3x Provinces | 7.5 | |
| | | 2x Provinces | 5 | |
| | | 1x Provinces | 2.5 | |
| | | Limited to a city | 0.5 | |
| 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 years | 0 | |
| 10. | Organizational Employment of staff | Over 500 Employees | 10 | |
| | | 201-499 Employees | 5 | |
| | | Less than 200 employees | 2.5 | |
| 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 | |
| | | Not Held | 0 | |
| 13. | Whether warehouse is purpose built (Humidity and temperature control facility) or some make shift arrangement (residential accommodation etc) | Purpose Built | 10 | |
| | | Make Shift arrangement | 0 | |
| | | Residential building | -10 | |

| Ser | Description | Criteria | Marks | Remarks |
|-----|---|------------------------------|-------|---------|
| 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 store 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 defence 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 Institutions | 5 | |
| | | Provincial Govt Institutions | 2 | |
| | | | | |
| 22. | Have the firm / organization ever been blacklisted? If, so (Share details) | Yes | 0 | |
| | | No | 10 | |
| 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 – 3 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 | |

| Ser | Description | Criteria | Marks | Remarks |
|--------------------|--|-------------------|------------|---------|
| 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 years incl LFY | 7 | |
| | | 1 years incl LFY | 4 | |
| 34. | Annual (Pharmacy) turnover of company / firms / vendor | 5 Bn and above | 10 | |
| | | 2.5 Bn to 5 Bn | 5 | |
| | | Upto 2 Bn | 2 | |
| 35. | 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 | |
| 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 hours | 8 | |
| | | More than 2 hours | 4 | |
| Total Score | | | 390 | |

Evaluation – Technical / Financial Marking

Score Secured x 100 = Percentage Secured (%)

Total Score = (390)

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