

**TENDER FOR HIRING OF THE SERVICES FOR TURNKEY
ESTABLISHMENT, INTEGRATION & OPERATIONS OF DIGITAL
TELEMEDICINE ECOSYSTEM (PILOT PHASE)**



**TWO STAGE BIDDING PROCEDURE
UNDER PPRA RULE 36(C)**

**GOVERNMENT OF PAKISTAN
Integrated Disease Surveillance and Response System (IDSRS)
National Institute of Health (NIH)**

04th April, 2026

Arafat Ahmad Qureshi
Assistant Director (Stores)
Purchase & Procurement Department
National Institute of Health
Islamabad

**National Institute of Health (NIH)
Park Road, Chak Shahzad, Islamabad
Office Ph # (92-051) 9255237**

TENDER DOCUMENT Reference No: F.30-1/2025-IDSRS-NIH

Date of Issuance: 04/04/2026

Bid Submission Deadline: 04-05-2026 @11:00 AM

Bid Opening: 04-05-2026 @11:30 AM

**TENDER FOR HIRING OF THE SERVICES FOR TURNKEY
ESTABLISHMENT, INTEGRATION & OPERATIONS OF DIGITAL
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Bid shall be opened on 4th May 2026 on the IDSRS Project Office, National Institute of Health, Ministry of National Health Services, Regulations and Coordination.

Name of Firm/Contractor/Company: _____
(Block Letter) _____

Address (Block Letter): _____

Telephone No: _____

Fax No: _____

E-mail: _____

Signature & Seal

Tender Fee of Rs. 10,000/- (Non-Refundable) vide Cash

Receipt No: _____ date: _____

Date of Bid Submission: _____


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INFORMATION OF TENDER SECTIONS

Section I - Invitation to Bids

This Section contains the Invitation to Bids and provides basic information regarding the procurement.

Section II- Instructions to Bidders (ITB)

This Section provides information to help Bidders prepare their Bids. Information is also provided on the submission, opening, and evaluation of Bids and on the award of Contracts. This Section contains provisions that are to be used without modifications.

Section III- Bid Data Sheet (BDS)

This Section includes provisions specific to this procurement and supplements Section II (Instructions to Bidders). This Section may be customized where options are provided, in accordance with the requirements of the Procuring Agency.

Section IV - Eligible Countries

This Section contains information regarding eligible countries.

Section V - Technical Specifications, Schedule of Requirements

This Section includes the List of Goods & Services, the Delivery and Completion Schedules, the Technical Specifications and the Drawings that describe the Goods & Services to be procured.

Section VI- Evaluation and Qualification Criteria

This Section specifies the criteria to determine the "Most Advantageous Bid" and qualification of the bidder to perform the contract

Section VII- Standard Forms

This Section includes the standard forms for the Bid Submission, Price Schedules, and Bid Security etc. These forms are to be completed and submitted by the Bidder as part of its Bid.

PART-B – CONDITIONS OF CONTRACT AND CONTRACT FORMS

Section VIII - General Conditions of Contract (GCC)

This Section includes the general clauses to be applied in all the contracts. This Section contains provisions that are to be used without modifications.

Section IX - Special Conditions of Contract (SCC)

This Section includes contract-specific provisions and may be customized in accordance with the requirements of the Procuring Agency.

Section X- Contract Forms

This Section contains forms which, once completed, will become part of the Contract. The forms for Performance Security will be submitted by the successful bidder to whom Letter of Acceptance is issued, before the award of contract.

Integrity Pact

The successful Bidder shall be required to furnish an Integrity Pact in the prescribed format, prior to signing of the Contract as per the attached format.


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SECTION I

I. Invitation to Bids

Government of Pakistan
Ministry of National Health Services Regulation & Coordination
Integrated Disease Surveillance and Response System
National Institute of Health (NIH)

Procurement Notice # F.29-1/2025-IDSRS-NIH

TENDER NOTICE

Integrated Disease Surveillance and Response System (IDSRS) Project, National Institute of Health (NIH), Ministry of National Health Services Regulation & Coordination, Islamabad intends to procure services from well-reputed, experienced, and technically sound firms / Joint Ventures / Consortia, registered with Sales Tax / Income Tax and on Active Taxpayer List (ATL) of FBR, having relevant experience, infrastructure, manpower and expertise for the following procurement under PPRA Rule 36(c) – extendable of the Public Procurement Rules, 2004 (as amended from time to time). Details are as under: -

S. No.	Description
1.	HIRING OF THE SERVICES FOR TURNKEY ESTABLISHMENT, INTEGRATION & OPERATIONS OF DIGITAL TELEMEDICINE ECOSYSTEM (PILOT PHASE).

2. The procurement shall be conducted under “Two-Stage Bidding Procedure” in accordance with PPRA Rule 36(c), due to the complex, integrated, and multi-component nature of the assignment, requiring technical consultations and refinement of specifications prior to finalization of financial proposals. Bids shall be collected and opened as per the following schedule:

Activity	Details
Submission of Stage-I (Technical Proposals Only)	Through e-Pak Acquisition & Disposal System (EPADS). All prospective bidders shall submit their proposals through EPADS.
Date, Time & Place of Opening (Stage-I)	04-05-2026 at 11:30 A.M, in IDSRS Project Office, National Institute of Health (NIH), Park Road, Chak Shahzad, Islamabad.


3. The assignment encompasses the comprehensive design, development, deployment, and integration of telemedicine platform, along with the establishment/renovation of telemedicine centers and supporting digital infrastructure. It further includes the supply, installation, and operationalization of telemedicine kiosks, as well as the integration of a pharmacy network with prescription fulfillment systems to ensure end-to-end service delivery. Additionally, the scope covers media, communication, and public health outreach campaigns to drive awareness and adoption, and the provision of qualified human resources and complete operational management on a turnkey basis for sustained and efficient service delivery.

4. Interested bidders must be duly registered with the Securities and Exchange Commission of Pakistan (SECP) or relevant regulatory authority, and with the Federal Board of Revenue (FBR) for National Tax Number (NTN) and Sales Tax Registration (GST), and must be on the Active Taxpayer List (ATL). The bidders should possess proven and verifiable experience in telemedicine, digital health solutions, IT systems, infrastructure development, and healthcare operations, along with demonstrated capability to execute complex turnkey and integrated projects of similar nature. Furthermore, the bidders must not be blacklisted or debarred under the Public Procurement Regulations, 2004. Detailed eligibility and qualification requirements are provided in the bidding documents.

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Purchase & Procurement Department
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5. Interested eligible bidders are requested to register themselves on the EPADS (<https://eprocure.gov.pk/>) and submit their documents on EPADS. The interested eligible bidders may obtain a complete set of bidding documents containing list of items, specifications of required items and detailed terms & conditions from the websites of PPRA and EPADS. The same shall also be obtained from Manager Procurement, IDSRS on payment of Rs. 10,000/- on any working days within the office hours (before the submission date of bid) on submission of written application on company letter head, duly supported by a copy of NTN and GST certificates.
6. The original hard copy of the uploaded bid must be submitted physically, on or before 11:00 A.M by 04-05-2026 in Procurement Manager, IDSRS room, NIH, Islamabad. The bids will be opened on the same date at 11:30 A.M in Procurement Manager, IDSRS room, NIH, Islamabad in terms of Rule 28 of PPRA, 2004. Submission through EPADS shall determine timeliness, responsiveness, and admissibility of the Bid. Hard copy submission, where required, shall be for record purposes only and shall not by itself invalidate an otherwise timely and responsive EPADS submission.
7. The detail and amount of the bid security as mentioned in the tender document shall be submitted along with the Technical Proposal (Stage-I) in the form of a Bank Draft (CDR) issued by a scheduled bank of Pakistan in favor of Finance Manager, IDSRS Project. Any bid not accompanied by the requisite Bid Security shall be considered non-responsive and rejected. Only technically responsive bidders shall be invited for Stage-II. Financial proposals submitted at Stage-I shall be rejected.
8. In terms of Rule 48 of Public Procurement Rules, 2004 Grievance Redressal Committee (GRC) is constituted for subject procurement. Notification of the said GRC is provided on EPADS at www.eprocure.gov.pk.
9. Further information in this regard, if any, can be sought during the office hours on Contact No. (92-051) 9255237 or email at mharis.khan@nih.org.pk.
10. This tender notice is also available on the websites of PPRA (www.ppra.gov.pk) and EPADS (www.eprocure.gov.pk). The procuring agency reserves the rights to accept or reject any or all bids/proposals in accordance with rule-33 of PPRA-2004 amended from time to time.

(Chairman Purchase Committee)
Integrated Disease Surveillance and Response System
National Institute of Health
Park Road, Chak Shahzad, Islamabad
Office Ph # (92-051)-9255237


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**TENDER FOR HIRING OF THE SERVICES FOR TURNKEY ESTABLISHMENT,
INTEGRATION & OPERATIONS OF DIGITAL TELEMEDICINE ECOSYSTEM
(PILOT PHASE)**

Bidding Procedure	Open Competitive Bidding (Two Stage Bidding Procedure) as per Rule 36(c) of the Public Procurement Rules, 2004, as amended from time to time.
Tender Fee (Mandatory)	<p>A non-refundable Tender Fee of PKR 10,000/- (Rupees Ten Thousand only) shall be paid in cash at the office of the Finance Manager, IDSRS Project, National Institute of Health (NIH), Islamabad, against an official receipt.</p> <p>Bidders shall submit a copy of the original cash receipt as proof of payment along with the Technical Proposal (Stage-I).</p> <p>Bids not accompanied by valid proof of Tender Fee payment shall be rejected as non-responsive.</p>
Earnest Money / Bid Security (Mandatory)	<p>A fixed Earnest Money / Bid Security amounting to PKR 60,000,000/- (Rupees Sixty Million only), refundable and in accordance with PPRA Rule 25, shall be furnished by the Bidder.</p> <p>The Bid Security shall be submitted from the account of the Bidder in the form of a Call Deposit Receipt (CDR) issued by a scheduled bank in Pakistan, in favor of Finance Manager, IDSRS Project, National Institute of Health (NIH), Islamabad.</p> <p>In case of two-stage bidding procedure, the Bid Security shall be submitted along with the Technical Proposal (Stage-I). The Bid Security amount has been determined considering the high-value, nationwide scope, and risk profile of the procurement to ensure participation of serious and capable bidders.</p> <p>A scanned copy of the Bid Security shall be uploaded on EPADS, and where required, the original instrument shall be submitted with the hard copy for record purposes.</p> <p>Bids not accompanied by a valid Bid Security shall be rejected as non-responsive.</p> <p>The Bid Security shall remain valid for a period of at least 28 days beyond the Bid Validity period, in accordance with the provisions of the Bidding Documents.</p>
Tender Document	<p>All pages of the Tender Document, including all annexures and supporting documents, shall be duly numbered, signed, and stamped by the Bidder. The complete set of documents shall be uploaded on EPADS in accordance with the prescribed procedure.</p> <p>For the purpose of evaluation and record, the electronically submitted version on EPADS shall be treated as final and binding. Any discrepancy between the uploaded version and the hard copy (if submitted) shall be resolved in favor of the EPADS submission.</p>


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<p>Submission</p>	<p>The completed Bids shall be submitted in two stages through EPADS, in accordance with the Bidding Documents, as follows:</p> <p>Stage-I (Technical Proposal):</p> <p>The Bidder shall submit only the Technical Proposal through EPADS on or before 11:00 AM, 04th May 2026. Any Bid containing financial information at this stage shall be rejected as non-responsive.</p> <p>Stage-II (Financial Proposal):</p> <p>Only those Bidders who are declared technically responsive shall be invited to submit their Financial Proposals through EPADS, on the date and time to be communicated by the Procuring Agency.</p> <p>Where required, one (01) original hard copy of the Bid (Technical Proposal at Stage-I and Technical & Financial Proposal at Stage-II, as applicable) shall be submitted at the Project Office for record purposes only.</p> <p>For the purpose of submission, responsiveness, and evaluation, the Bid submitted through EPADS shall be considered final and binding.</p> <p>No Bid submitted through EPADS after the prescribed deadline at any stage shall be accepted or considered.</p>
<p>Opening</p>	<p>The Technical Proposals (Stage-I) shall be opened on the same date at 11:30 AM through EPADS and, where applicable, in the presence of the Bidders or their authorized representatives who may choose to attend at the IDSRS Project Office, National Institute of Health (NIH), Islamabad.</p> <p>The Financial Proposals (Stage-II) of only those Bidders who are declared technically responsive shall be opened at a later date and time, which shall be communicated separately through EPADS.</p> <p>Incomplete, conditional, and late Bids (submitted through EPADS after the prescribed deadline) shall be rejected as non-responsive.</p>
<p>Clarification</p>	<p>All clarifications, queries, or requests for information regarding the Bidding Documents shall be submitted exclusively through the EPADS (Electronic Procurement and Asset Disposal System) portal.</p> <p>Bidders shall use the designated "Clarification/Query" module available on EPADS to communicate with the Procuring Agency. Any request for clarification submitted through any other mode shall not be entertained.</p> <p>All responses, clarifications, and addenda issued by the Procuring Agency shall be communicated through EPADS only and shall be deemed to form an integral part of the Bidding Documents.</p> <p>No clarification request shall be entertained later than five (05) days prior to the deadline for submission of bids.</p>

Note: Tender notice is available on the PPRA's website (www.ppra.org.pk)



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3 Mandatory Basic Eligibility Criteria

Table 1. (The Bidder may be a Single Entity or a Joint Venture (JV) / Consortium. Failure to comply with any of the following mandatory requirements shall render the Bid non-responsive under applicable provisions of the Public Procurement Rules, 2004 and all the documents must be attached with Technical Bid).

Mandatory Requirements					
Name of Firm					
Authorized Person Name and Signature					
S. No.	Mandatory Requirement	Minimum Requirement	Documents Required	Compliance Responsibility	Compliance (Yes/No)
1	Legal Status	Must be a legally registered entity	Certificate of Incorporation / Registration	Single Bidder / Each Member (in case of JV)	
2	Tax Registration	Must be registered with FBR and on Active Taxpayer List (ATL)	NTN, STRN, ATL proof	Single Bidder / Each Member (in case of JV)	
3	Tender Fee	Mandatory payment prior to submission	Original receipt	Single Bidder / Lead Member (in case of JV)	
4	Bid Security	Must be submitted as per BDS	Original CDR	Single Bidder / Lead Member (in case of JV)	
5	Relevant Experience	The Bidder shall have minimum five (05) years' experience in execution of at least one (01) or more contracts involving telemedicine services, digital health platforms, large-scale IT systems, call center operations, or integrated service delivery projects of similar nature and complexity	Copy of contracts / work orders / completion certificates clearly indicating scope and duration OR, in case of direct-to-customer (B2C) service model: (System-generated usage analytics - 3 months, demonstrating active users, transactions, or consultation, Publicly accessible platform links, website / mobile application, Platform ownership proof, domain ownership,	Single Bidder OR Lead Member (in case of JV)	

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			app listing, or official declaration, Operational dashboards or reports indicating scale of deployment)		
6	Financial Capacity	The Bidder shall demonstrate financial capacity by having average annual turnover of at least PKR Rs. 500/- million during the last three (03) financial years OR sufficient financial resources to perform the Contract	Audited financial statements for last three (03) years duly certified by Chartered Accountant OR Bank Certificate indicating financial soundness	Single Bidder OR Combined (in case of JV)	
7	Technical Capability	The Bidder shall demonstrate capability to deploy and operate integrated telemedicine and digital service delivery systems, including at least one (01) of the following: (i) telemedicine platform or digital health system, (ii) call center / teleconsultation system, (iii) IT-enabled service delivery system, or (iv) logistics / field service operations of similar scale	Documentary evidence such as contracts, work orders, completion certificates, or client references clearly indicating scope of services In case of direct-to-customer (B2C) service delivery, the bidder shall provide: • System-generated usage analytics (last 3 months) demonstrating active users / transactions / consultations • Public platform links (website / mobile app) with proof of ownership or control • Platform dashboards or reports indicating operational scale and usage.	Single Bidder OR Lead Member OR Combined (in case of JV)	 Arafat Ahmad Qureshi Assistant Director (Stores) Purchase & Procurement Directorate National Institute of Health Islamabad
8	Regulatory Compliance (if applicable)	The Bidder shall possess all mandatory regulatory licenses and registrations	Valid Drug Sale License, POS Integration Certificate (FBR), and any other	Single Bidder OR Relevant Member (in case of JV)	


		required under applicable laws of Pakistan for execution of healthcare, pharmacy, and diagnostic components, including but not limited to valid Drug Sale License and FBR POS Integration (where applicable)	applicable regulatory approvals		
9	PEC Registration (if applicable)	In case of civil, infrastructure, the Bidder or relevant JV member must be registered with Pakistan Engineering Council (PEC) in appropriate category C-3 or above, with relevant construction codes required for execution of works	Valid PEC Registration Certificate with relevant codes,	Single Bidder / Relevant Member (in case of JV)	
10	PSEB Registration (IT Component)	The Bidder involved in development, deployment, or operation of IT/software components shall be registered with Pakistan Software Export Board (PSEB)	Valid PSEB Registration Certificate	Single Bidder OR Lead Member OR Relevant IT Member (in case of JV)	
11	Blacklisting Status	Must not be blacklisted by any Govt entity	Notarized Affidavit on Stamp Paper of Rs. 500/-	Single Bidder / Each Member (in case of JV)	
12	Litigation Disclosure	Must disclose all litigation (if any)	Details on Notarized Affidavit on Stamp Paper of Rs. 500/-	Single Bidder / Each Member (in case of JV)	


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13	Acceptance of Tender Conditions	Acceptance without deviation	Signed undertaking on Letter Head	Single Bidder / Lead Member (in case of JV)	
14	Completeness of Bid	Complete submission through EPADS	EPADS submission + signed documents	Single Bidder / Lead Member (in case of JV)	

ADDITIONAL REQUIREMENTS (ONLY FOR JV / CONSORTIUM)

S. No.	Requirement	Minimum Requirement	Documents Required	Compliance Requirement	Compliance (Yes/No)
JV-1	JV / Consortium Agreement	A duly executed and notarized Joint Venture / Consortium Agreement shall be provided, clearly defining structure, shareholding, and responsibilities of each member	JV Agreement	Mandatory	
JV-2	Lead Member	A Lead Member shall be clearly identified, holding not less than 51% share in the JV/Consortium	JV Agreement	Mandatory	
JV-3	Authorization	The Lead Member shall be duly authorized to represent and bind all members of the JV/Consortium	Power of Attorney in favor of Lead Member	Mandatory	
JV-4	Liability	All members shall be jointly and severally liable for execution of the Contract	Explicit clause in JV Agreement	Mandatory	
JV-5	Roles & Responsibilities	The scope, roles, and responsibilities of each member shall be clearly defined and non-overlapping	JV Agreement	Mandatory	


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JV-6	Stability of JV	The composition of the JV/Consortium shall remain unchanged after submission of the Bid and throughout execution of the Contract, unless prior written approval is obtained from the Procuring Agency	Undertaking on Stamp Paper of Rs. 1200/-	Mandatory	
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Mandatory Note:

1. The bidders must submit their bids along with all relevant documents through the PPRA online portal (EPADS). Failure to comply with any mandatory requirement (Basic Eligibility Criteria) shall result in the bid being declared non-responsive.
2. In case of Joint Venture / Consortium, the Bid shall be evaluated based on the collective compliance of members as specified under "Compliance Responsibility". Failure of any member to meet a requirement applicable to "Each Member" shall render the Bid non-responsive.
3. The Procuring Agency reserves the right to verify all submitted documents. Any misrepresentation, falsification, or concealment of information shall result in disqualification and may lead to blacklisting proceedings under PPRA Rule 19.
4. Failure to comply with any of the above requirements shall render the Bid non-responsive.
5. In case of inconsistency between the JV Agreement and any other submitted document, the JV Agreement shall prevail.
6. No member of a JV/Consortium shall participate in more than one Bid, either individually or as a member of another JV/Consortium. Violation of this condition shall result in disqualification of all such Bids.


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SECTION-II: INSTRUCTIONS TO BIDDERS (ITB)

General Instructions to Bidders

Bidders are advised to carefully read and strictly comply with all instructions, terms, and conditions contained in the Bidding Documents. Any discrepancy, ambiguity, or omission observed in the Bidding Documents may be communicated to the Procuring Agency, in writing or through EPADS, not later than five (05) days prior to the bid submission deadline.

The Procuring Agency reserves the right to accept or reject any or all bids, and to annul the bidding process at any time prior to the award of contract, in accordance with applicable provisions of Public Procurement Rules 2004. All procurement proceedings, including bid opening, evaluation, and award of contract, shall be conducted in a transparent and fair manner in accordance with the Public Procurement Regulatory Framework.

Any bidder feeling aggrieved by any act of the Procuring Agency during the procurement process may lodge a written complaint in accordance with Rule 48 of the Public Procurement Rules, 2004. The Procuring Agency shall constitute a Grievance Redressal Committee (GRC) to address such complaints within the prescribed timelines. In case of dissatisfaction with the decision of the Grievance Redressal Committee, the bidder may avail further remedies as provided under the applicable provisions of the Public Procurement Regulatory Framework.

A Introduction

1. Scope of Bid:

The Procuring Agency (PA), as indicated in the Bid Data Sheet (BDS), invites Bids for the **turnkey establishment, integration, deployment, operation, and maintenance of a Digital Telemedicine Ecosystem**, including supply of goods, provision of related services, software development/customization, system integration, infrastructure deployment, and operational support, as specified in the BDS and Section V – Technical Specifications & Schedule of Requirements.

The successful Bidder shall be responsible for the **complete lifecycle implementation**, including design, development, installation, testing, commissioning, integration with existing national health systems, and operational management for the specified contract period, in accordance with the timelines defined in the BDS.

2. Source of Funds:

The source of funds for this procurement is the Government of Pakistan through the Integrated Disease Surveillance and Response System (IDRS) Project.

3. Eligible Bidders:

3.1 A Bidder may be natural person, company or firm or public or semi-public agency of Pakistan or any foreign country, or any combination of them with a formal existing agreement (on Judicial Papers) in the form of a joint venture, consortium, or association. In the case of a joint venture, consortium, or association, all members shall be jointly and severally liable for the execution of the Contract in accordance with the terms and conditions of the Contract. The joint venture, consortium, or association shall nominate a Lead Member as nominated in the BDS, who shall have the authority to conduct all business for and on behalf of any and all the members of the joint venture, consortium, or association during the Bidding process, and in case of award of contract, during the execution of contract.

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3.2 The appointment of Lead Member in the joint venture, consortium, or association shall be confirmed by submission of a valid Power of Attorney to the Procuring Agency.

3.3 Verifiable copy of the agreement that forms a joint venture, consortium or association shall be required to be submitted as part of the Bid.

3.4 Any bid submitted by the joint venture, consortium or association shall indicate the part of proposed contract to be performed by each party and each party shall be evaluated (or post qualified if required) with respect to its contribution only, and the responsibilities of each party shall not be substantially altered without prior written approval of the Procuring Agency and in line with any instructions issued by the Authority.

3.5 The invitation for Bids is open to all prospective suppliers, manufacturers or authorized agents/dealers subject to any provisions of incorporation or licensing by the respective national incorporating agency or statutory body established for that particular trade or business.

3.6 Foreign Bidders must be locally registered with the appropriate national incorporating body or the statutory body, before participating in the national/international competitive tendering with the exception of such procurements made by the foreign missions of Pakistan. For such purpose the bidder must have to initiate the registration process before the bid submission and the necessary evidence shall be submitted to the procuring agency along with their bid, however, the final award will be subject to the complete registration process.

3.7 A Bidder shall not have a conflict of interest. All Bidders found to have a conflict of interest shall be disqualified. A Bidders may be considered to have a conflict of interest with one or more parties in this Bidding process, if they:

- a) are associated or have been associated in the past, directly or indirectly with a firm or any of its affiliates which have been engaged by the Procuring Agency to provide consulting services for the preparation of the design, specifications and other documents to be used for the procurement of the goods to be purchased under this Invitation for Bids.
- b) have controlling shareholders in common; or
- c) receive or have received any direct or indirect subsidy from any of them; or
- d) have the same legal representative for purposes of this Bid; or
- e) have a relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the Bid of another Bidder, or influence the decisions of the Procuring Agency regarding this Bidding process; or
- f) Submit more than one Bid in this Bidding process.
- g) Participated as a consultant in the preparation of the design or technical specifications of the services that are the subject of the Bid.

3.8 A Bidder may be ineligible if –

- a) he is declared bankrupt or, in the case of company or firm, insolvent;
- b) payments in favor of the Bidder are suspended in accordance with the judgment of a court of law other than a judgment declaring bankruptcy and resulting (in accordance with the national laws) in the total or partial loss of the right to administer and dispose of its property;
- c) legal proceedings are instituted against such Bidder involving an order suspending payments and which may result, in accordance with the national laws, in a declaration of bankruptcy or in any other situation entailing the total or partial loss of the right to administer and dispose of the property;

- d) the Bidder is convicted, by a final judgment, of any offence involving professional conduct;
- e) the Bidder is blacklisted and hence debarred due to involvement in corrupt and fraudulent practices, or performance failure or due to breach of bid securing declaration.
- f) The firm, supplier and contractor is blacklisted or debarred by a foreign country, international organization, or other foreign institutions for the period defined by them.
- 3.9 Bidders shall provide to the Procuring Agency evidence of their eligibility, proof of compliance with the necessary legal technical and financial requirements and their capability and adequacy of resources to carry out the contract effectively.
- 3.10 Bidders shall provide such evidence of their continued eligibility to the satisfaction of the Procuring Agency, as the Procuring Agency shall reasonably request.
- 3.11 Bidders shall submit proposals relating to the nature, conditions and modalities of sub-contracting wherever the sub-contracting of any elements of the contract amounting to the more than ten (10) percent of the Bid price is envisaged.

4. Eligible Goods and Related Services:

- 4.1 All goods and related services to be supplied under the Contract shall have their origin in eligible source countries, and all expenditures made under the Contract shall be limited to such goods and services. For the purposes of this Clause, ineligible countries, if any, are specified in Section IV – Eligible Countries”.
- 4.2 For the purposes of this Clause, “origin” means the place where the goods are mined, grown, cultivated, produced, manufactured, or processed, or through manufacture, processing, or assembly, another commercially recognized article results that differs substantially in its basic characteristics from its components.
- 4.3 The nationality of the Bidder or supplier shall not determine the origin of the goods and related services.
- 4.4 To establish the eligibility of the goods and related services, Bidders shall complete the country-of-origin declarations included in the Form of Bid.
- 4.5 If required in the BDS, the Bidder shall demonstrate that it has been duly authorized by the manufacturer or original equipment manufacturer (OEM) to supply, install, and support the goods and related services indicated in its Bid.
- 4.6 All Goods and Related Services to be supplied under the contract shall conform to the policies of the Government of Pakistan in vogue. All expenditures made under the contract shall be limited to such Goods and Related Services and services. For purposes of this clause, (a) the term.
- 4.7 For the purposes of this Clause, “goods” include all hardware, equipment, devices, systems, and associated infrastructure components required for the successful implementation of the project, while “related services” include but are not limited to software development/customization, system integration, installation, testing, commissioning, training, operation, maintenance, support services, and other obligations specified in the Contract.


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5. One Bid per Bidder:

- 5.1 A Bidder shall submit only one Bid in the same bidding process, either individually as a Bidder or as a member of a joint venture, consortium, or association.
- 5.2 A Bidder submitting a Bid individually or as a member of a joint venture, consortium, or association shall not participate as a subcontractor in another Bid in the same bidding process.
- 5.3 A person or firm shall not act as a subcontractor to more than one Bidder in the same bidding process.

6. Cost of Bidding:

- 6.1 The Bidder shall bear all costs associated with the preparation and submission of its Bid, and the Procuring Agency shall in no case be responsible or liable for those costs, regardless of the conduct or outcome of the bidding process.

7. Bidding for Selective Items:

The Bidder shall submit a Bid for the **complete scope of work** as defined in the Bidding Documents. Partial bids, item-wise bids, or bids for selective components of the project shall not be permitted and shall be considered non-responsive. The procurement is intended to be executed on a **turnkey basis**, requiring a single Bidder to assume full responsibility for the design, supply, installation, integration, commissioning, and operation of the entire telemedicine ecosystem in accordance with the requirements specified in the Bidding Documents

B Bidding Document

8. Content of Bidding Document:

8.1. The goods and related services required, bidding procedures, and contract terms are prescribed in the Bidding Documents. The Bidding Documents, which should be read in conjunction with any addenda issued in accordance with ITB Clause 10, include:

- | | |
|-----------------|--|
| • Section I- | Invitation to Bids |
| • Section II- | Instructions to Bidders (ITB) |
| • Section III | Bid Data Sheet (BDS) |
| • Section IV- | Eligible Countries |
| • Section V- | Technical Specifications, Schedule of Requirements |
| • Section VI- | Evaluation and Qualification Criteria |
| • Section VII- | Standard Forms |
| • Section VIII- | General Conditions of Contract (GCC) |
| • Section IX- | Special Conditions of Contract (SCC) |
| • Section X- | Contract Forms |

8.2 The number of copies to be completed and submitted with the Bid shall be specified in the BDS.

8.3 The Procuring Agency shall not be responsible for the completeness of the Bidding Documents and their addenda, if they were not obtained directly from the Procuring Agency or downloaded from its official website or EPADS portal. For facilitation, the Procuring Agency may provide both PDF and editable versions of the Bidding Documents; however, in case of any discrepancy, the officially issued version shall prevail.


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8.4 The Bidder is expected to examine all instructions, forms, terms, and specifications contained in the Bidding Documents. Failure to furnish all information required or submission of a bid not substantially responsive to the Bidding Documents in every respect may result in rejection of the Bid.

9. Clarification of Bidding Documents:

9.1 A prospective Bidder requiring any clarification of the Bidding Documents may notify the Procuring Agency in writing or through EPADS or any electronic means that provides a record of the communication, at the address indicated in the BDS.

9.2 The Procuring Agency shall respond in writing or through EPADS to any request for clarification, provided that such request is received not later than **five (05) days** prior to the deadline for submission of Bids as prescribed in ITB Clause 23.1.

9.3 Copies of the Procuring Agency's response shall be communicated to all prospective Bidders through EPADS and/or the official website of the Procuring Agency, including a description of the inquiry, but without identifying its source.

9.4 Should the Procuring Agency deem it necessary to amend the Bidding Documents as a result of a clarification, it shall do so in accordance with the procedure specified under ITB Clause 10.

9.5 If indicated in the BDS, a pre-bid meeting shall be held at the place, date, and time specified in the BDS. Participation may be physical or virtual, as notified. During such meeting, prospective Bidders may seek clarifications regarding the Schedule of Requirements, Evaluation Criteria, or any other aspect of the Bidding Documents.

9.6 Minutes of the pre-bid meeting, including the text of the questions raised (without identifying the source) and the responses given, together with any additional clarifications, shall be communicated to all prospective Bidders through EPADS and/or the official website. Any modification to the Bidding Documents arising from the pre-bid meeting shall be issued only through an Addendum in accordance with ITB Clause 10. Non-attendance at the pre-bid meeting shall not be a cause for disqualification of a Bidder.

10. Amendment of Bidding Documents:

10.1 At any time prior to the deadline for submission of Bids, the Procuring Agency may, for any reason, whether on its own initiative or in response to a request for clarification or outcomes of a pre-bid meeting, amend the Bidding Documents by issuing an addendum.

10.2 Any addendum issued, including any extension of the deadline for submission of Bids, shall form an integral part of the Bidding Documents in accordance with ITB Clause 8.1 and shall be communicated to all prospective Bidders through EPADS and/or the official website of the Procuring Agency. Bidders who have already submitted their Bids prior to the issuance of an addendum shall have the option to withdraw and resubmit their Bids, provided that such resubmission is made before the original or extended deadline for submission of Bids.

10.3 To allow prospective Bidders reasonable time to take an addendum into account in preparing their Bids, the Procuring Agency may, at its discretion, extend the deadline for submission of Bids. However, if an addendum is issued within the last three (03) days prior to the deadline for submission of Bids, the Procuring Agency shall extend the deadline accordingly.

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C. Preparation of Bids

11. Language of Bid:

11.1 The Bid prepared by the Bidder, as well as all correspondence and documents relating to the Bid exchanged between the Bidder and the Procuring Agency, shall be written in the English language, unless otherwise specified in the BDS. Supporting documents and printed literature furnished by the Bidder may be in another language, provided they are accompanied by an accurate translation of the relevant portions in the English language. In case of any inconsistency, the English translation shall prevail.

11.2 Where the use of a local language is specified in the BDS, the original documentation may be submitted in Urdu or English. For the purposes of interpretation, the version specified in the BDS shall prevail.

11.3 In case of any dispute, reference shall be made to the original documentation as specified in the BDS and retained on record by the Procuring Agency.

12. Documents Constituting the Bid:

12.1 Stage-I (Technical Proposal)

The Bid submitted at Stage-I shall comprise the following:

- a) Bid Submission Form (without financial information);
- b) Detailed Technical Proposal including system architecture, methodology, implementation plan, and operational approach
- c) Documentary evidence establishing the Bidder's eligibility and qualification in accordance with ITB Clause 14;
- d) Documentary evidence demonstrating that the proposed goods and related services conform to the requirements of the Bidding Documents; Authorization from the Original Equipment Manufacturer (OEM), where applicable;
- e) Company profile, relevant experience, and past performance details;
- f) Details of key personnel and technical team;
- g) Bid Security (mandatory as per BDS);
- h) Power of Attorney authorizing the signatory of the Bid; and
- i) Any other document as specified in the BDS

12.2 Stage-II (Revised Technical and Financial Proposal)

Bidders who qualify Stage-I shall be invited to submit Stage-II proposals, which shall comprise:

- a) Revised Technical Proposal incorporating modifications, if any, as communicated by the Procuring Agency
- b) Financial Proposal/Price Schedule duly completed in accordance with ITB Clauses 15 and 16;
- c) Any additional documents required as specified in the BDS

12.3 The financial proposal shall not be submitted at Stage-I. Any Bid containing financial information at Stage-I shall be rejected as non-responsive.

12.4 All documents submitted by the Bidder shall be duly signed by the authorized representative and shall form an integral part of the Bid.

13. Documents Establishing Eligibility of Goods and Related Services and Conformity to Bidding Documents:

13.1 Pursuant to this Clause, the Bidder shall furnish, as part of its Bid, documentary evidence establishing that the goods and related services proposed to be supplied are eligible and conform to the requirements specified in the Bidding Documents.

13.2 The documentary evidence of eligibility of the goods and related services shall consist of a statement in the Bid regarding the country of origin of the goods and services offered, which shall be confirmed by a certificate of origin, where applicable, at the time of delivery.

13.3 The documentary evidence of conformity of the goods and related services to the Bidding Documents may be in the form of literature, drawings, system architecture documents, technical data, and shall include:

- a) A detailed description of the essential technical specifications and performance characteristics of the goods and related services;
- b) An item-by-item commentary demonstrating substantial responsiveness of the proposed solution to the Technical Specifications, including identification of any deviations and exceptions;
- c) Any other procurement-specific documentation requirements as specified in the BDS.

13.4 The Bidder shall also furnish relevant details, including available sources, maintenance support arrangements, and indicative costs of spare parts, tools, and services necessary for the proper and continuous functioning of the system during the period specified in the BDS.

13.5 For the purposes of demonstrating conformity, the Bidder shall note that standards for workmanship, materials, equipment, system design, or references to brand names or catalogue numbers specified by the Procuring Agency are intended to be descriptive and not restrictive. The Bidder may propose equivalent alternatives, provided that it demonstrates to the satisfaction of the Procuring Agency that such alternatives ensure substantial equivalence.

13.6 All documents and supporting materials shall be in English. Documents in other languages shall be accompanied by an accurate English translation, which shall prevail in case of any inconsistency.

14. Documents Establishing Eligibility and Qualification of the Bidder

14.1 Pursuant to ITB Clause 12, the Bidder shall furnish, as part of its Bid, all documents establishing the Bidder's eligibility to participate in the bidding process and its qualification to perform the Contract if its Bid is accepted.

14.2 The documentary evidence of the Bidder's eligibility shall establish, to the satisfaction of the Procuring Agency, that the Bidder is from an eligible country as defined in Section IV – Eligible Countries.

14.3 The documentary evidence of the Bidder's qualifications shall establish, to the satisfaction of the Procuring Agency, that:

- a) In the case of a Bidder offering to supply goods and related services not manufactured or produced by the Bidder, the Bidder has been duly authorized by the Original Equipment Manufacturer (OEM) or producer to supply, install, and support such goods and services in Pakistan, where applicable.


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- b) The Bidder possesses the financial, technical, and operational capability necessary to perform the Contract and meets the qualification criteria specified in the BDS;
- c) In the case of a Bidder not having a registered presence in Pakistan, the Bidder is, or will be (if awarded the Contract), represented by a local agent or partner capable of fulfilling obligations related to installation, operation, maintenance, and support services as specified in the Contract;
- d) The Bidder complies with all qualification and eligibility requirements specified in the BDS

15. Form of Bid:

15.1 The Bidder shall complete the Form of Bid furnished in the Bidding Documents. The Form of Bid shall be completed without any alteration to its format and no substitute shall be accepted.

15.2 At **Stage-I**, the Bidder shall submit the Form of Bid along with the Technical Proposal only. No financial information shall be included at this stage.

15.3 At **Stage-II**, only those Bidders who are invited by the Procuring Agency shall submit a revised Form of Bid, along with the Financial Proposal/Price Schedule, in accordance with the requirements specified in the Bidding Documents.

15.4 Any Bid containing financial information at Stage-I shall be considered non-responsive and shall be rejected

16. Bid Prices

16.1 The Bidder shall indicate the prices for the complete scope of work in accordance with the requirements specified in the Bidding Documents.

16.2 At **Stage-I**, no financial information shall be submitted. Any Bid containing price information at Stage-I shall be rejected as non-responsive.

16.3 At **Stage-II**, Bidders shall submit a detailed Financial Proposal, including a Price Schedule, covering all components of the project.

16.4 The Bid price shall be quoted for the **entire turnkey solution**, including but not limited to design, supply, installation, integration, commissioning, operation, maintenance, and all related services.

16.5 The Price Schedule shall clearly distinguish between:

a) **Capital Expenditure (CAPEX):**

Including hardware, equipment, kiosks, infrastructure, civil works, system deployment, and commissioning;

b) **Operational Expenditure (OPEX):**

Including operations, maintenance, support services, staffing, software licensing, hosting, and other recurring costs.

16.6 All prices shall be quoted inclusive of all applicable taxes, duties, transportation, insurance, installation, and commissioning costs.

16.7 The Bidder shall provide a detailed breakdown of costs in the Price Schedule. Any item not explicitly priced shall be deemed to be included in other prices and no separate payment shall be made.

16.8 CAPEX payment shall be made as a single lump-sum payment upon complete execution, installation, integration, testing, commissioning, and formal acceptance of all CAPEX-related deliverables. Payment shall be subject to verification by the Technical Committee, endorsement by the Procurement Committee, and approval of the Competent Authority. No advance, interim, or milestone payment shall be admissible under any circumstances.

16.9 Prices quoted by the Bidder shall remain **firm and fixed** for CAPEX components during the contract period. OPEX components shall be payable in accordance with the agreed rates specified in the Price Schedule and shall not be subject to arbitrary variation.

16.10 If indicated in the BDS, Bidders may offer discounts, which shall be clearly specified in the Financial Proposal.

16.11 The Bidder shall ensure that the Financial Proposal is complete in all respects. Any omission may render the Bid non-responsive.

17. Bid Currencies:

17.1 Prices shall be quoted in the following currencies: -

a) For goods and related services to be supplied from within Pakistan, the prices shall be quoted in Pakistani Rupees (PKR), unless otherwise specified in the BDS;

b) For goods and related services to be supplied from outside Pakistan, or for imported components, the Bid prices may be quoted in any freely convertible foreign currency. If the Bidder wishes to be paid in a combination of currencies, it may quote accordingly, provided that no more than three foreign currencies are used.

17.2 For the purpose of comparison of Bids quoted in different currencies, all prices shall be converted into a single currency specified in the Bidding Documents. The rate of exchange shall be the selling rate prevailing on the date of opening of the financial proposals, as notified by the State Bank of Pakistan.

17.3 Bidders shall indicate details of any foreign currency requirements in their Financial Proposal.

17.4 The Procuring Agency may require Bidders to justify and substantiate their foreign currency requirements to ensure that such requirements are reasonable and consistent with the scope of work.

18. Bid Validity Period:

18.1 Bids shall remain valid for the period specified in the BDS, calculated from the deadline for submission of Bids prescribed by the Procuring Agency. A Bid valid for a shorter period shall be rejected as non-responsive.

18.2 In exceptional circumstances, prior to the expiry of the Bid validity period, the Procuring Agency may request Bidders to extend the period of validity of their Bids. The request and the


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responses shall be made in writing or through electronic means that provide a record of communication.

A Bidder may refuse such request without forfeiting its Bid Security. A Bidder agreeing to the request shall not be permitted to modify its Bid, and shall be required to extend the validity of its Bid Security accordingly.

18.3 The Bid Security shall remain valid for a period specified in the BDS, and shall be extended correspondingly if the Bid validity period is extended.

19. Bid Security:

19.1 Unless otherwise specified in the BDS, the Bidder shall furnish, as part of its Bid, a Bid Security in the amount and currency specified in the BDS. The Bid Security shall not exceed five percent (5%) of the estimated value of procurement.

19.2 The Bid Security is required to protect the Procuring Agency against the risk of Bidder's conduct which would warrant forfeiture, pursuant to ITB Clause 19.9.

19.3 The Bid Security shall be denominated in Pakistani Rupees or in another freely convertible currency, and shall be in the form specified in the BDS, which may include:

- a) In the form provided in the Bidding Documents, valid for at least twenty-eight (28) days beyond the Bid validity period;
- b) Any other instrument specified in the BDS.

19.4 The Bid Security shall be in accordance with the form included in Section VII (Standard Forms), or another form approved by the Procuring Agency prior to bid submission.

19.5 The Bid Security shall be payable promptly upon written demand by the Procuring Agency in case any of the conditions listed in ITB Clause 19.9 are invoked.

19.6 Any Bid not accompanied by a Bid Security, in accordance with this Clause, shall be rejected as non-responsive.

19.7 Unsuccessful Bidders' Bid Securities shall be returned as promptly as possible, but not later than thirty (30) days after the expiry of the Bid validity period. The Procuring Agency shall return the Bid Security upon the earliest occurrence of the following:

- (a) the expiry of the Bid Security;
- (b) Signing of the contract and submission of Performance Security by the successful Bidder;
- (c) the rejection by the Procuring Agency of all Bids;
- (d) the withdrawal of the Bid prior to the deadline for the submission of Bids, unless the Bidding documents stipulate that no such withdrawal is permitted.

19.8 The successful Bidder's Bid Security shall be discharged upon signing of the Contract and furnishing of the Performance Security.

19.9 The Bid Security may be forfeited:

- a) if a Bidder:


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- i) The Bidder withdraws its Bid during the Bid validity period; or
 - ii) The Bidder does not accept correction of errors; or
- b) in the case of a successful Bidder, if the Bidder fails
- i) Sign the Contract; or
 - ii) Furnish the required Performance Security.

20. Alternative Bids by Bidders:

20.1 Bidders shall submit proposals that fully comply with the requirements of the Bidding Documents, including the baseline technical solution as specified in the Technical Specifications and Scope of Work. Alternative proposals shall not be permitted unless explicitly allowed in the BDS.

20.2 If alternative technical solutions are permitted as specified in the BDS, the Bidder shall also submit a proposal that fully complies with the baseline requirements of the Bidding Documents. The alternative proposal shall be submitted in addition to, and not in substitution of, the compliant proposal.

20.3 Any alternative proposal shall include complete technical details, including system architecture, specifications, methodology, and all relevant information necessary for evaluation. The Procuring Agency shall evaluate such alternatives solely for technical merit and compliance with the objectives of the procurement.

20.4 Acceptance of any alternative proposal shall be at the sole discretion of the Procuring Agency and shall not compromise the functional, technical, or operational requirements of the project.

21. Bid Security Validity:

21.1 The Bid Security shall remain valid for a period specified in the BDS, which shall be at least twenty-eight (28) days beyond the expiry of the Bid validity period.

21.2 In case the Bid validity period is extended in accordance with ITB Clause 18, the Bid Security shall also be extended accordingly.

22. Format and Signing of Bid:

22.1 Bids shall be prepared and submitted electronically through EPADS in accordance with the procedures specified in the BDS. In addition, the Bidder shall submit one (01) original hard copy of the Bid for record purposes, as specified in the BDS.

22.2 In case of any discrepancy between the electronic submission on EPADS and the hard copy submitted, the electronic submission shall prevail.

22.3 The hard copy of the Bid shall be duly signed by a person or persons authorized to sign on behalf of the Bidder. Such authorization shall be supported by a valid Power of Attorney or other legally acceptable authorization document, as specified in the BDS.

22.4 The name and designation of each person signing the Bid shall be clearly indicated.

22.5 Any amendments, interlineations, erasures, or overwriting in the hard copy shall be valid only if signed or initialed by the authorized signatory.


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D. Submission of Bids
23. Sealing and Marking of Bids:

23.1 Bids shall be submitted electronically through EPADS in accordance with the procedure specified in the BDS. In addition, the Bidder shall submit one (01) original hard copy of the Bid for record purposes, as specified in the BDS.

23.2 Stage-I Submission (Technical Proposal): At Stage-I, the Bidder shall submit only the Technical Proposal through EPADS. No financial information shall be included at this stage. Any Bid containing financial information at Stage-I shall be rejected as non-responsive.

23.3 Stage-II Submission (Revised Technical and Financial Proposal): Bidders who are invited to participate in Stage-II shall submit:

- a) Revised Technical Proposal; and
- b) Financial Proposal/Price Schedule

through EPADS, in accordance with the instructions provided by the Procuring Agency

23.4 The inner and outer envelopes shall:

- a) be addressed to the Procuring Agency at the address given in the BDS; and
- b) bear the title of the subject procurement or Project name, as the case may be as indicated in the BDS, the Invitation to Bids (ITB) title and number indicated in the BDS, and a statement: "DO NOT OPEN BEFORE," to be completed with the time and the date specified in the BDS, pursuant to ITB 24.1. This requirement shall apply only where hard copy submission is required for record purposes. In case of conflict, EPADS submission shall prevail.

23.5 Hard Copy Submission (For Record): Where submission of hard copy is required, the Bidder shall submit one (01) original hard copy of the Bid in a sealed envelope, clearly marked as:

- "Technical Proposal – Stage-I" (where applicable), or
- "Technical and Financial Proposal – Stage-II"

The envelope shall:

- a) Be addressed to the Procuring Agency at the address specified in the BDS;
- b) Bear the title and identification number of the procurement;
- c) Clearly state: "DO NOT OPEN BEFORE [date and time]" as specified in the BDS.

23.6 In case of any discrepancy between the electronic submission on EPADS and the hard copy, the electronic submission shall prevail.

23.7 The Procuring Agency shall not be responsible for any misplacement, delay, or premature opening of hard copy submissions if they are not properly sealed and marked in accordance with the Bidding Documents.

24. Deadline for submission of Bids:

24.1 Bids shall be submitted electronically through EPADS and received by the Procuring Agency no later than the date and time specified in the BDS.


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24.2 Where submission of hard copy is required, the same shall be delivered within the time specified in the BDS.

24.3 The Procuring Agency may, in exceptional circumstances and at its discretion, extend the deadline for submission of Bids by issuing an addendum in accordance with ITB Clause 10. In such case, all rights and obligations of the Procuring Agency and the Bidders previously subject to the original deadline shall thereafter be subject to the extended deadline.

24.4 Bids submitted after the deadline for submission shall be rejected and shall not be considered.

25. Late Bids:

25.1 The Procuring Agency shall not consider for evaluation any Bid submitted after the deadline for submission of Bids in accordance with ITB Clause 24.

25.2 Any Bid received after the deadline shall be declared late, rejected, and shall not be considered for evaluation.

26. Modification, Substitution and Withdrawal of Bids:

26.1 A Bidder may modify, substitute, or withdraw its Bid after submission, provided that such modification, substitution, or withdrawal is made through EPADS and is received by the Procuring Agency prior to the deadline for submission of Bids in accordance with ITB Clause 24.

26.2 Any notice of modification, substitution, or withdrawal shall be submitted electronically through EPADS in accordance with the prescribed procedures. Hard copy submissions, if any, shall not govern the validity of such modification, substitution, or withdrawal.

26.3 A Bid may only be modified by withdrawing the original Bid and submitting a revised Bid prior to the deadline for submission. Modifications submitted in any other manner shall not be considered.

26.4 No Bid may be modified, substituted, or withdrawn after the deadline for submission of Bids and during the period of Bid validity. Withdrawal of a Bid during this period shall result in forfeiture of the Bid Security.

E. Opening and Evaluation of Bids

27. Opening of Bids:

27.1 Stage-I Opening (Technical Proposals): The Procuring Agency shall open the Technical Proposals submitted at Stage-I through EPADS, at the date and time specified in the BDS, in the presence of Bidders' representatives who choose to attend. Only the Technical Proposals shall be opened at this stage. No financial information shall be disclosed or considered.

27.2 During the opening of Technical Proposals, the following details shall be read out and recorded:

- a) Name of the Bidder;
- b) Presence of Bid Security;
- c) Any modification or withdrawal, if applicable;
- d) Any other details as deemed appropriate by the Procuring Agency


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27.3 The Procuring Agency shall prepare minutes of the Technical Proposal opening, which shall include the information disclosed during the opening. The minutes shall be made available to all participating Bidders.

27.4 Stage-II Opening (Financial Proposals): After completion of technical evaluation and approval by the competent authority, only those Bidders who qualify the technical stage shall be invited to submit Stage-II proposals. The Financial Proposals of such technically qualified Bidders shall be opened publicly, through EPADS, at a date and time to be communicated separately.

27.5 During the opening of Financial Proposals, the following shall be read out and recorded:

- a) Name of the Bidder;
- b) Total Bid Price;
- c) Any discounts offered;
- d) Any other relevant financial details


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27.6 Financial Proposals of Bidders who do not qualify at Stage-I shall not be opened or considered.

27.7 No Bid shall be rejected at the time of opening except for late Bids, which shall not be considered in accordance with ITB Clause 25.

27.8 Bidders are advised to nominate representatives familiar with the Bid to attend the bid opening proceedings. However, absence of a Bidder's representative shall not invalidate the proceedings.

27.9 The Procuring Agency shall prepare and maintain complete records of both Stage-I and Stage-II bid openings. Copies of the proceedings shall be made available to Bidders upon request.

28. Confidentiality

28.1 Information relating to the examination, clarification, evaluation, and comparison of Bids, as well as recommendations for the award of contract, shall not be disclosed to Bidders or any other persons not officially concerned with such process until the publication of the evaluation report in accordance with applicable procurement rules.

28.2 Any attempt by a Bidder to influence the Procuring Agency in the evaluation of Bids or contract award decisions may result in rejection of its Bid.

28.3 Notwithstanding the above, from the time of Bid opening to the time of contract award, if a Bidder wishes to communicate with the Procuring Agency on any matter related to the bidding process, it shall do so in writing or through EPADS or any electronic means that provides a record of communication.

29. Clarification of Bids

29.1 To assist in the examination, evaluation, and comparison of Bids, the Procuring Agency may request any Bidder for clarification of its Bid. Such requests and responses shall be made in writing or through EPADS or any electronic means that provides a record of communication.

29.2 Any clarification submitted by a Bidder that is not in response to a request by the Procuring Agency shall not be considered.

29.3 No clarification shall be sought, offered, or permitted that would result in a change in the substance of the Bid. In particular:

- a) During Stage-I, no financial information shall be requested or considered;
- b) During Stage-II, no change in the quoted prices or financial terms shall be permitted, except for correction of arithmetic errors in accordance with ITB Clause 32;

29.4 Any alteration or modification affecting the following shall be considered a change in the substance of the Bid and shall not be permitted.

- a) Evaluation and qualification criteria;
- b) Scope of work or technical specifications;
- c) Bid security or performance security requirements;
- d) Tax obligations;
- e) Terms and conditions of the Bidding Documents;
- f) Ranking of the Bidder.

29.5 From the time of Bid opening to the time of contract award, any communication by a Bidder with the Procuring Agency regarding the bidding process shall be made only in writing or through EPADS or any electronic means that provides a record of communication.

30. Preliminary Examination of Bids

30.1 Prior to detailed evaluation, the Procuring Agency shall examine each Bid to determine whether it:

- a) meets the eligibility criteria defined in ITB 3 and ITB 4;
- b) has been prepared as per the format and contents defined by the Procuring Agency in the Bidding Documents;
- c) has been properly signed by an authorized person;
- d) is accompanied by the required Bid Security; and
- e) is substantially responsive to the requirements of the Bidding Documents.

The Procuring Agency's determination of a Bid's responsiveness will be based on the contents of the Bid itself.

30.2 A substantially responsive Bid is one that conforms to all terms, conditions, and specifications of the Bidding Documents without material deviation, reservation, or omission. A material deviation is one that:-

- a) affects in any substantial way the scope, quality, or performance of the Services;
- b) limits in any substantial way, inconsistent with the Bidding Documents, the Procuring Agency's rights or the Bidders obligations under the Contract; or
- c) if rectified, would affect unfairly the competitive position of other Bidders presenting substantially responsive Bids

30.3 Without limiting the generality of the foregoing, the following shall be considered material deviations leading to rejection of the Bid:

- a) Failure to sign the bid form and price schedules by the authorized person or persons;
- b) Failure to satisfy eligibility requirements;
- c) Failure to submit a bid security as specified in the bidding documents;
- d) Failure to comply with the Bid validity requirements;


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- e) Failure to meet critical technical or operational requirements specified in the Bidding Documents;
 - f) Failure to meet minimum qualification or experience criteria specified in the BDS
 - g) Submission of conditional Bids that limit the Bidder's obligations;
 - h) Inclusion of financial information in Stage-I (Technical Proposal)
 - i) Subcontracting arrangements not in accordance with the Bidding Documents
- Failure to submit essential supporting documents required to determine responsiveness

30.4 The Procuring Agency shall verify that the documents and information required under ITB Clauses 12, 13, and 14 have been provided. If any required document or information is missing or not submitted in accordance with the Bidding Documents, the Bid may be rejected.

30.5 The Procuring Agency may waive any minor informality, non-conformity, or irregularity that does not constitute a material deviation, provided that such waiver does not prejudice or affect the relative ranking of Bidders.

Explanation: A minor informality is one that is merely a matter of form and not of substance, and does not affect the scope, quality, or performance of the goods and related services

30.6 Provided that a Technical Proposal is substantially responsive, the Procuring Agency may request the Bidder to submit necessary information or documentation to correct non-material omissions within a reasonable time. Such requests shall not relate to any aspect affecting the ranking of Bidders.

30.7 No correction or modification shall be permitted that would affect the substance of the Bid or alter the financial proposal, except for correction of arithmetic errors in accordance with ITB Clause 31.

30.8 If a Bid is determined to be not substantially responsive, it shall be rejected and shall not be considered for further evaluation.

31. Examination of Terms and Conditions; Technical Evaluation

31.1 The Procuring Agency shall examine the Bid to confirm that all terms and conditions specified in the General Conditions of Contract (GCC) and Special Conditions of Contract (SCC) have been accepted by the Bidder without material deviation or reservation.

31.2 Stage-I (Technical Evaluation): The Procuring Agency shall evaluate the Technical Proposals submitted at Stage-I to determine whether they meet the requirements specified in Section V - Technical Specifications and Scope of Work, without material deviation or reservation.

31.3 The technical evaluation shall be carried out in accordance with the criteria specified in Section VI - Evaluation and Qualification Criteria.

31.4 Only those Bidders whose Technical Proposals are found to be substantially responsive and meet the minimum qualifying criteria shall be considered for participation in Stage-II.

31.5 If, after examination of the terms and conditions and technical evaluation, the Procuring Agency determines that a Bid is not substantially responsive, it shall be rejected and shall not be considered for further evaluation.

32. Correction of Errors

32.1 The Financial Proposals of Bids determined to be substantially responsive shall be checked for arithmetic errors. Any such errors shall be corrected as follows: -

- a) If there is a discrepancy between the unit price and the total price obtained by multiplying the unit price by the quantity, the unit price shall prevail and the total price shall be corrected, unless, in the opinion of the Procuring Agency, there is an obvious misplacement of the decimal point, in which case the total price as quoted shall prevail and the unit price shall be corrected.
- b) If there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail and the total shall be corrected.
- c) If there is a discrepancy between amounts in figures and in words, the amount in words shall prevail.
- d) If there is a discrepancy between the grand total in the Price Schedule and the amount stated in the Form of Bid, the total in the Price Schedule shall prevail, subject to correction of the above errors.

32.2 The corrected Bid price shall be communicated to the Bidder for acceptance. If the Bidder does not accept the correction of errors, its Bid shall be rejected, and the Bid Security may be forfeited in accordance with ITB Clause 19.9.

33. Conversion to Single Currency

33.1 For the purpose of evaluation and comparison of Bids, the Procuring Agency shall convert all Bid prices expressed in different currencies into a single currency specified in the Bidding Documents. The exchange rate shall be the selling rate prevailing on the date of opening of the Financial Proposals, as notified by the State Bank of Pakistan.

33.2 The currency to be used for conversion, along with the source and date of the applicable exchange rate, shall be specified in the BDS.

34. Evaluation of Bids

34.1 The Procuring Agency shall evaluate only those Bids that have been determined to be substantially responsive in accordance with ITB Clause 30.

34.2 Stage-I (Technical Evaluation): The Technical Proposals shall be evaluated based on the criteria specified in Section VI – Evaluation and Qualification Criteria. Only those Bidders who meet the minimum qualifying requirements shall be considered for participation in Stage-II.

34.3 Stage-II (Financial Evaluation): The Financial Proposals of technically qualified Bidders shall be evaluated and compared on the basis of the total evaluated cost for the complete scope of work, including all applicable taxes, duties, and associated costs.

34.4 The evaluation of Financial Proposals shall be carried out in accordance with the methodology specified in Section VI – Evaluation and Qualification Criteria. No other criteria or methodology shall be used.

34.5 The Bid shall be evaluated on a total cost basis, taking into account all components of the project, including:

- a) Capital Expenditure (CAPEX);


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- b) Operational Expenditure (OPEX);
- c) Applicable taxes and duties;
- d) Any other cost components specified in the Bidding Documents

34.6 The Procuring Agency may, where applicable, consider factors such as implementation schedule, operational capability, and support arrangements, strictly in accordance with the criteria defined in Section VI.

34.7 No post-bid negotiation or modification of financial proposals shall be permitted, except for correction of arithmetic errors in accordance with ITB Clause 32.

34.8 The Bid determined to be the most advantageous, in accordance with the evaluation criteria specified in the Bidding Documents, shall be recommended for award, subject to approval of the competent authority.

35. Domestic Preference

35.1 No domestic preference shall be applied in the evaluation of Bids under this procurement.

36. Determination of Most Advantageous Bid

36.1 The Procuring Agency shall adopt the Quality and Cost Based Selection (QCBS) method for evaluation of Bids.

36.2 Under QCBS, the Bidders shall be evaluated based on a combined assessment of technical quality and financial proposal, in accordance with the criteria specified in Section VI – Evaluation and Qualification Criteria.

36.3 Only those Bidders who qualify the Technical Evaluation stage shall be considered for Financial Evaluation.

36.4 The final ranking of Bidders shall be determined based on the combined evaluation of Technical and Financial Proposals, as per the methodology specified in Section VI.

36.5 The Bidder achieving the highest combined score shall be considered as the Most Advantageous Bidder and shall be recommended for award, subject to approval of the competent authority.

37. Post-qualification of Bidder and/or Abnormally Low Financial Proposal

37.1 Where the Financial Proposal of a Bidder appears to be abnormally low in relation to the scope of the procurement, the Procuring Agency shall conduct a detailed price analysis:

- a) The Procuring Agency may reject a Bid if it determines that the price, in combination with other elements of the Bid, is abnormally low and raises concerns regarding the Bidder's capability and capacity to perform the Contract.
- b) Prior to rejection, the Procuring Agency shall request the Bidder to provide written clarification and justification of the quoted price;
- c) The Procuring Agency shall evaluate the explanation provided and may verify the supporting evidence;
- d) If the explanation is not satisfactory, the Bid may be rejected, and the reasons shall be recorded in writing and communicated to the Bidder;

- e) The Procuring Agency shall not incur any liability solely by rejecting an abnormally low Bid.

For the purpose of this Clause, an Abnormally Low Bid is one which, in comparison with the Procuring Agency's estimate and other substantially responsive Bids, appears unrealistic and insufficient to cover the cost of performance of the Contract

37.2 The Procuring Agency shall determine, to its satisfaction, whether the Bidder selected as the Most Advantageous Bidder is qualified to perform the Contract satisfactorily, in accordance with the criteria specified in ITB Clause 14.

37.3 The determination shall be based on an evaluation of the Bidder's financial, technical, and operational capabilities, supported by documentary evidence submitted with the Bid, as well as any other relevant information deemed appropriate by the Procuring Agency.

37.4 The Procuring Agency may require the Bidder to submit a Certificate for Independent Price Determination, confirming that the quoted prices have been determined independently and without any collusive practices.

37.5 An affirmative determination of the Bidder's qualification shall be a prerequisite for award of the Contract. In case of a negative determination, the Bidder shall be disqualified, and the Procuring Agency shall proceed to the next ranked Bidder for similar evaluation.

F. Award of Contract

38. Criteria of Award:

38.1 Subject to ITB Clauses 37 and 39, the Procuring Agency shall award the Contract to the Bidder whose Bid has been determined to be substantially responsive to the Bidding Documents and who has been declared as the Most Advantageous Bidder, provided that such Bidder:

- a) Meets the eligibility requirements in accordance with ITB Clause 3;
- b) Has been determined to be qualified to perform the Contract satisfactorily in accordance with ITB Clause 37; and
- c) Complies with all applicable requirements of the Bidding Documents.

38.2 No negotiation shall be conducted with any Bidder with respect to the submitted Bid, except as expressly permitted under applicable procurement rules.

39. Negotiations:

39.1 No negotiations shall be conducted with any Bidder with respect to the submitted Bid, including technical or financial aspects, after submission of Bids.

39.2 The Procuring Agency may seek clarifications from Bidders in accordance with ITB Clause 29; however, such clarifications shall not result in any change to the substance of the Bid, including technical specifications, scope of work, or financial proposal.

39.3 Any attempt by a Bidder to influence the Procuring Agency through unauthorized negotiations shall result in rejection of the Bid.


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40. Procuring Agency's Right to reject All Bid

40.1 Notwithstanding ITB Clause 38, the Procuring Agency reserves the right to reject all Bids or to annul the bidding process at any time prior to the award of Contract, without thereby incurring any liability to the affected Bidders.

40.2 Notice of the rejection of all Bids shall be given promptly to all Bidders who have submitted Bids.

40.3 The Procuring Agency shall, upon request, communicate to any Bidder the grounds for rejection of its Bid or of all Bids, in accordance with applicable procurement rules.

41. Procuring Agency's Right to Vary Quantities at the Time of Award

41.1 The Procuring Agency reserves the right, at the time of award of Contract, to increase or decrease the scope of work, including quantities of goods, related services, or components of the project, as originally specified in the Bidding Documents, provided that such variation does not exceed the percentage specified in the BDS.

41.2 Any such variation shall be carried out without any change in the unit rates, prices, or other terms and conditions of the Bid and the Bidding Documents.

41.3 The variation shall not materially alter the nature or scope of the procurement.

42. Notification of Award

42.1 Prior to the award of Contract, the Procuring Agency shall prepare and publish the Final Evaluation Report, in accordance with applicable procurement rules, clearly indicating the basis for acceptance or rejection of Bids.

42.2 After expiry of the prescribed standstill period and resolution of any grievances, if any, the Procuring Agency shall notify the successful Bidder of the award of Contract, in writing or through electronic means (including EPADS), prior to the expiry of the Bid validity period. The Notification of Award (Letter of Acceptance) shall specify the Contract Price and the scope of work to be performed.

42.3 The Notification of Award shall constitute the intention to enter into a Contract, subject to:

- a) Submission of Performance Security in accordance with ITB Clause 44; and
- b) Signing of the Contract in accordance with ITB Clause 43

42.4 Upon submission of the Performance Security by the successful Bidder, the Procuring Agency shall:

- a) Issue the formal Contract Agreement; and
- b) Notify all unsuccessful Bidders of the outcome of the procurement process, including the name of the successful Bidder and the Contract Price.

42.5 The Bid Security of unsuccessful Bidders shall be discharged in accordance with ITB Clause 19.


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43. Signing of Contract

43.1 Promptly after issuance of the Notification of Award, the Procuring Agency shall send the successful Bidder the Contract Agreement, incorporating all terms and conditions of the Bidding Documents and the accepted Bid.

43.2 Within the period specified in the BDS, and after:

- a) Expiry of the prescribed standstill period and resolution of any grievances; and
- b) Submission of the required Performance Security in accordance with ITB Clause 44

the successful Bidder and the Procuring Agency shall sign the Contract Agreement.

43.3 Failure of the successful Bidder to sign the Contract Agreement within the specified period shall constitute sufficient grounds for annulment of the award and forfeiture of the Bid Security, in accordance with ITB Clause 19.

43.4 For this procurement, a formal Contract Agreement shall be mandatory, and no Purchase Order or other document shall substitute the Contract

44. Performance Guarantee

44.1 Within the period specified in the BDS, the successful Bidder shall furnish to the Procuring Agency a Performance Security in the amount and form specified in the BDS and SCC, as a condition precedent to the signing of the Contract.

44.2 The Performance Security shall be denominated in Pakistani Rupees or in another freely convertible currency acceptable to the Procuring Agency, and shall be in one of the following forms:

- a) Bank Guarantee issued by a scheduled bank;
- b) Irrevocable Letter of Credit issued or confirmed by a scheduled bank;
- c) Pay Order, Demand Draft, or Banker's Cheque; or
- d) Any other instrument specified in the BDS.

All Performance Securities shall be callable on first demand and enforceable in Pakistan.

44.3 The Performance Security shall remain valid for the entire duration of the Contract, including any extension thereof, and shall be released only after satisfactory completion of all contractual obligations.

44.4 Failure of the successful Bidder to furnish the Performance Security within the specified period shall constitute sufficient grounds for annulment of the award and forfeiture of the Bid Security, in accordance with ITB Clause 19. The Procuring Agency may then proceed with the next ranked Bidder.

45. Advance Payment

45.1 The Procuring Agency may provide an Advance Payment to the successful Bidder, subject to the terms and conditions specified in the SCC and BDS.


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45.2 The Advance Payment, if applicable, shall not exceed the percentage specified in the BDS and shall be released only upon submission of an Advance Payment Security, in the form of a bank guarantee or other acceptable instrument, equivalent to 100% of the advance amount.

45.3 The Advance Payment shall be adjusted against subsequent payments in accordance with the payment schedule specified in the Contract.

45.4 No Advance Payment shall be released unless the Contract Agreement has been duly signed and the Performance Security has been submitted by the successful Bidder.

46. Arbitrator

46.1 Any dispute, controversy, or claim arising out of or in connection with this Contract, including its interpretation, performance, breach, or termination, shall be resolved through arbitration.

46.2 The Arbitrator shall be appointed by mutual consent of both parties. In case the parties fail to agree on the appointment of an Arbitrator within the period specified in the SCC, the Arbitrator shall be appointed in accordance with the applicable laws of Pakistan.

46.3 The arbitration proceedings shall be conducted in accordance with the laws of Pakistan, and the seat of arbitration shall be as specified in the SCC.

46.4 The decision of the Arbitrator shall be final and binding upon both parties.

47. Corrupt & Fraudulent Practices

47.1 The Procuring Agency requires that Bidders, Suppliers, and Contractors, as well as their agents and personnel, observe the highest standard of ethics during the procurement process and execution of Contracts.

47.2 For the purposes of this Clause, the following terms shall have the meanings assigned to them:

- a) Corrupt Practice means the offering, giving, receiving, or soliciting of anything of value to influence the actions of any official in the procurement process or in contract execution;
- b) Fraudulent Practice means any act or omission, including misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation;
- c) Collusive Practice means any arrangement between two or more Bidders designed to achieve an improper purpose, including influencing the actions of another Bidder or the Procuring Agency;
- d) Coercive Practice means impairing or harming, or threatening to impair or harm, directly or indirectly, any party to influence improperly its actions;
- e) Obstructive Practice means deliberately destroying, falsifying, altering, or concealing evidence material to an investigation.

47.3 The Procuring Agency shall reject a Bid or proposal if it determines that the Bidder has engaged in corrupt or fraudulent practices in competing for the Contract.

47.4 The Procuring Agency may initiate proceedings for blacklisting of a Bidder in accordance with applicable procurement rules.

47.5 Any such practices may also result in legal action under the applicable laws of Pakistan.

G. Grievance Redressal & Complaint Review Mechanism

48. Constitution of Grievance Redressal

48.1 The Procuring Agency shall constitute a Grievance Redressal Committee (GRC) in accordance with applicable procurement rules, comprising an odd number of members with appropriate authority to address complaints

48.2 The GRC shall:

- a) Not include any member of the Procurement Evaluation Committee;
- b) Include at least one subject specialist, depending upon the nature of the procurement; and
- c) Be duly notified by the Procuring Agency prior to the opening of Bids.

48.3 Any Bidder aggrieved by any act or decision of the Procuring Agency may lodge a written complaint with the GRC within the period specified in the applicable procurement rules.

48.4 The GRC shall investigate and decide upon the complaint within the prescribed timeline, and its decision shall be communicated to the complainant and the Procuring Agency.

48.5 The Procuring Agency shall ensure that the procurement process is not unnecessarily delayed and shall proceed in accordance with the applicable rules after resolution of the complaint.

49. GRC Procedure

49.1 Any party may file a written complaint against the eligibility parameters or any other terms and conditions prescribed in the prequalification or Bidding Documents found contrary to the provisions of the procurement regulatory framework. Such complaints shall be addressed by the GRC well before the bid submission deadline.

49.2 Any Bidder feeling aggrieved by any act of the Procuring Agency after submission of its Bid may lodge a written complaint concerning its grievances not later than seven (07) days after the announcement of the Technical Evaluation Report and five (05) days after issuance of the Final Evaluation Report.

49.3 In case a complaint is filed against the Technical Evaluation Report, the GRC may suspend the procurement proceedings in accordance with applicable rules.

49.4 In case a complaint is filed after issuance of the Final Evaluation Report, the complainant may raise objections in accordance with the applicable procurement procedures.

49.5 The GRC, in all cases, shall investigate and decide upon the complaint within ten (10) days of its receipt.

49.6 Any Bidder or the Procuring Agency not satisfied with the decision of the GRC may file an appeal before the Appellate Committee of the Authority on the prescribed format after depositing the prescribed fee.

49.7 The Appellate Committee, upon receipt of the appeal complete in all respects, shall serve notices in writing upon all concerned parties.


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49.8 The Appellate Committee may call for the record from the Procuring Agency or the GRC, as the case may be, and the same shall be provided within the prescribed time.

49.9 The Appellate Committee shall, after examination of the record and hearing all concerned parties, decide the appeal within fifteen (15) days of its receipt.

49.10 The decision of the Appellate Committee shall be in writing and shall be signed by the Head and each Member of the Committee. The decision shall be final.

H. Mechanism of Blacklisting

50. Mechanism of Blacklisting

50.1 The Procuring Agency may, in accordance with Rule 19 of the Public Procurement Rules, 2004, debar a Bidder or Contractor from participating in its procurement proceedings for a period not exceeding that prescribed under the Rules, if such Bidder or Contractor:

- i. Is involved in corrupt and fraudulent practices as defined in the Rules;
- ii. Fails to perform its contractual obligations; or
- iii. Fails to comply with Bid Security-related obligations or other mandatory bidding conditions

50.2 The show cause notice shall contain:

- a) A precise statement of allegations against the Bidder or Contractor;
- b) The maximum period for which the Procuring Agency proposes to debar the Bidder or Contractor; and
- c) Where applicable, a statement regarding the intention of the Procuring Agency to recommend blacklisting at the Authority level.

50.3 The Procuring Agency shall provide the Bidder or Contractor a minimum of seven (07) days to submit a written reply to the show cause notice.

50.4 In case the Bidder or Contractor fails to submit a written reply within the stipulated time, the Procuring Agency may proceed to decide the matter on the basis of available record and, where deemed necessary, may provide an opportunity for personal hearing.

50.5 Where a written reply is submitted, the Procuring Agency may.

- a) Close the matter; or
- b) Issue a notice for personal hearing

50.6 The Procuring Agency shall provide at least seven (07) days' notice for personal hearing. The designated officer shall decide the matter based on the available record and submissions made during the hearing.

50.7 The Procuring Agency shall decide the matter within fifteen (15) days from the date of personal hearing, unless adjourned, in which case the timeline shall be reckoned from the last date of hearing.

50.8 The Procuring Agency shall communicate its decision to the Bidder or Contractor, including the period of debarment, along with information regarding the right to file a representation before the Authority within thirty (30) days.


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50.9 The decision of blacklisting or debarment, along with reasons, shall be communicated to the Authority for record and publication in accordance with applicable procedures.

50.10 The Bidder or Contractor may file a review petition before the Review Petition Committee of the Authority within thirty (30) days of communication of the decision, in accordance with the prescribed procedure and upon payment of the prescribed fee.

50.11 The Review Petition Committee shall provide an opportunity of hearing to all concerned parties and decide the matter within the prescribed timeline.

50.12 The Authority, based on the decision of the Review Petition Committee, may confirm, modify, or set aside the order of debarment. The decision of the Authority shall be final.


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SECTION III: BID DATA SHEET

I. Bid Data Sheet (BDS)


The following specific data for the goods to be procured shall complement, supplement, or amend the provisions in the Instructions to Bidders (ITBs). Whenever there is a conflict, the provisions herein shall prevail over those in ITBs:

A. INTRODUCTION

BDS Clause Number	ITB Number	Amendments of, and Supplements to, Clauses in the Instructions to Bidders
1	ITB 1	<p>Name of Procuring Agency: Integrated Disease Surveillance and Response System (IDSRS), National Institute of Health (NIH), Islamabad</p> <p>The subject of procurement is: Hiring of Services for Turnkey Establishment, Integration, Deployment, Commissioning, Operation, Maintenance, and Transfer of a Digital Telemedicine Ecosystem.</p> <p>The successful bidder shall be responsible for end-to-end delivery including platform (mobile/web/EMR/e-prescription), call center establishment and operations, tele-health workforce deployment, telemedicine kiosks, pharmacy and logistics integration, interoperability with national systems, cybersecurity, data management, and O&M for the contract period. The procurement is structured as a single turnkey contract to ensure interoperability, unified accountability, and seamless end-to-end service delivery, which cannot be effectively achieved through fragmented or component-wise procurement.</p> <p>The bidder shall bear full responsibility for CAPEX, OPEX, infrastructure, HR, licensing, connectivity, logistics, compliance, and operational risks. The bidder shall bear primary responsibility for operational, technical, and service delivery risks, except risks arising from force majeure events, regulatory changes, or actions attributable to the Procuring Agency.</p> <p>Period for delivery of services: Initial deployment and go-live within three (03) months, followed by full operational stabilization within six (06) months from issuance of Work Order/Letter of Acceptance (LOA).</p> <p>Commencement date for services: Immediately after LOA. The bidder shall submit a detailed, implementation plan (including site rollout, HR onboarding, and go-live schedule) within seven (07) days of LOA for approval.</p>
2	ITB 2	<p>Financial Year for the operations of the Procuring Agency: As per applicable Government financial year.</p> <p>Name of Project: Integrated Disease Surveillance and Response System (IDSRS).</p> <p>Name of Financing Institution: Government of Pakistan through PSDP.</p> <p>Name and Identification Number of the Contract: <i>HIRING OF THE SERVICES FOR TURNKEY ESTABLISHMENT, INTEGRATION & OPERATIONS OF DIGITAL TELEMEDICINE ECOSYSTEM (PILOT PHASE)</i></p> <p>Tender No: F.30-1/2025-IDSRS-NIH.</p> <p>No claim for escalation, financing cost, idle resources, or damages due to delay in fund release shall be admissible.</p>

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3	ITB 3.1-3.3	<p>Joint Venture (JV) / Consortium: Maximum of three (03) firms. The Lead Member shall hold minimum 51% share and demonstrate core capability in telemedicine platform and operations.</p> <p>Unincorporated (Contractual) Joint Venture / Consortium shall be permitted. In such cases, the Bidder shall submit a duly executed and notarized Joint Venture / Consortium Agreement clearly specifying:</p> <ol style="list-style-type: none"> Identification of the Lead Member, who shall be authorized to represent the JV/Consortium; Percentage share of each member, with the Lead Member holding not less than 51%; Detailed roles, responsibilities, and scope of each member; Confirmation that all members shall be jointly and severally liable for execution of the Contract; Authorization through Power of Attorney in favor of the Lead Member; Commitment that the composition of the JV/Consortium shall not be altered after submission of the Bid without prior approval of the Procuring Agency. Failure to comply with the above requirements shall render the Bid non-responsive. <p>A notarized JV Agreement shall be submitted, clearly defining roles/responsibilities. The Lead Member shall be the single point of contact and shall be fully accountable for contract performance.</p> <p>Change in JV composition post-bid shall not be permitted and shall be treated as a material deviation leading to disqualification or termination.</p> <p>For the purpose of this procurement, the terms Joint Venture (JV), Consortium, and Association shall be treated interchangeably and governed by the same requirements and obligations.</p>
4	ITB 4.1-4.4	<p>Eligible Countries / Origin: Bidders of all nationalities are eligible except those prohibited by Federal Government policy.</p> <p>The bidder shall submit an undertaking (notarized) confirming that neither the bidder nor the goods, software, or related services originate from ineligible countries.</p> <p>Where applicable, certificate of origin for goods and declaration of service origin/hosting jurisdiction shall be provided. Any misrepresentation shall lead to rejection and may trigger blacklisting proceedings.</p>
5	ITB 5.1-5.3	<p>One Bid per Bidder: A bidder shall submit only one bid either individually or as a JV member. A bidder participating as a JV member shall not submit another bid individually or in another JV.</p> <p>Subcontracting, outsourcing, or third-party engagement of core components including platform, call center operations, clinical services, and logistics shall not be undertaken without prior written approval of the Procuring Agency. Any unauthorized subcontracting shall render the bid non-responsive or may lead to termination of contract.</p>


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6	ITB 6.1	Cost of Bidding: All costs associated with preparation and submission of the bid shall be borne by the bidder. The Procuring Agency shall not be liable for any such costs, irrespective of outcome.
7	ITB 7	Bidding for Items / Scope: The bidder shall quote for the entire turnkey scope. Partial bids, item-wise bids, or selective component bids shall be non-responsive . All quantities and services indicated in the Schedule of Requirements shall be covered in full.


B. BIDDING DOCUMENTS

BDS Clause Number	ITB Number	Amendments of, and Supplements to, Clauses in the Instructions to Bidders
8	ITB 8.1-8.4	<p>Content & Interpretation of Bidding Documents: The Bidding Documents shall be read as a whole.</p> <p>Precedence: BDS shall prevail over ITB; SCC over GCC; and specific technical requirements over general descriptions. Section V (Technical Specifications & Scope) is mandatory and binding. Failure to furnish complete information or substantial responsiveness shall result in rejection.</p>
9	12, 22 & 23	<p>The number of documents to be completed and returned: Bids shall be submitted electronically through EPADS in accordance with applicable procedures and prescribed two-stage bidding method.</p> <p>Stage-I: Technical Proposal only (without any financial information). Stage-II: Revised Technical Proposal (if required) and Financial Proposal (only for technically qualified bidders).</p> <p>In addition to electronic submission, one (01) hard copy of the Technical Proposal only shall be submitted for record purposes at the address specified in the BDS within the due time.</p> <p>In case of any discrepancy, the EPADS submission shall prevail and be considered legally binding. Failure to submit hard copy shall not invalidate the bid if EPADS submission is complete and timely. The Bidder shall ensure submission of all required documents including technical proposal, authorizations, undertakings, and supporting documents.</p> <p>Missing mandatory documents shall render the bid non-responsive.</p>
10	8.3 & 8.4	<p>Responsibility for completeness of Bidding Documents: The Procuring Agency shall not be responsible for completeness of the Bidding Documents if not obtained through official sources. Bidders are advised to download the Bidding Documents from official EPADS/PPRA website.</p> <p>The Procuring Agency may provide both PDF and editable formats for facilitation; however, the bidder shall be solely responsible for correctness, completeness, and accuracy of the submitted bid.</p> <p>The Bidder is expected to examine all instructions, forms, terms, and specifications. Failure to furnish required information or submission of a bid not substantially responsive shall be at the bidder's risk and may result in rejection.</p>

11	9.1	<p>The address for clarification of Bidding Documents is: IDSRS Project Office, National Institute of Health (NIH), Park Road, Chak Shahzad, Islamabad.</p> <p>All requests for clarification shall be submitted through EPADS only, which shall be the primary and binding mode of communication. Queries may additionally be sent to official email, procurement.idsrs@nih.org.pk.</p> <p>Requests must be received not later than five (05) days prior to the deadline for submission of bids. Late requests shall not be entertained. The Procuring Agency shall respond in writing through EPADS and circulate responses to all prospective bidders without identifying the source. Such responses shall form part of the Bidding Documents.</p>
12	9.2 & 9.3	<p>Response to Clarifications: The Procuring Agency shall respond to clarification requests within reasonable time, provided the request is received within the stipulated period. All responses shall be shared through EPADS and shall be binding. Bidders shall be responsible for regularly monitoring EPADS for updates, clarifications, and addenda. Failure to consider such updates shall not be grounds for claim or relief.</p>
13	9.5 & 9.6	<p>A pre-bid meeting shall not be held for this procurement.</p> <p>However, bidders may seek clarifications in accordance with ITB Clause 9 through EPADS within the stipulated time. All clarifications and responses shall be shared with all prospective bidders through the same medium.</p>
14	10.1	<p>Amendment of Bidding Documents: The Procuring Agency may, at any time prior to the deadline for submission of bids, amend the Bidding Documents through issuance of addenda either on its own initiative or in response to clarifications.</p>
15	10.2	<p>Communication of Addenda: Any addendum issued shall be communicated through EPADS and shall form an integral part of the Bidding Documents. Bidders shall acknowledge all addenda in their bid submission. Failure to acknowledge may result in rejection of the bid.</p>
16	10.3	<p>Extension of Deadline: Where an addendum is issued within the last three (03) days prior to the submission deadline, the Procuring Agency shall extend the deadline for submission of bids to allow sufficient time for bidders to incorporate the changes. The decision of the Procuring Agency in this regard shall be final and binding.</p>

C. Preparation of Bids

BDS Clause Number	ITB Number	Amendments of, and Supplements to, Clauses in the Instructions to Bidders
17	11.1	The language of all correspondences and documents related to the Bid shall be English only .
18	12.1	Details of samples to be submitted with the Bid: Not Required .
19	12.2	Characteristics of samples: Not Applicable .


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20	12.1(i)	In addition to ITB 12.1, the Bidder shall submit: (i) system architecture (logical & physical); (ii) implementation and deployment plan (3-month timeline); (iii) cybersecurity and data protection plan (data residency in Pakistan); (iv) disaster recovery and business continuity plan; (v) operational model covering call center, tele-health workforce, kiosks, pharmacy and logistics; (vi) documentary evidence of ownership/licensing/authorization of proposed platform and third-party components; and (vii) undertaking on stamp paper regarding non-blacklisting, authenticity of documents, and full turnkey responsibility. Failure to submit any document shall render the bid non-responsive .
21	13.3(c)	Bidder shall submit Clause-wise Compliance Matrix against Section V. Any unstated deviation shall be treated as non-compliance .
22	14.3(b)	Qualification criteria: The Bidder must meet all Mandatory Eligibility Criteria prescribed under Table-1 of the Tender Document.
23	16.6	Prices shall be quoted in PKR , inclusive of all taxes, duties, logistics, insurance, installation, commissioning, licensing, hosting, and operational costs.
24	16.9	Prices shall be firm and non-adjustable for CAPEX; OPEX shall be payable as per agreed rates without arbitrary variation.
25	18.1	Bid Validity shall be 120 days, extendable once up to 60 days without change in terms.
26	19.1	<p>The Bidder shall furnish a Bid Security in the fixed amount of PKR 60,000,000/- (Pak Rupees Sixty Million Only) (not exceeding 5% of estimated cost) in accordance with ITB Clause 19 and PPRA Rule 25.</p> <p>The Bid Security shall be denominated in Pak Rupees (PKR) and shall be in the form of Call Deposit Receipt (CDR) issued by a Scheduled Bank in Pakistan. Personal cheques shall not be accepted.</p> <p>A scanned copy of the Bid Security shall be uploaded on EPADS as part of the Technical Proposal, and the original Bid Security shall be submitted in hard copy within the Technical Proposal envelope.</p> <p>The Bid Security shall be made payable to: Finance Manager, IDSRs Project, NIH, Islamabad.</p> <p>Any bid found deficient in the required Bid Security amount or form shall be declared non-responsive.</p> <p>The Bid Security of unsuccessful bidders shall be returned after award of contract in accordance with ITB 19.7. The Bid Security of the successful bidder shall be released upon signing of the Contract and submission of the required Performance Security.</p> <p>The Bid Security may be forfeited in accordance with ITB Clause 19.9.</p> <p>Bid Securing Declaration shall not be applicable for this procurement.</p>


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27	20.1	Alternative Bids: Not permitted.
28	21.1	Bid Security shall remain valid for 28 days beyond Bid Validity and shall be extended if required.
29	22.1	Bids shall be submitted through EPADS . One (01) hard copy of Technical Proposal shall be submitted for record. In case of discrepancy, EPADS submission shall prevail.
30	22.3	Written authorization of signatory shall be mandatory , supported by valid Power of Attorney/Board Resolution.

D. Submission of Bids

BDS Clause Number	ITB Number	Amendments of, and Supplements to, Clauses in the Instructions to Bidders
31	23.1	Bids shall be submitted through EPADS. In addition, one (01) original hard copy of the Technical Proposal only shall be submitted for record purposes. For avoidance of doubt, submission of bid through EPADS shall be the sole and binding mode for determining timeliness, responsiveness, and validity of the Bid. Hard copy submission, if required, shall be for record purposes only and shall not affect admissibility of the Bid.
32	23.4(a)	Address for Hard Copy Submission: IDSRS Project, National Institute of Health, Park Road, Chak Shahzad, Islamabad. Ph: (92-051) 9255237
33	23.4(b)	Title of Procurement / Identification: <u>HIRING OF THE SERVICES FOR TURNKEY ESTABLISHMENT, INTEGRATION & OPERATIONS OF DIGITAL TELEMEDICINE ECOSYSTEM (PILOT PHASE)</u> ITB No. F.30-1/2025-IDSRS-NIH
34	23.4(c)	The sealed envelope shall clearly state: “DO NOT OPEN BEFORE 11:30 AM, ON 04th May, 2026”
35	23.5	In case of any discrepancy between EPADS submission and hard copy, the EPADS submission shall prevail and be considered binding.
36	24.1	Deadline for Bid Submission: Day: Thursday Date: 04th May, 2026 Time: 11:00 AM EPADS submission time stamp shall be final.


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37	24.2	Submission of hard copy of the Technical Proposal is required for record purposes only and shall not be a condition for bid responsiveness. Timeliness and admissibility of bids shall be determined solely based on submission through EPADS.
38	24.3	The Procuring Agency may extend the deadline through issuance of addendum. Revised deadline shall be binding on all bidders.
39	24.4	Only bids submitted through EPADS on or before the specified deadline shall be considered for evaluation. Any bid not submitted through EPADS within the prescribed deadline shall be rejected. Submission or non-submission of hard copy shall not affect the validity or admissibility of the bid.
40	25.1	Bids not submitted through EPADS within the prescribed deadline shall not be accepted under any circumstances.
41	25.2	Any bid not submitted through EPADS on or before the specified deadline shall be declared late and rejected, and shall not be considered for evaluation. Submission or receipt of hard copy shall not be considered for determining timeliness of the bid.
42	26.1	Modification, substitution, or withdrawal of bids shall be permitted only through EPADS and before the submission deadline.
43	26.3	A bid may only be modified by withdrawing and resubmitting prior to the deadline.
44	26.4	No bid shall be modified or withdrawn after the deadline. Withdrawal during bid validity shall result in forfeiture of Bid Security.

E. Opening and Evaluation of Bid

BDS Clause Number	ITB Number	Amendments of, and Supplements to, Clauses in the Instructions to Bidders
45	27.1	Opening of Technical Proposals (Stage-I): Technical Proposals shall be opened through EPADS on the date and time specified in BDS.
46	27.4	Opening of Financial Proposals (Stage-II): Financial Proposals of technically qualified bidders shall be opened on a date and time communicated separately through EPADS.
47	31.3	Technical Evaluation Method: Technical evaluation shall be carried out on a total score of 100 marks. Minimum qualifying score shall be 70 marks. Only bidders achieving this threshold shall be considered for financial evaluation.
48	34.2 & 36.1	<p>Evaluation Method: The Procuring Agency shall adopt Quality and Cost Based Selection (QCBS) with the following weightages:</p> <ul style="list-style-type: none"> • Technical Score (T) = 70% • Financial Score (F) = 30% <p>Given the complex, integrated, and service-oriented nature of the procurement involving IT systems, healthcare operations, and turnkey service delivery, the Procuring Agency has adopted a Quality and Cost Based Evaluation approach to ensure selection of the most advantageous bid in accordance with principles of economy, efficiency, and transparency under PPRA Rules.</p>

49	36.4	<p>Combined Score Formula: Final Score (S) shall be calculated as: $S = (T \times 0.70) + (F \times 0.30)$</p>
50	34.4	<p>Financial Evaluation Method: Financial Proposals shall be evaluated based on Total Evaluated Cost as determined under BDS Clause 51. Financial Score (F) shall be calculated as: $F = (\text{Lowest Evaluated Cost} / \text{Bidder's Evaluated Cost}) \times 100$</p>
51	34.5	<p>Financial Evaluation Model (Composite Cost-Based Evaluation): The financial evaluation shall be carried out on the basis of Total Evaluated Cost, comprising CAPEX and OPEX components, calculated as follows:</p> <p>(A) CAPEX (Capital Expenditure): The Bidder shall quote lump-sum costs separately for all capital components including but not limited to:</p> <ul style="list-style-type: none"> • Telemedicine Platform (software, licensing, infrastructure) • Telemedicine Kiosks (design, manufacturing, deployment) • Civil Works (As applicable) • IT Equipment and Hardware Infrastructure • Call Center Setup • Warehousing & Pharmacy Infrastructure • Any other capital component defined in Scope of Work <p>All CAPEX components shall be quoted item-wise on lump-sum basis and shall not be subject to re-measurement.</p> <p>(B) OPEX (Operational Expenditure): The Bidder shall quote per-consultation rates for the following three (03) service scenarios:</p> <p>Scenario-1: Teleconsultation with Consultant (without medicine)</p> <p>Scenario-2: Teleconsultation with Consultant + Medicine (delivery or pharmacy pickup)</p> <p>Scenario-3: Teleconsultation with Consultant + Medicine + Rapid Test / Kiosk Service / Tele Health Worker Visit</p> <p>(C) Weighted Average OPEX Cost Calculation: The weighted average cost of the above three scenarios shall be calculated as follows: $\text{Weighted OPEX} = (S1 \times 40\%) + (S2 \times 40\%) + (S3 \times 20\%)$</p> <p>(D) Total OPEX Cost: The Average OPEX Cost shall be multiplied by 3,600,000 (3.6 Million) estimated consultations to determine total OPEX: $\text{Total OPEX} = \text{Weighted OPEX} \times 3,600,000$</p>


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(E) Total Evaluated Cost:

The final evaluated cost shall be calculated as:

Total Evaluated Cost = Total CAPEX + Total OPEX

(F) Contractual Limit / Duration:

The Contract shall remain valid for a maximum period of **two (02) years** from the date of commencement or **until completion of 3,600,000 (Three Million Six Hundred Thousand) consultations**, whichever occurs earlier. Upon reaching either threshold, the Contract shall automatically stand completed unless extended by the Procuring Agency in accordance with applicable PPRA Rules.

(G) Cost Coverage Requirement:

The quoted OPEX rates under each scenario shall be all-inclusive, covering:

- Doctor consultation fees
- Medicines and diagnostics
- Delivery and logistics
- Telecall center operations
- Salaries of all personnel (doctors, agents, field staff)
- IT operations, cloud, software maintenance
- Kiosk operations and field services
- Warehousing and pharmacy operations
- All administrative, operational, and overhead costs

(H) Payment Basis OPEX:

Payments shall be made strictly on the basis of actual number of consultations delivered, duly verified, validated, and certified by the Procuring Agency or its authorized third-party verification mechanism. No payment shall be made for unverified, incomplete, or unperformed services. All consultations shall be digitally logged through the telemedicine system with time stamps, patient identifiers, and service records. Payments shall be made strictly against system-generated reports, duly verified and certified by the Procuring Agency or its authorized third-party auditor.

(I) OPEX Payment Procedure:

All OPEX payments shall be made strictly on the basis of actual services delivered and duly verified through system-generated records, in accordance with the following mechanism:

- (a) The Service Provider shall submit periodic invoices (monthly or as defined in the Contract), supported by detailed system-generated reports of consultations and services delivered under each defined scenario.
- (b) Each consultation/service record must include, at a minimum:
 - Unique consultation ID
 - Patient identifier (masked/anonymized where required)
 - Date and time stamp
 - Type of service (Scenario 1, 2, or 3)
 - Assigned medical practitioner / operator

	<ul style="list-style-type: none"> • Supporting logs (prescription, diagnostic, or service record, where applicable) <p>(c) All services must be digitally logged through the telemedicine platform. No manual or offline entries shall be considered for payment.</p> <p>(d) The Technical Committee shall carry out detailed scrutiny and verification of submitted claims, including:</p> <ul style="list-style-type: none"> • System data validation • Random sampling and audit of consultation records • Cross-verification with platform logs and dashboards • Verification of service categorization under respective scenarios <p>(e) Where required, the Procuring Agency may engage third-party auditors or independent verification firms to validate the reported consultations and services.</p> <p>(f) The Technical Committee shall certify the verified number of consultations/services and forward its recommendations to the Procurement Committee.</p> <p>(g) The Procurement Committee shall review the recommendations, ensure compliance with contractual and financial provisions, and approve the admissible payment.</p> <p>(h) Payments shall be calculated strictly based on the verified number of consultations multiplied by the quoted unit rates under each scenario, or as per the approved financial evaluation model.</p> <p>(i) No payment shall be made for:</p> <ul style="list-style-type: none"> • Unverified consultations • Duplicate or fraudulent entries • Services not logged in the system • Misclassified or unsupported scenarios <p>(j) The Procuring Agency reserves the right to apply deductions, withhold payments, or impose penalties in case of discrepancies, over-reporting, or non-compliance.</p> <p>(k) Final payment shall be subject to approval of the Competent Authority.</p> <p>The Procuring Agency reserves the right to integrate audit trails, API-based monitoring, or direct system access to independently verify real-time consultation data. In case of abnormal variation in distribution of consultations across scenarios, the Procuring Agency may require justification and may reclassify or reject such claims if found inconsistent with actual service patterns. Total payable OPEX shall not exceed the approved contract ceiling corresponding to 3.6 million consultations or contract duration, whichever is earlier.</p> <p>(J) CAPEX Payment Procedure:</p> <p>CAPEX payment shall be made as a single lump-sum payment upon complete execution, installation, integration, testing, commissioning, and formal acceptance of all CAPEX-related deliverables.</p> <p>(a) The Bidder shall submit detailed invoices along with supporting documents, including completion reports, installation certificates, and system deployment evidence.</p> <p>(b) The Technical Committee shall carry out detailed scrutiny and verification of the submitted documents, including physical verification (where applicable), system validation, and compliance with technical specifications and scope of work.</p>
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		<p>(c) Upon satisfactory verification, the Technical Committee shall record its recommendations and forward the case to the Procurement Committee.</p> <p>(d) The Procurement Committee shall review the recommendations of the Technical Committee, ensure compliance with contractual, financial, and procedural requirements, and endorse the payment.</p> <p>(e) Where required, especially for field-based components, third-party validation or independent verification may be carried out through pre-qualified firms or relevant technical entities.</p> <p>(f) Only after completion of the above verification and approval process, the payment shall be processed and released subject to approval of the Competent Authority.</p> <p>(g) No CAPEX payment shall be made in advance unless specifically approved and provided in the Contract.</p> <p>All CAPEX items shall be considered complete only upon full installation, integration, testing, commissioning, and acceptance by the Procuring Agency. The Procuring Agency reserves the right to withhold or proportionately reduce payment in case of incomplete, defective, or non-compliant deliverables.</p> <p>(K) Usage Adjustment Clause:</p> <p>The Procuring Agency reserves the right to apply usage-based weighting adjustments during contract execution for payment purposes based on actual distribution of service scenarios, without altering the agreed unit rates.</p> <p>No additional payment shall be admissible beyond quoted rates.</p>
52	34.5	Evaluation Basis: Total evaluated cost shall be calculated based on a composite financial model, including CAPEX and OPEX scenarios, as per usage assumptions defined in Section VI (Evaluation Criteria).
53	34.7	No post-bid financial negotiation or modification shall be permitted except for correction of arithmetic errors.
54	37.1	Abnormally Low Bids: N/A
55	37.4	The Procuring Agency may require submission of Certificate for Independent Price Determination.
56	36.5	The Bidder obtaining the highest combined score (S) shall be declared as Most Advantageous Bidder.

F. Award of Contract

BDS Clause Number	ITB Number	Amendments of, and Supplements to, Clauses in the Instructions to Bidders
57	41.1	Variation in Quantities / Scope: The Procuring Agency reserves the right to increase or decrease the scope of work up to a maximum of $\leq 15\%$ of the total Contract value without any change in unit rates or terms and conditions.

58	43.2	Time for Signing of Contract: The successful Bidder shall sign the Contract Agreement within seven (07) days of issuance of Notification of Award, subject to fulfillment of all conditions precedent.
59	44.1	Performance Security Amount: The Performance Security shall be 7% of the total Contract Price.
60	44.2	Form of Performance Security: The Performance Security shall be in the form of Bank Guarantee or Call Deposit Receipt (CDR) issued by a scheduled bank in Pakistan, acceptable to the Procuring Agency in the name of Finance Manager, IDSRS Project, NIH, Islamabad.
61	44.3	Validity of Performance Security: The Performance Security shall remain valid for the entire duration of the Contract, including warranty / defect liability period and any extensions thereof.
62	45.1	Advance Payment: No advance payment shall be made under this procurement.
63	43.4	A formal Contract Agreement shall be mandatory, and no Purchase Order or other document shall substitute the Contract.
64	38.2 & 39.1	Negotiations: No post-bid negotiation shall be permitted with any Bidder, except permissible clarifications under ITB Clause 29.
65	42.2	Mode of Notification of Award: Notification of Award shall be issued through EPADS and official written communication , and shall be considered legally binding.
66	47.4	Blacklisting: In case of corrupt, fraudulent, or non-performance practices, the Procuring Agency may initiate blacklisting proceedings in accordance with PPRA Rule 19.

G. Review of Procurement Decisions

67	50.1	<p>Procurement proceedings shall only be suspended where required under applicable provisions of PPRA Rule 48.</p> <p>The address of the Procuring Agency</p> <p>Integrated Disease Surveillance and Response System (IDSRS) National Institute of Health (NIH) Park Road, Chak Shahzad, Islamabad Office Ph # (92-051) 9255237</p>
<p>The Address of PPRA to submit a copy of grievance: Grievance Redressal Appellate Committee, Public Procurement Regulatory Authority 1st Floor, G-5/2, Islamabad, Pakistan Tel: +92-51-9202254</p>		


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SECTION-IV: ELIGIBLE COUNTRIES

All the bidders are allowed to participate in the subject procurement without regard to nationality, except bidders of some nationality prohibited in accordance with the policy of the Federal Government. Pursuant to ITB 4 and 14, the bidder is required to furnish an undertaking on a duly notarized legal stamp paper stating that the bidder is not from ineligible countries, and if the goods and related services are imported or to provide from abroad, then a certificate of country of origin shall be provided confirming that the goods and related services are not from ineligible countries.

Following countries are ineligible to participate in the procurement process:

1. India
2. Israel

Ministry of Interior, Government of Pakistan has notified List of Business-Friendly Countries (BVL), information can be accessed through following link:

<http://www.dgip.gov.pk/Files/Visa%20Categories.aspx#1>


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SECTION-V: TECHNICAL SPECIFICATION & SCHEDULE OF REQUIREMENTS

1. Schedule of Requirements

The list of goods, equipment, infrastructure, and related services required for the Turnkey Establishment, Integration, Deployment, Commissioning, and Operation of the Digital Telemedicine Ecosystem, in accordance with the Scope of Work, is attached herewith as **Annexure-I**.


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SECTION VI- EVALUATION AND QUALIFICATION CRITERIA

TECHNICAL EVALUATION CRITERIA (Table – 2)

Technical proposals submitted by bidders shall be evaluated on the basis of their demonstrated technical capability, relevant experience, operational readiness, and proposed methodology for successful implementation of the Telemedicine Programme. The evaluation shall be conducted using a component-based scoring model, with a maximum score of 100 marks.

1. Minimum Qualifying Score:

Bidders obtaining 70 marks or above shall be declared Technically Responsive and eligible for financial evaluation.

2. Technical Scoring Matrix (100 Marks)

A. TELEMEDICINE, DIGITAL PLATFORM & CALL CENTER OPERATIONS (40 MARKS)				
S. No.	Parameter	Max Marks	Marking Criteria	Evidence Required
1	Platform Capacity & Scale (Average Daily Throughput)	08	Proven deployed telemedicine / digital health system handling: <ul style="list-style-type: none"> • $\geq 25,000$ consultations per day = 08 • 10,000 – 24,999 per day = 05 • $< 10,000$ per day = 03 • No verifiable deployed system = 0 	<ul style="list-style-type: none"> • Production system logs / dashboards demonstrating daily consultation volume (minimum last 3 months) • Client-issued certificates clearly specifying system deployment and daily transaction volume • Third-party validation or independent audit reports • Load testing reports (supporting evidence only; not a substitute for live system data) <p>Note: Only live, deployed systems shall be considered. Pilot, demo, or test environments shall not qualify.</p>
2	Active Doctor Network & Availability	07	Active Doctor Network & Availability (based on monthly active consultations): <ul style="list-style-type: none"> • $\geq 20,000$ active doctors = 07 • 10,000 – 19,999 active doctors = 04 • $< 10,000$ active doctors = 02 • No verifiable active network = 0 	<ul style="list-style-type: none"> • System-generated consultation logs demonstrating monthly active doctors (minimum last 3 months) • PMC/PMDC registration verification of listed doctors • Specialty-wise active usage reports • Client-issued certificates or platform records confirming active deployment <p>Note: "Active doctors" shall mean doctors with at least one (01) completed consultation per month. Inactive or registered-only doctors shall not be counted.</p>
3	Call Center Capacity & Infrastructure	05	Call Center Capacity & Infrastructure (active operational agents): <ul style="list-style-type: none"> • ≥ 200 active agents = 05 • 100 – 199 active agents = 03 • < 100 active agents = 0 	<ul style="list-style-type: none"> • HR/payroll records supported by attendance logs or shift rosters (last 3 months)

				<ul style="list-style-type: none"> • Call center system reports (ACD/CRM) showing active agent utilization • Facility details including seating capacity, telephony systems, and infrastructure • Verifiable proof of operations (photos, site details, or client certifications) <p>Note: "Active agents" shall mean agents handling live calls/operations. Administrative or non-operational staff shall not be counted.</p>
4	Call Center Operations Experience	05	<p>Call Center / Teleconsultation Operations Experience:</p> <ul style="list-style-type: none"> • ≥ 3 years' experience in large-scale operations = 05 • 1 - 2 years' experience = 03 • < 1 year or no relevant experience = 0 	<ul style="list-style-type: none"> • Contracts / work orders clearly indicating scope and duration • Completion certificates or ongoing engagement evidence • Client references confirming operational scale and nature of services • Operational reports or performance summaries (call volumes / consultations handled) <p>Note: Only experience involving active call center or teleconsultation operations shall be considered. Basic helpline, support desk, or non-scalable operations shall not qualify as large-scale experience.</p>
5	AI/ML & Healthcare Integration Capability (Sovereign AI + HL7/FHIR Integration)	05	<ul style="list-style-type: none"> • ≥ 2 AI/ML engineers (edge/sovereign AI) AND ≥ 3 HL7/FHIR integration architects with proven EMR integration = 05 • Partial capability (either AI/ML or HL7/FHIR integration with limited resources/experience) = 02 • No dedicated capability = 0 	<ul style="list-style-type: none"> • CVs/profiles of AI/ML engineers and HL7/FHIR integration architects • Technical documentation or whitepapers demonstrating sovereign AI deployment and/or EMR integration. • Evidence of local model hosting (e.g., vLLM, Ollama or similar frameworks). • Documentation of successful EMR integration (HL7/FHIR, SMART or FHIR or equivalent). <p>Note: Only proven, deployed capabilities shall be considered. Generic or theoretical expertise shall not qualify.</p>
6	Relevant Project Experience (Telemedicine / Digital Health / Large-scale IT Service Delivery)	05	<p>Relevant Project Experience (Telemedicine / Digital Health / Large-scale IT Service Delivery):</p> <ul style="list-style-type: none"> • ≥ 3 projects of similar nature and scale (completed or ongoing) = 05 • 1 - 2 relevant projects = 03 • No relevant project = 0 	<ul style="list-style-type: none"> • Contracts / work orders and completion certificates indicating scope and duration (in case of direct client projects). • OR, in case of direct-to-customer (B2C) service model: <ul style="list-style-type: none"> - System-generated usage analytics (minimum last 3 months) demonstrating active

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				users, transactions, or consultations - Publicly accessible platform links (website / mobile application) - Platform ownership proof (domain ownership, app listing, or official declaration) - Operational dashboards or reports indicating scale of deployment • Client references confirming project execution (where applicable) • Project summaries clearly demonstrating nature (telemedicine / digital health / large-scale IT) and scale (users, transactions, or geographic coverage) • Supporting documents showing system deployment (where applicable) Note: Only projects comparable in scope (healthcare platforms, large user base, or nationwide/provincial deployment) shall be considered. Generic IT or unrelated projects shall not qualify. In B2C models, platform ownership and verifiable usage scale must be clearly demonstrated.
7	Financial Capacity	05	• Average annual turnover \geq PKR 1 Billion = 5 • PKR 500M - <1B = 3 • <500M = 2	Audited financial statements (last 3 years) with auditor certificate and annotated bank statements
Sub Total			40	


B. MARKETING & (20 MARKS)

S. No.	Parameter	Max Marks	Marking Criteria	Evidence Required
1	Digital Outreach, Platforms & Content Strength	10	• \geq 3 Million monthly user interactions AND \geq 4,000 active health awareness videos = 10 • \geq 2 Million interactions AND \geq 2,000 videos = 8 • \geq 1 Million interactions AND \geq 1,000 videos = 6 • \geq 500K interactions AND \geq 200 videos = 4	• System-generated analytics reports (Google Analytics, App Analytics, Social Media Insights) covering at least the last six (06) months • Direct access links (public URLs) of owned digital platforms (website, mobile app, YouTube channel, etc.) • Proof of ownership/administrative control of digital platforms (e.g., domain ownership records, channel ownership, or official declaration)

			<ul style="list-style-type: none"> • Below above thresholds = 2 • No verifiable evidence = 0 	<ul style="list-style-type: none"> • Platform-level metrics (monthly active users, impressions, engagement rates) with date stamps. • Publicly verifiable content repository (YouTube channel / platform library) clearly showing number of health-related videos • Client-issued certificates or contracts explicitly confirming digital outreach scale and campaign performance • Independent third-party verification reports. <p>Note: Screenshots alone shall not be considered sufficient unless supported by verifiable links and underlying system data.</p>
2	Execution & Multi-Channel Capability Campaign	6	<ul style="list-style-type: none"> • ≥ 3 nationwide / large-scale campaigns across ≥ 4 channels (Digital, TV, Radio, Print, Field) = 6 • ≥ 2 campaigns across ≥ 3 channels = 4 • ≥ 1 campaign across ≥ 2 channels = 3 • Limited/local campaigns or single channel = 1 • No relevant experience = 0 	<ul style="list-style-type: none"> • Work orders / contracts and completion certificates • Campaign reports with media/channel mix • Media plans or release orders (TV/Radio/Digital/Print) • Verifiable proof of execution (public links, publications, or broadcast records) <p>Note: Claims without verifiable execution evidence shall not be considered.</p>
3	Public Health Outreach, Targeting & Analytics	4	<ul style="list-style-type: none"> • Proven outreach to rural/underserved populations with real-time monitoring dashboards and KPI tracking = 4 • Proven outreach OR structured analytics/monitoring system available = 2-3 • Limited outreach and weak/no analytics = 1 • No verifiable evidence = 0 	<ul style="list-style-type: none"> • Campaign reports demonstrating targeted outreach (rural/underserved segments) • Targeting strategy / audience segmentation details • Dashboard screenshots or KPI monitoring reports with date stamps • Client certificates or references confirming outreach execution <p>Note: Claims without verifiable targeting and monitoring evidence shall not be considered.</p>
Sub Total			20	

C. PHARMACY & SUPPLY CHAIN (20 MARKS)

S. No.	Parameter	Max Marks	Marking Criteria	Evidence Required
1	Pharmacy Network & Coverage	5	<p>Pharmacy Network & Coverage (active and licensed locations):</p> <ul style="list-style-type: none"> • ≥ 15 active pharmacy locations = 05 • 8 - 14 active locations = 03 • < 8 active locations = 0 	<ul style="list-style-type: none"> • Valid Drug Sale Licenses for each listed pharmacy location • Branch list with addresses and operational status • Proof of system integration (order processing, e-prescription linkage, or dispensing records) • Client agreements or operational records (where applicable)


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				<p>Note: Only active, licensed, and operational pharmacy locations integrated with the system shall be considered. Proposed, inactive, or partner-only listings without integration shall not qualify.</p>
2	Prescription Processing Volume (Actual Usage)	5	<p>Prescription Processing Volume (actual system usage):</p> <ul style="list-style-type: none"> • $\geq 30,000$ prescriptions per month = 05 • 15,000 – 29,999 per month = 03 • $< 15,000$ per month = 0 	<ul style="list-style-type: none"> • System-generated prescription logs / analytics (minimum last 3 months) • Platform dashboards showing monthly prescription volumes with date stamps • Proof of processing / dispensing linkage (e.g., pharmacy integration or fulfillment records) • Client certificates or third-party validation (if available) <p>Note: Only completed and system-processed prescriptions shall be counted. Draft, cancelled, or duplicate records shall not qualify.</p>
3	Warehousing & Cold Chain Capability	4	<p>Warehousing & Cold Chain Capability (DRAP-compliant and operational):</p> <ul style="list-style-type: none"> • ≥ 2 DRAP-compliant warehouses with functional cold chain = 04 • 1 compliant facility = 02 • None = 0 	<ul style="list-style-type: none"> • Valid DRAP licenses / certifications for warehouse facilities • Warehouse details including location, capacity, and storage specifications • Temperature monitoring logs (minimum last 3 months) • Proof of cold chain infrastructure (equipment details, monitoring systems, or SOPs) <p>Note: Only operational and compliant facilities with functional temperature-controlled storage shall be considered. Proposed or non-operational facilities shall not qualify.</p>
4	Institutional Supply Experience	3	<p>Institutional Supply Experience (healthcare / pharmaceutical / large-scale supply):</p> <ul style="list-style-type: none"> • ≥ 20 completed or ongoing institutional supply contracts = 03 • 10 – 19 contracts = 02 • < 10 contracts = 0 	<ul style="list-style-type: none"> • Contracts / purchase orders clearly indicating scope and client • Completion certificates or proof of ongoing supply • Client references confirming execution • Summary of supplied items and scale (where applicable) <p>Note: Only relevant institutional supply (healthcare, pharmaceutical, or large-scale distribution) shall be considered. Isolated or non-relevant supplies shall not qualify.</p>
5	Pharmacy Operations Experience	3	<p>Pharmacy Operations Experience (medicine supply chain / dispensing operations):</p> <ul style="list-style-type: none"> • ≥ 3 years' relevant experience = 03 	<ul style="list-style-type: none"> • Contracts / agreements indicating scope and duration of pharmacy operations

		<ul style="list-style-type: none"> • 1 – 2 years' experience = 01 • < 1 year or no relevant experience = 0 	<ul style="list-style-type: none"> • Proof of operational activity (supply records, dispensing records, or system reports) • Client references confirming execution • Company profile detailing pharmacy operations (supporting document only) <p>Note: Only active pharmacy operations or medicine supply chain experience shall be considered. Trading-only, licensing-only, or inactive entities shall not qualify.</p>
Sub Total		20	

D. INFRASTRUCTURE & DEPLOYMENT CAPABILITY (20 MARKS)

S. No.	Parameter	Max Marks	Marking Criteria	Evidence Required
1	PEC Registration & Relevant Codes	7	<ul style="list-style-type: none"> • PEC Category C-3 or above with relevant civil, electrical, and installation codes = 7 • Lower category = 4 • No PEC = 0 	Valid PEC Certificate with endorsed codes.
2	**Operational Readiness (Islamabad & Karachi)	5	<p>Operational Readiness (Islamabad & Karachi):</p> <ul style="list-style-type: none"> • Existing fully operational offices in both Islamabad and Karachi = 05 • OR binding undertaking to establish fully functional offices in both cities within 30 days of contract award = 03 • No presence or commitment = 0 	<ul style="list-style-type: none"> • Lease / ownership documents or verifiable office addresses (for existing offices) • NTN / registration details linked to office locations • Notarized undertaking for establishment (if not currently present) • Implementation plan with timelines, staffing, and facility details <p>Note: Offices shall be operational and capable of supporting project execution. Virtual, shared, or non-functional addresses shall not qualify.</p>
3	Deployment Experience (Relevant & Multi-Component)	5	<p>Deployment Experience (multi-location, multi-component systems):</p> <ul style="list-style-type: none"> • ≥ 3 deployments involving multiple locations and integrated components (IT systems / kiosks / infrastructure) = 05 • 1 – 2 relevant deployments = 03 • None = 0 	<ul style="list-style-type: none"> • Contracts / work orders and completion certificates indicating scope and locations • Project summaries detailing components deployed (IT systems, kiosks, infrastructure integration) • Client references confirming execution across multiple locations <p>Note: Only deployments involving integrated systems across multiple sites shall be</p>


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				considered. Single-location or standalone IT deployments shall not qualify.
4	Integrated Deployment Capability	3	<p>Integrated Deployment Capability (end-to-end integration):</p> <ul style="list-style-type: none"> • Proven execution of projects integrating IT systems, infrastructure, and field operations = 03 • Partial integration (any one or two components) = 01 • No evidence = 0 	<ul style="list-style-type: none"> • Project case studies clearly demonstrating integrated deployment (IT systems, infrastructure, field operations) • System architecture diagrams showing interconnectivity of components • Deployment documentation or reports evidencing integrated operations • Client references confirming end-to-end execution <p>Note: Only projects demonstrating functional integration across multiple components shall be considered. Isolated or standalone implementations shall not qualify.</p>
Sub Total		20		
Grand Total		100		

4. Financial Evaluation (QCBS Method)

Final evaluation shall be carried out using Quality and Cost Based Selection (QCBS):

Component	Weightage
Technical Score (T)	70%
Financial Score (F)	30%

Financial Score Formula

$$F = \left(\frac{\text{Lowest Bid}}{\text{Bidder Price}} \right) \times 30$$

Final Score Calculation

$$S = (T \times 0.70) + (F \times 0.30)$$


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5. Final Ranking

The bidder obtaining the **highest combined score (S)** shall be declared the **Most Advantageous Bidder as per BDS 38 - 43**, subject to:

- compliance with bidding requirements
- verification of documents
- approval by the Competent Authority

Note:

* For the purpose of evaluation, "similar nature and scale" shall mean projects involving telemedicine services, digital health platforms, call center operations, or IT-enabled service delivery systems with multi-location or large-scale user operations. Only those projects shall be considered where the bidder has been directly responsible for execution and delivery.

** Operational presence in Islamabad and Karachi is required for coordination, logistics, and service delivery. Bidders not having existing offices may qualify by providing a binding undertaking to establish operational facilities within the specified timeline. Failure to establish such presence within the stipulated period shall constitute breach of contract.


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SECTION-VII: BID FORMS (TECHNICAL & FINANCIAL)

I.A Letter of Bid – Technical Proposal – Stage – I

INSTRUCTIONS TO BIDDERS: DELETE THIS BOX ONCE YOU HAVE COMPLETED THE DOCUMENT

Place this Letter of Bid in the *first* envelope "TECHNICAL PROPOSAL".

The Bidder must prepare the Letter of Bid on stationery with its letterhead clearly showing the Bidder's complete name and business address.

Note: All italicized text in black font is to help Bidders in preparing this form and Bidders shall delete it from the final document.

Date of this Bid submission: [insert date (as day, month and year) of Bid submission]

RFB No.: [insert number of Bidding process]

Request for Bid No.: [insert identification]

Alternative No.: [insert identification No if this is a Bid for an alternative] To:

[insert complete name of Procuring Agency]

We, the undersigned Bidder, hereby submit our Bid, in two parts, namely:

- (a) the Technical Proposal, and
- (b) the Financial Proposal.


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In submitting our Bid we make the following declarations:

- (a) **No reservations:** We have examined and have no reservations to the bidding document, including addenda issued in accordance with Instructions to Bidders (ITB 9);
- (b) **Eligibility:** We meet the eligibility requirements and have no conflict of interest in accordance with ITB 3;
- (c) **Bid/Proposal-Securing Declaration:** We have not been suspended nor declared ineligible by the Procuring Agency based on execution of a Bid Securing Declaration or Proposal Securing Declaration in the Procuring Agency's country in accordance with ITB 4;
- (d) **Conformity:** We offer to supply in conformity with the bidding document and in accordance with the Delivery Schedules specified in the Schedule of Requirements the following Goods and Services: [insert a brief description of the Goods and Related Services];
- (e) **Total Price:** The total price of our Bid, excluding any discounts offered in item (c) below is:

In case of only one lot, the total price of the Bid is [insert the total price of the bid in words and figures, indicating the various amounts and the respective currencies];

In case of multiple lots, the total price of each lot is *[insert the total price of each lot in words and figures, indicating the various amounts and the respective currencies]*;

In case of multiple lots, total price of all lots (sum of all lots) *[insert the total price of all lots in words and figures, indicating the various amounts and the respective currencies]*;

- (f) **Discounts:** The discounts offered and the methodology for their application are:
- (i) The discounts offered are: *[Specify in detail each discount offered]*
 - (ii) The exact method of calculations to determine the net price after application of discounts is shown below: *[Specify in detail the method that shall be used to apply the discounts]*;
- (g) **Bid Validity Period:** Our Bid shall be valid for the period specified in BDS 17.1 (as amended, if applicable) from the date fixed for the Bid submission deadline specified in BDS 23.1 (as amended, if applicable), and it shall remain binding upon us, and may be accepted at any time before the expiration of that period;
- (h) **Performance Security:** If our Bid is accepted, we commit to obtain a performance security in accordance with the bidding document;
- (i) **One Bid per Bidder:** We are not submitting any other Bid(s) as an individual Bidder, and we are not participating in any other bid(s) as a Joint Venture / Consortium member or as a subcontractor, and meet the requirements, other than Alternative Bids submitted in accordance with ITB 19;
- (j) **Suspension and Debarment:** We, along with any of our subcontractors, suppliers, consultants, manufacturers, or service providers for any part of the contract, are not subject to, and not controlled by any entity or individual that is subject to, a temporary suspension or a debarment imposed by the Procuring Agency including blacklisting under PPRa Rule 19;
- (k) **State-owned enterprise or institution:** *[select the appropriate option and delete the other]*
[We are not a state-owned enterprise or institution] / [We are a state-owned enterprise or institution but meet the requirements of ITB Clause 3.4];
- (l) **Binding Contract:** We understand that this Bid, together with your written acceptance thereof included in your Letter of Acceptance, shall constitute a binding contract between us, until a formal contract is prepared and executed;
- (m) **Not Bound to Accept:** We understand that you are not bound to accept the Most Advantageous Bid or any other Bid that you may receive; and
- (n) **Fraud and Corruption:** We hereby certify that we have taken steps to ensure that no person acting for us, or on our behalf, engages in any type of Fraud and Corruption.

Name of the Bidder: *[insert complete name of Bidder]*

Name of the person duly authorized to sign the Bid on behalf of the Bidder: **
[insert complete name of person duly authorized to sign the Bid]

Title of the person signing the Bid: *[insert complete title of the person signing the Bid]*


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Signature of the person named above: *[insert signature of person whose name and capacity are shown above]*

Date signed *[insert date of signing]* day of *[insert month]*, *[insert year]*

*: in the case of the Bid submitted by a Joint Venture / Consortium specify the name of the Joint Venture / Consortium as Bidder.

** : Person signing the Bid shall have the power of attorney given by the Bidder. The power of attorney shall be attached with the Bid Schedules duly notarized and authorizing the signatory to bind the Bidder / Lead Member (in case of JV/Consortium).


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1.B Letter of Bid – Financial Proposal – Stage - II

INSTRUCTIONS TO BIDDERS: DELETE THIS BOX ONCE YOU HAVE COMPLETED THE DOCUMENT

Place this Letter of Bid - Financial Proposal in the second envelope marked "FINANCIAL PROPOSAL".

The Bidder must prepare the Letter of Bid - Financial Proposal on stationery with its letterhead clearly showing the Bidder's complete name and business address.

Note: All italicized text is to help Bidders in preparing this form.

Date of this Bid submission: *[insert date (as day, month and year) of Bid submission]*

No.: *[insert number of bidding process]*

Name of Project: *[insert identification]*

Alternative No.: *[insert identification No if this is a Bid for an alternative]*

To: *[insert complete name of Procuring Agency]*

We, the undersigned Bidder, hereby submit the second part of our Bid, the Financial Proposal.

In submitting our Financial Proposal, we make the following additional declarations:

- (a) **Bid Validity Period:** Our Bid shall be valid for the period specified in BDS 17.1 (as amended, if applicable) from the date fixed for the bid submission deadline specified in BDS 23.1 (as amended, if applicable), and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- (b) **Total Price:** The total price of our Bid, excluding any discounts offered in item (c) below is:

In case of only one lot, the total price of the Bid is *[insert the total price of the bid in words and figures, indicating the various amounts and the respective currencies];*

In case of multiple lots, the total price of each lot is *[insert the total price of each lot in words and figures, indicating the various amounts and the respective currencies];*

In case of multiple lots, total price of all lots (sum of all lots) *[insert the total price of all lots in words and figures, indicating the various amounts and the respective currencies];*

The Bid Price shall be quoted in accordance with the prescribed financial format, including separate identification of CAPEX components and OPEX scenarios as defined in the Bidding Documents.

- (c) **Discounts:** The discounts offered and the methodology for their application are:
- The discounts offered are: *[Specify in detail each discount offered]*
 - The exact method of calculations to determine the net price after application of discounts is shown below: *[Specify in detail the method that shall be used to apply the discounts];* Any discount offered shall be clearly linked to the financial structure (CAPEX and OPEX components) and shall be applied consistently for evaluation

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purposes.

- (d) **Commissions, gratuities and fees:** We have paid, or will pay the following commissions, gratuities, or fees with respect to the bidding process or execution of the Contract: *[insert complete name of each Recipient, its full address, the reason for which each commission or gratuity was paid and the amount and currency of each such commission or gratuity]*.

Name of Recipient	Address	Reason	Amount

(If none has been paid or is to be paid, indicate "none.")

Failure to disclose such commissions, if applicable, may result in disqualification under applicable procurement rules.

- (e) **Binding Contract:** We understand that this Bid, together with your written acceptance thereof included in your Letter of Acceptance, shall constitute a binding contract between us, until a formal contract is prepared and executed. The Bid Price shall be derived in accordance with the financial structure defined in the Bidding Documents, including CAPEX and OPEX components. The Financial Proposal shall remain firm and fixed, and no adjustment shall be allowed except as provided in the Contract. We understand that the evaluation of our Financial Proposal shall be carried out in accordance with the QCBS methodology specified in the Bidding Documents, including the prescribed financial scoring formula.

Name of the Bidder: *[insert complete name of the Bidder]*


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Name of the person duly authorized to sign the Bid on behalf of the Bidder: *** [insert complete name of person duly authorized to sign the Bid]*

Title of the person signing the Bid: *[insert complete title of the person signing the Bid]*

Signature of the person named above: *[insert signature of person whose name and capacity are shown above]*

Date signed *[insert date of signing]* day of *[insert month]*, *[insert year]*

*. In the case of the Bid submitted by a Joint Venture / Consortium specify the name of the Joint Venture / Consortium as Bidder.

** Person signing the Bid shall have the power of attorney given by the Bidder. The power of attorney, duly notarized, shall be attached with the Bid Schedules and shall authorize the signatory to bind the Bidder / Lead Member (in case of JV/Consortium).

2. Bidder Information Form (Attach with Technical Bid)

[The Bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.]

Date: [insert date (as day, month and year) of Bid submission]

No.: [insert number of Bidding process]

Alternative No.: [insert identification No if this is a Bid for an alternative]

Page _____ of _____ pages

1. Bidder's Name [insert Bidder's legal name]
2. In case of JV / Consortium, legal name of each member: [insert legal name of each member in JV / Consortium]
3. Bidder's actual or intended country of registration: [insert actual country of registration]
4. Bidder's year of registration: [insert Bidder's year of registration]
5. Bidder's Address in country of registration: [insert Bidder's legal address in country of registration]
6. Bidder's Authorized Representative Information Name: [insert Authorized Representative's name] Address: [insert Authorized Representative's Address] Telephone/Fax numbers: [insert Authorized Representative's telephone/fax numbers] Email Address: [insert Authorized Representative's email address]
7. Attached are copies of original documents of [check the box(es) of the attached original documents] <input type="checkbox"/> Articles of Incorporation (or equivalent documents of constitution or association), and/or documents of registration of the legal entity named above. <input type="checkbox"/> In case of JV / Consortium, letter of intent to form JV / Consortium or JV / Consortium agreement, in accordance with ITB 3 (Eligibility and JV/Consortium Requirements). <input type="checkbox"/> Declaration that the Bidder is not blacklisted or under any conflict of interest in accordance with ITB Clause 3 and applicable PPRA Rules
8. Included are the organizational chart, a list of Board of Directors, and the beneficial ownership duly signed and certified by the authorized representative.
9. The Procuring Agency reserves the right to verify the authenticity of all submitted information. Any false declaration or misrepresentation shall lead to disqualification and may result in blacklisting under PPRA Rule 19.


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3. Bidder's JV Members Information Form (In Case of Joint Venture / Consortium)

[The Bidder shall fill in this Form in accordance with the instructions indicated below. The following table shall be filled in for the Bidder and for each member of a Joint Venture / Consortium].

Date: [insert date (as day, month and year) of Bid submission]

RFB No.: [insert number of RFB process]

Alternative No.: [insert identification No if this is a Bid for an alternative]

Page _____ of _____ pages

1. Bidder's Name: [insert Bidder's legal name]
2. Bidder's JV / Consortium Member's name: [insert JV / Consortium Member's legal name]
3. Bidder's JV / Consortium Member's country of registration: [insert JV / Consortium Member's country of registration]
4. Bidder's JV / Consortium Member's year of registration: [insert JV / Consortium Member's year of registration]
5. Bidder's JV / Consortium Member's legal address in country of registration: [insert JV / Consortium Member's legal address in country of registration]
6. Bidder's JV / Consortium Member's authorized representative information Name: [insert name of JV / Consortium Member's authorized representative] Address: [insert address of JV / Consortium Member's authorized representative] Telephone/Fax numbers: [insert telephone/fax numbers of JV / Consortium Member's authorized representative] Email Address: [insert email address of JV / Consortium Member's authorized representative]
7. Attached are copies of original documents of [check the box(es) of the attached original documents] <input type="checkbox"/> Articles of Incorporation (or equivalent documents of constitution or association), and/or registration documents of the legal entity named above, in accordance with "TTB Clause 3 (Eligibility and JV/Consortium Requirements). <input type="checkbox"/> Declaration of non-blacklisting and absence of conflict of interest in accordance with applicable PPRA Rules.
8. Included are the organizational chart, a list of Board of Directors, and the beneficial ownership duly signed and certified by the authorized representative of the JV / Consortium Member. All JV / Consortium Members shall be jointly and severally liable for execution of the Contract. The Procuring Agency reserves the right to verify the authenticity of all submitted information. Any misrepresentation shall result in disqualification and may lead to blacklisting under PPRA Rule 19.

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4. Price Schedule: Financial Proposal Form

A. GENERAL INSTRUCTIONS

The Bidder shall submit the Financial Proposal strictly in accordance with the prescribed format.

The Financial Proposal shall clearly distinguish between:

(a) CAPEX (One-Time Costs)

(b) OPEX (Operational Costs under defined service scenarios)

All prices shall be quoted in Pakistan Rupees (PKR), inclusive of all applicable taxes, duties, logistics, manpower, operational expenses, and any other associated costs.

No additional payment shall be made outside the quoted prices.

The Financial Proposal shall be valid for a period of two (02) years or completion of 3.6 million consultations, whichever is earlier.

B. CAPEX (ONE-TIME COSTS)

Table A: CAPEX (LUMP SUM BASIS)

S. No.	Description	Unit	Quantity	Unit Price (PKR)	Total Price (PKR)
1	Telemedicine Platform Development / Customization	L.S			
2	Kiosk Hardware & Setup	L.S			
3	Civil Works / Site Preparation	L.S			
4	IT Infrastructure (Servers, Networking, Cybersecurity)	L.S			
5	Call Center Setup (Infrastructure & Equipment)	L.S			
6	Software Licensing / Integration	L.S			
7	Training & Capacity Building	L.S			
TOTAL CAPEX					

C. OPEX (SCENARIO-BASED PRICING)

Table B: OPEX – Scenario-Based Unit Pricing

S. No.	Scenario Description	Unit	Unit Price (PKR)
1	Consultation Call (without medicine) (S1)	Per Consultation	


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2	Consultation + Medicine (Delivery / Pickup) (S2)	Per Consultation	
3	Consultation + Medicine + Diagnostic (Kiosk / Field Visit) (S3)	Per Consultation	

The quoted prices under each scenario shall be all-inclusive, covering consultation charges, medicines, diagnostics, logistics, delivery, manpower (doctors, call center agents, field staff), IT operations, and all associated operational costs for a period of two (02) years or completion of 3.6 million consultations, whichever is earlier.

D. OPEX EVALUATION MODEL (WEIGHTED)

Table C: Derived OPEX Cost

Description	Value
Weighted Average Price	$(S1 \times 0.40) + (S2 \times 0.40) + (S3 \times 0.20)$
Total Consultations	3,600,000
Total OPEX Cost	Weighted Average Price \times 3,600,000

For evaluation purposes, a weighted average of the three OPEX scenarios shall be calculated using the following distribution:

- Scenario 1 (Consultation without medicine) = 40%
- Scenario 2 (Consultation with medicine) = 40%
- Scenario 3 (Consultation with medicine + diagnostics / field services) = 20%

The weighted average price shall be multiplied by 3,600,000 consultations to determine the total OPEX cost.

The above weightages are based on estimated service utilization patterns and shall be binding for financial evaluation purposes.

No separate payment shall be made under any head.


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E. GRAND TOTAL (FOR FINANCIAL EVALUATION)

Table D: Financial Summary

Component	Amount (PKR)
Total CAPEX	
Total OPEX	
GRAND TOTAL COST	

Note:

1. The quoted prices shall remain firm and fixed throughout the contract period and shall not be subject to escalation.
2. The Bidder shall not be entitled to any additional payment beyond the quoted CAPEX and OPEX rates.
3. Any ambiguity in pricing shall be interpreted in favor of the Procuring Agency.
4. In case of abnormal variation between scenario pricing, the Procuring Agency reserves the right to seek justification or reject the bid as non-responsive.
5. Arithmetic errors shall be corrected in accordance with ITB provisions.
6. The Financial Proposal shall be evaluated in accordance with the QCBS methodology defined in the Bidding Documents.

** The price should be inclusive of all the applicable taxes, all type of insurance charges, delivery charges etc.*

Name of Bidder [insert complete name of Bidder]

Signature of Bidder [signature of person signing the Bid]

Date [Insert Date]


Arafat Ahnisa Qureshi
Assistant Director (Store)
Purchase & Procurement Department
National Institute of Health
Islamabad

5. Letter of Acceptance

[Letter head paper of the Procuring Agency]

[date]

To: *[name and address of the Successful Bidder]*

This is to notify you that your Bid dated *[date]* for execution of the *[name of the Contract and identification number, as given in the Special Conditions of Contract including all terms, conditions, specifications, and scope of work as defined in the Bidding Documents]* for the Contract Price of the equivalent of *[amount in numbers and words]* *[name of currency]*, as corrected and modified in accordance with the Instructions to Bidders is hereby accepted by the Procuring Agency.

We hereby confirm *[insert name of Appointing Authority]* as the Appointing Authority for the purpose of appointment of Arbitrator(s) in accordance with the Contract, in case of any dispute arising between the parties.

You are hereby requested to review, sign, and return the attached draft Contract. The formal Contract Agreement shall be executed within fourteen (14) days of issuance of this Letter of Acceptance.

You are hereby required to furnish the Performance Security in the form and amount stipulated in the Special Conditions of Contract within fourteen (14) days of receipt of this Letter of Acceptance, failing which the Procuring Agency reserves the right to annul the award and forfeit the Bid Security in accordance with the applicable rules.

This Letter of Acceptance shall constitute a binding contract between the Procuring Agency and the Successful Bidder until a formal Contract Agreement is executed.

Authorized Signature:

Name and Title of Signatory:

Name of Agency:

Attachment: Contract

Copy: Appointing Authority and Supplier


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PART B – CONDITION OF CONTRACT AND CONTRACT FORMS

SECTION-VIII: GENERAL CONDITIONS OF CONTRACTS (GCC)

1. Definitions

1.1 The following words and expressions shall have the meanings hereby assigned to them:

- a) **"Authority"** means Public Procurement Regulatory Authority.
- b) The **"Arbitrator"** is the person appointed with mutual consent of both the parties, to resolve contractual disputes as provided for in the General Conditions of the Contract GCC Clause 31 hereunder.
- c) The **"Contract"** means the agreement entered into between the Procuring Agency and the Supplier, as recorded in the Contract Form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.
- d) The **"Commencement Date"** is the date when the Supplier shall commence execution of the contract as specified in the SCC.
- e) **"Completion"** means the fulfillment of the related services by the Supplier in accordance with the terms and conditions set forth in the contract.
- f) **"Country of Origin"** means the countries and territories eligible under the PPRR Rules 2004 and its corresponding Regulations as further elaborated in the SCC.
- g) The **"Contract Price"** is the price stated in the Letter of Acceptance and thereafter as adjusted in accordance with the provisions of the Contract.
- h) **"Defective Goods"** are those goods which are below standards, requirements or specifications stated by the Contract.
- i) **"Delivery"** means the transfer of the goods from the supplier equipment, machinery, and/or other materials which the Supplier is required to supply to the Procuring Agency under Contract.
- j) **"Effective Contract date"** is the date shown in the Certificate of Contract Commencement issued by the Procuring Agency upon fulfillment of the condition's precedent stipulated in GCC Clause 3.
- k) **"Procuring Agency"** means the person named as Procuring Agency in the SCC and the legal successors in title to this person, procuring the Goods and related service, as named in SCC.
- l) **"Related Services"** means those services ancillary to the delivery of the Goods, such as transportation and insurance, and any other incidental services, such as installation, commissioning, provision of technical assistance, training, initial maintenance and other such obligations of the Supplier covered under the Contract.
- m) **"GCC"** means the General Conditions of Contract contained in this section.
- n) **"Intended Delivery Date"** is the date on which it is intended that the Supplier shall affect delivery as specified in the SCC.
- o) **"SCC"** means the Special Conditions of Contract.
- p) **"Supplier"** means the individual private or government entity or a combination of the above whose Bid to perform the contract has been accepted by the Procuring Agency and is named as such in the Contract Agreement, and includes the legal successors or permitted assigns of the supplier and shall be named in the SCC.
- q) **"Project Name"** means the name of the project stated in SCC.
- r) **"Day"** means calendar day.


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- s) **"Eligible Country"** means the countries and territories eligible for participation in accordance with the policies of the Federal Government.
- t) **"End User"** means the organization(s) where the goods will be used, as named in the SCC.
- u) **"Origin"** means the place where the Goods were mined, grown, or produced or from which the Services are supplied. Goods are produced when, through manufacturing, processing, or substantial and major assembly of components, a commercially recognized new produce results that is substantially different in basic characteristics or in purpose or utility from its components.
- v) **"Force Majeure"** means an unforeseeable event which is beyond reasonable control of either Party and which makes a Party's performance of its obligations under the Contract impossible or so impractical as to be considered impossible under the circumstances. For the purposes of this Contract, "Force Majeure" means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and its origin is not due to negligence or lack of care on the part of a Party, and which makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances. and includes, but is not limited to, war, riots, civil disorder, earthquake, fire, explosion, storm, flood, epidemics, or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking Force Majeure to prevent), confiscation or any other action by Government agencies.
- w) **"Specification"** means the Specification of the Goods and performance of incidental services in accordance with the relevant standards included in the Contract and any modification or addition made or approved by the Procuring Agency.
- x) The Supplier's Bid is the completed Bid document submitted by the Supplier to the Procuring Agency.

1.2 For the purpose of this Contract, wherever the terms "Goods" or "Goods and Related Services" are used, they shall be deemed to include "Services", "Systems", "Software", "Telemedicine Services", and "Operational Components" as applicable to the scope of this procurement. The term "Supplier" shall be interpreted as "Service Provider / Contractor" where the context so requires.

2. *Application and Interpretation:*

- 2.1 These General Conditions shall apply to the extent that they are not superseded by provisions of other parts of the Contract.
- 2.2 In interpreting these Conditions of Contract headings and marginal notes are used for convenience only and shall not affect their interpretations unless specifically stated; references to singular include the plural and vice versa; and masculine include the feminine. Words have their ordinary meaning under the language of the Contract unless specifically defined.
- 2.3 The documents forming the Contract shall be interpreted in the following order of priority:
- (1) Form of Contract
 - (2) Special Conditions of Contract,
 - (3) General Conditions of Contract,
 - (4) Letter of Acceptance,
 - (5) Certificate of Contract Commencement
 - (6) Specifications
 - (7) Contractor's Bid, and
 - (8) Any other document listed in the Special Conditions of Contract as forming part of the Contract.

3. **Conditions Precedent**

3.1 Having signed the Contract, it shall come into effect on the date on which the following conditions have been satisfied: -

- a) Submission of performance Security (or guarantee) in the form specified in the SCC;
- b) Furnishing of Advance Payment Unconditional Guarantee.

3.2 If the Condition precedent stipulated on GCC Clause 3.1 is not met by the date specified in the SCC this contract shall not come into effect;

3.3 If the Procuring Agency is satisfied that each of the conditions precedent in this contract has been satisfied (except to the extent waived by him, but subject to such conditions as he shall impose in respect of such waiver) he shall promptly issue to the supplier a certificate of Contract commencement, which shall confirm the start date.

4. **Governing Language**

4.1 The Contract as all correspondence and documents relating to the contract exchanged by the Supplier and the Procuring Agency shall be written in the language specified in SCC. Subject to GCC Clause 3.1, the version of the Contract written in the specified language shall govern its interpretation.

5. **Applicable Law**

5.1 The contract shall be governed and interpreted in accordance with the laws of Pakistan, unless otherwise specified in SCC.

6. **Country of Origin**

6.1 The origin of Goods and Services may be distinct from the nationality of the Supplier.

7. **Standards**

7.1 The Goods and Related Services supplied under this Contract shall conform to the standards mentioned in the Technical Specifications.

8. **Contract Documents**

8.1 Subject to the order of precedence set forth in the Contract Agreement, all documents forming the Contract (and all parts thereof) are intended to be correlative, complementary, and mutually explanatory. The Contract Agreement shall be read as a whole.

9. **Use of Contract Documents and Information; Inspection and Audit by the Government of Pakistan**

9.1 The Supplier shall not, without the Procuring Agency's prior written consent, disclose the Contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the Procuring Agency in connection therewith, to any person other than a person employed by the Supplier in the performance of the Contract. Disclosure to any such employed person shall be made in confidence and shall extend only as far as may be necessary for purposes of such performance.

9.2 The Supplier shall not, without the Procuring Agency's prior written consent, make use of any document or information enumerated in GCC Clause 7.1 except for purposes of performing the Contract.

9.3 Any document, other than the Contract itself, enumerated in GCC Clause 7.1 shall remain the property of the Procuring Agency and shall be returned (all copies) to the Procuring Agency on completion of the Supplier's performance under the Contract if so, required by the Procuring Agency.

9.4 The Supplier shall permit the Government of Pakistan or / and donor agencies involved in financing the project to inspect the Supplier's accounts and records relating

to the performance of the Supplier and to have them audited by auditors appointed by the Government of Pakistan or / and the appropriate donor agencies, if so, required by the Government of Pakistan or / and the appropriate donor agencies.

10. Patent and Copy Rights

10.1 The Supplier shall indemnify the Procuring Agency against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the Goods and Related Services or any part thereof in Pakistan.

10.2 The patent right in all drawings, documents, and other materials containing data and information furnished to the Procuring Agency by the Supplier herein shall remain vested in the supplier, or, if they are furnished to the Procuring Agency directly, or through the Supplier by any third party, including suppliers of materials, the patent right in such materials shall remain vested in such third party.

11. Scope of Supply

11.1 The Goods and Related Services to be supplied shall be as specified in the Schedule of Requirements including telemedicine platform, call center operations, pharmacy services, logistics, diagnostics integration, and all associated operational services as defined in the Scope of Work.

12. Performance Security (or Guarantee)

12.1 The Performance Security (or Guarantee) shall be provided to the Procuring Agency no later than the date specified in the Letter of Acceptance and shall be issued in an amount and form and by a bank or surety acceptable to the Procuring Agency, and denominated in the types and proportions of the currencies in which the Contract Price is payable as specified in the SCC.

12.2 The proceeds of the Performance Security (or Guarantee) shall be payable to the Procuring Agency as compensation for any loss resulting from the Supplier's failure to complete its obligations under the Contract.

12.3 The Performance Security (or Guarantee) shall be in one of the following forms:

- a. A bank guarantee, an irrevocable letter of credit issued by a reputable bank, or in the form provided in the Bidding Documents or another form acceptable to the Procuring Agency; or
- b. A cashier's or certified check

12.4 The performance security (or guarantee) will be discharged by the Procuring Agency and returned to the Supplier not later than thirty (30) days following the date of completion of the Supplier's performance obligations under the Contract, including any warranty obligations, unless otherwise specified in SCC.

13. Supplier's Responsibility

13.1 The Supplier shall supply all the Goods and Related Services included in the Scope of Supply in accordance with GCC Clause 12, and the Delivery and Completion Schedule, as per GCC Clause 17. The Supplier shall ensure continuous service delivery, system availability, manpower deployment, and performance in accordance with agreed service levels and KPIs.

14. Inspections and Test

14.1 The Procuring Agency or its representative shall have the right to inspect and /or to test the Goods and Related Services to confirm their conformity to the Contract specifications at no extra cost to the Procuring Agency. SCC and the Technical Specifications shall specify what inspections and tests the Procuring Agency shall notify the Supplier in writing or in electronic forms that provide record of the content of communication, in a timely manner, of the identity of any representatives retained for these purposes. For service components, inspection shall include performance monitoring, system audits, service quality

verification, and compliance with defined KPIs.

14.2 The inspections and tests may be conducted on the premises of the Supplier or its subcontractor(s), at point of delivery, and/or at the Goods and Related Services' final destination. If conducted on the premises of the Supplier or its subcontractor(s), all reasonable facilities and assistance, including access to drawings and production data, shall be furnished to the inspectors at no charge to the Procuring Agency.

14.3 Should any inspected or tested Goods and Related Services fail to conform to the Specifications, the Procuring Agency may reject the Goods and Related Services, and the Supplier shall replace the rejected Goods and Related Services to meet specification requirements free of cost to the Procuring Agency.

14.4 The Procuring Agency's right to inspect, test and, where necessary, reject Goods and Related Services after its arrival in the Procuring Agency's country shall in no way be limited or eared by reason of the Goods and Related Services having previously been inspected, tested, and passed by the Procuring Agency or its representative prior to the Goods and Related Services' shipment from the country of origin.

14.5 Nothing in GCC Clause 13 shall in any way release the supplier from any warranty or other obligations under this Contract.

15. Packing

15.1 The supplier shall provide such packing of the Goods and Related Services as required in the Technical Specification of the Bidding Documents to prevent their damage or deterioration during transit to their final destination, as indicated in the Contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing case size and weights shall take into consideration, where appropriate, the remoteness of the Goods and Related Services final destination and the absence of heavy handling facilities at all points in transit.

15.2 The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the Contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the Procuring Agency.

16. Delivery and Documents

16.1 Delivery of the Goods and Related Services shall be made by the Supplier in accordance with the terms specified in the Schedule of Requirements. The details of shipping and other documents to be furnished by the Supplier as specified in SCC.

16.2 For purposes of the Contract, "EXW", "FOB", "FCA", "CIF", "CIP," and other trade terms used to describe the obligations of the parties shall have the meanings assigned to them by the current edition of INCOTERMS published by the International Chamber of Commerce, Paris.

16.3 Documents to be submitted by the Supplier are specified in SCC.

17. Insurance

17.1 The Goods and Related Services supplied under the Contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage, and delivery in the manner specified in the SCC.

18. Transportation

18.1 Where the Supplier is required under Contract to deliver the Goods and Related Services FOB, transport of the Goods and Related Services, up to and including the point of putting the Goods and Related Services on board the vessel at the specified port of loading, shall be arranged and paid for by the Supplier, and the cost thereof shall be included in the Contract Price. Where the Supplier is required under the Contract to deliver the Goods FCA, transport of the Goods and Related Services and delivery into the

custody of the carrier at the place named by the Procuring Agency or other agreed point shall be arranged and paid for by the Supplier, and the cost thereof shall be included in the Contract Price.

18.2 Where the Supplier is required under Contract to deliver the Goods CIF or CIP, transport of the Goods to the port of destination or such other named place of destination in Pakistan, as shall be specified in the Contract, shall be arranged and paid for by the Supplier, and the cost thereof shall be included in the Contract Price.

18.3 Where the Supplier is required under the Contract to transport the Goods and Related Services to a specified place of destination within Pakistan, defined as the Project Site, transport to such place of destination in Pakistan, including insurance and storage, as shall be specified in the Contract, shall be arranged by the Supplier, and related costs shall be included in the Contract Price.

19. *Related Services*

19.1 The Supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:

- a) Performance or supervision of on-site assembly, Installation Commissioning and/or start-up of the supplied Goods and Related Services;
- b) Furnishing of tools required for assembly and/or maintenance of the supplied Goods and Related Services;
- c) Furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied Goods and Related Services;
- d) Performance or supervision or maintenance and/or repair of the supplied Goods and Related Services, for a period of time agreed by the parties, provided that this service shall not relieve the Supplier of any warranty obligations under this Contract; and
- e) Training of the Procuring Agency's personnel, at the Supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the supplied Goods and Related Services

19.2 Prices charged by the Supplier for related services, if not included in the Contract Price for the Goods and Related Services, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the Supplier for similar services.

20. *Warranty/ Defect Liability Period*

20.1 The Supplier warrants that the Goods and Related Services supplied under the Contract are new, unused, of the most recent or current models and that they incorporate all recent improvements in design and materials unless provided otherwise in the Contract. The Supplier further warrants that all Goods and Related Services supplied under this Contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the Procuring Agency, specifications) or from any act or omission of the Supplier, that may develop under normal use of the supplied Goods and Related Services in the conditions prevailing in Pakistan. For service-based components, this shall be interpreted as service level commitments, uptime guarantees, and operational performance obligations.

20.2 This warranty shall remain valid for a period specified in the SCC after the Goods and Related Services, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the Contract, or for a period specified in the SCC after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.

20.3 The Procuring Agency shall promptly notify the Supplier in writing or in electronic forms that provide record of the content of communication of any claims arising under this warranty.

20.4 Upon receipt of such notice, the Supplier shall, within the period specified in SCC

and with all reasonable speed, repair or replace the defective Goods and Related Services or parts thereof, without costs to the Procuring Agency other than, where applicable, the cost of inland delivery of the repaired or replaced Goods and Related Services or parts from EXW or the port or place of entry to entry to the final destination.

20.5 If the Supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the Procuring Agency may proceed to take such remedial action as may be necessary, at the Supplier's risk and expense and without prejudice to any other rights which the Procuring Agency may have against the Supplier under the Contract.

21. *Payment*

21.1 The method and conditions of payment to be made to the Supplier under this Contract shall be specified in SCC. Payments shall be made based on CAPEX and OPEX components and subject to verification and certification of services delivered in accordance with the Contract.

21.2 The Supplier's request(s) for payment shall be made to the Procuring Agency in writing or in electronic forms that provided record of the content of communication, accompanied by an invoice describing, as appropriate, the Goods delivered and Services performed, and by documents submitted pursuant to **GCC Clause 13**, and upon fulfillment of other obligations stipulated in the Contract.

21.3 Payments shall be made promptly by the Procuring Agency, within sixty (60) days after submission of an invoice or claim by the Supplier. If the Procuring Agency makes a late payment, the Supplier shall be paid interest on the late payment. Interest shall be calculated from the date by which the payment should have been made up to the date when the late payment is made at the rate as specified in the SCC.

21.4 The currency or currencies in which payment is made to the Supplier under this Contract shall be specified in SCC subject to the following general principle: payment will be made in the currency or currencies in which the payment has been requested in the Supplier's Bid.

21.5 All payments shall be made in the currency or currencies specified in the SCC pursuant to **GCC Clause 22.4**.

22. *Prices*

22.1 The contract price shall be as specified in the Contract Agreement Subject to any additions and adjustments thereto or deductions there from, as may be made pursuant to the Contract.

22.2 Prices charged by the Supplier for Goods and Related Services delivered and Services performed under the Contract shall not vary from the prices quoted by the Supplier in its Bid, with the exception of any price adjustments authorized in SCC or in the Procuring Agency's request for Bid Validity extension, as the case may be. The Contract Price shall include CAPEX (one-time costs) and OPEX (scenario-based operational costs) and shall remain firm and fixed throughout the contract period.

23. *Change Orders*

23.1 The Procuring Agency may at any time, by a written order given to the Supplier, make changes within the general scope of the Contract in any one or more of the following:

- Drawings, designs, or specifications, where Goods and Related Services to be furnished under the Contract are to be specifically manufactured for the Procuring Agency.
- The method of shipment or packing;
- The place of delivery; and/or
- The Services to be provided by the Supplier.

23.2 If any such change causes an increase or decrease in the cost of, or the time required for, the Supplier's performance of any provisions under the Contract an

equitable adjustment shall be made in the Contract Price or delivery schedule, or both, and the Contract shall accordingly be amended. Any claims by the Supplier for adjustment under this clause must be asserted within thirty (30) days from the date of the Supplier's receipt of the Procuring Agency change order.

24.3 Prices to be charged by the supplier for any related services that might be needed but which were not included in the Contract shall be agreed upon in advance by the Parties and shall not exceed the prevailing rates charged to other parties by the Supplier for similar services.

25. **Contract Amendments**

25.1 Subject to **GCC Clause 24**, no variation in or modification of the terms of the Contract shall be made except by written amendment signed by the parties.

26. **Assignment**

26.1 Neither the Procuring Agency nor the Supplier shall assign, in whole or in part, obligations under this Contract, except with the prior written consent of the other party.

27. **Sub-Contracts**

27.1 The Supplier shall consult the Procuring Agency in the event of subcontracting under this contract if not already specified in the Bid. Subcontracting shall not alter the Supplier's obligations.

27.2 Subcontracts must comply with the provision of **GCC Clause 5**.

28. **Delays in the Supplier's Performance**

28.1 Delivery of the Goods and Related Services and performance of Services shall be made by the Supplier in accordance with the time schedule prescribed by the Procuring Agency in the Schedule of Requirements.

28.2 If at any time during performance of the Contract, the Supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the Goods and Related Services and performance of Services, the Supplier shall promptly notify the Procuring Agency in writing or in electronic forms that provide record of the content of communication of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the Supplier's notice, the Procuring Agency shall evaluate the situation and may at its discretion extend the Supplier's time for performance, with or without liquidated damages, in which case the extension shall be ratified by the parties by amendment of Contract.

28.3 Except as provided under **GCC Clause 31**, a delay by the Supplier in the performance of its delivery obligations shall render the Supplier liable to the imposition of liquidated damages pursuant to **GCC Clause 29**, unless an extension of time is agreed upon without the application of liquidated damages.

29. **Liquidated Damages**

29.1 Subject to **GCC Clause 31**, if the Supplier fails to deliver any or all of the Goods and Related Services or to perform the Services within the period(s) specified in the Contract, the Procuring Agency shall, without prejudice to its other remedies under the Contract, deduct from the Contract Price, as liquidated damages, a sum equivalent to the percentage specified in **SCC** of the delivered price of the delayed Goods and Related Services or unperformed Services for each week or part thereof of delay until actual delivery or performance, up to a maximum deduction of the performance security (or guarantee) specified in **SCC**. Once the said maximum is reached, the Procuring Agency may consider termination of the Contract. In case of service delays or non-performance, liquidated damages may also be applied based on service level failures and KPI non-compliance.

30. Termination for Default

30.1 The Procuring Agency or the Supplier, without prejudice to any other remedy for breach of Contract, by written notice of default sent to the concerned party may terminate the Contract if the other party causes a fundamental breach of the Contract.

30.2 Fundamental breaches of Contract shall include, but shall not be limited to the following:

- a) the Supplier fails to deliver any or all of the Goods and Related Services within the period(s) specified in the Contract, or within any extension thereof granted by the Procuring Agency; or
- b) the Supplier fails to perform any other obligation(s) under the Contract;
- c) Supplier's failure to submit performance security (or guarantee) within the time stipulated in the SCC;
- d) the supplier has abandoned or repudiated the contract.
- e) the Procuring Agency or the Supplier is declared bankrupt or goes into liquidation other than for a reconstruction or amalgamation;
- f) a payment is not paid by the Procuring Agency to the Supplier after Number of days Specified in SCC from the due date for payment;
- g) the Procuring Agency gives Notice that Goods and Related Services delivered with a defect is a fundamental breach of Contract and the Supplier fails to correct it within a reasonable period of time determined by the Procuring Agency; and
- h) if the Procuring Agency determines, based on the reasonable evidence, that the Supplier has engaged in corrupt, coercive, collusive, obstructive or fraudulent practices, in competing for or in executing the Contract.

30.3 For the purpose of this clause:

"Corrupt and Fraudulent Practice" in respect of procurement process, shall be either one or any combination of the practices including, -

- (i) **"coercive practices"** which means any impairing or harming or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence the actions of a party to achieve a wrongful gain or to cause a wrongful loss to another party;
- (ii) **"collusive practices"** which means any arrangement between two or more parties to the procurement process designed to stifle open competition for any wrongful gain, and to establish prices at artificial, non-competitive levels;
- (iii) **"corrupt practices"** which means the offering, giving, receiving or soliciting, directly or indirectly, of anything of value to influence the acts of another party for wrongful gain;
- (iv) **"fraudulent practices"** which means any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation; and
- (v) **"obstructive practices"** which means harming or threatening to harm, directly or indirectly, persons to influence their participation in a procurement process, or affect the execution of a contract.

30.4 In the event the Procuring Agency terminates the Contract in whole or in part, the Procuring Agency may procure, upon such terms and in such manner as it deems appropriate, Goods and Related Services or Services similar to those undelivered, and the Supplier shall be liable to the Procuring Agency for any excess costs for such similar Goods and Related Services or Services. However, the Supplier shall continue performance of the Contract to the extent not terminated.

31. Termination for Force Majeure

31.1 Notwithstanding the provisions of GCC Clauses 29, and, neither Party shall have any liability or be deemed to be in breach of the Contract for any delay nor is other failure

in performance of its obligations under the Contract, if such delay or failure is a result of an event of Force Majeure. For purpose of this clause, "Force Majeure" means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and its origin is not due to negligence or lack of care on the part of a Party, and which makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to, war, riots, civil disorder, earthquake, fire, explosion, storm, flood, epidemics, or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking Force Majeure to prevent.

31.2 If a Party (hereinafter referred to as "the Affected Party") is or will be prevented from performing its substantial obligation under the contract by Force Majeure, it shall give a Notice to the other Party giving full particulars of the event and circumstance of Force Majeure in writing or in electronic forms that provide record of the content of communication of such condition and the cause thereof. Unless otherwise directed by the Procuring Agency in writing or in electronic forms that provide record of the content of communication, the Supplier shall continue to perform its obligations under the Contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

32. Termination for Insolvency

32.1 The Procuring Agency may at any time terminate the Contract by giving written notice to the Supplier if the Supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the Supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the Procuring Agency.

33. Termination for Convenience

33.1 The Procuring Agency, by written notice sent to the Supplier, may terminate the contract, in whole or in part, at any time for its convenience. The notice of termination shall specify that termination is for the Procuring Agency's convenience, the Contract is terminated, and the date upon which such termination becomes effective.

33.2 The Goods and Related Services that are complete and ready for shipment within thirty (30) days after the Supplier's receipt of notice of termination shall be accepted by the Procuring Agency at the Contract terms and price. For the remaining Goods, the Procuring Agency may elect:

- a) To have any portion completed and delivered at the Contract terms and prices; and / or
- b) To cancel the remainder and pay to the Supplier an agreed amount for partially completed Goods and Related Services and Services and for materials and parts previously procured by the Supplier.

34. Disputes Resolution

34.1 In the event of any dispute arising out of this contract, either party shall issue a notice of dispute to settle the dispute amicably. The parties hereto shall, within twenty-eight (28) days from the notice date, use their best efforts to settle the dispute amicably through mutual consultations and negotiation. Any unsolved dispute may be referred by either party to an arbitrator that shall be appointed by mutual consent of both parties.

34.2 After the dispute has been referred to the arbitrator, within 30 days, or within such other period as may be proposed by the Parties, the Arbitrator shall give its decision. The rendered decision shall be binding to the Parties.


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35. **Procedure for Disputes Resolution**

35.1 The arbitration shall be conducted in accordance with the arbitration procedure published by the Institution named and, in the place, shown in the SCC.

35.2 The rate of the Arbitrator's fee and administrative costs of arbitration shall be borne equally by the Parties. The rates and costs shall be in accordance with the rules of the Appointing Authority. In conducting arbitration to its finality each party shall bear its incurred costs and expenses.

35.3 The arbitration shall be conducted in accordance with the arbitration procedure published by the institution named and, in the place, shown in the SCC.

36. **Replacement of Arbitrator**

36.1 Should the Arbitrator resign or die, or should the Procuring Agency and the Supplier agree that the Arbitrator is not functioning in accordance with the provisions of the contract, a new Arbitrator shall be appointed by mutual consent of both parties.

37. **Limitation of Liability**

37.1 Except in cases of criminal negligence or wilful conduct, and in the case of infringement,

- a) The supplier shall not be liable to the Procuring Agency, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the Supplier to pay liquidated damages to the Procuring Agency; and
- b) The aggregate liability of the Supplier to the Procuring Agency, whether under the Contract, in tort or otherwise, shall not exceed the total Contract Price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment or to any obligation of the Supplier to indemnify the Procuring Agency with respect to patent infringement

38. **Notices**

38.1 Any notice given by one party to the other pursuant to this Contract shall be sent to the other party in writing or in electronic forms that provide record of the content of communication and confirmed in writing or in electronic forms that provide record of the content of communication to the other party's address specified in SCC.

38.2 A notice shall be effective when delivered or on the notice's effective date, whichever is later.

39. **Effectiveness of the Contract**

39.1 Unless otherwise specified in the SCC, the Contract shall become effective on the date ("the Effective Date") that the Supplier receives written notification from the relevant authority in the Purchaser's Country that the Goods and Related Services have been registered for use in the Procuring Agency's Country.

39.2 If thirty (30) days, or such longer period specified in the SCC, elapse from the date of Contract signing and the Contract has not become effective pursuant to Sub-Clause 39.1 above, then either party may, by not less than seven (7) days' written notice to the other party, declare this Contract null and void. In such event, the Supplier's Performance Security shall be promptly returned.

40. **Extension**

40.1 If at any time during performance of the Contract, the Supplier or its subcontractors should encounter conditions impeding timely delivery of the Goods and Related Services or completion of Related Services, the Supplier shall promptly notify the Purchaser in

writing of the delay, its likely duration, and its cause. As soon as practicable after receipt of the Supplier's notice, the Purchaser shall evaluate the situation and may at its discretion extend the Supplier's time for performance, in which case the extension shall be ratified by the parties by amendment of the Contract.

40.2 Except in case of Force Majeure, as provided under GCC Clause 31, a delay by the Supplier in the performance of its Delivery and Completion obligations shall render the Supplier liable to the imposition of liquidated damages pursuant to GCC Clause 29, unless an extension of time is agreed upon, pursuant to GCC Sub-Clause 39.1.

41. Taxes and Duties

41.1 A foreign Supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside Pakistan.

41.2 If any tax exemptions, reductions, allowances or privileges may be available to the Supplier in Pakistan the Procuring Agency shall use its best efforts to enable the Supplier to benefit from any such tax savings to the maximum allowable extent.

41.3 A local Supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted Goods to the Procuring Agency.


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SECTION-IX: SPECIAL CONDITIONS OF THE CONTRACT (SCC)


The following Special Conditions of Contract (SCC) shall supplement the GCC. Whenever there is a conflict, the provisions herein shall prevail over those in the GCC. The corresponding clause number of the GCC is indicated in parentheses.

SCC Clause No.	GCC Clause No.	GCC Clause Name	Special Conditions of Contract
1	1.1	Definitions	<p>The Procuring Agency shall mean the Integrated Disease Surveillance and Response System (IDRS), National Institute of Health (NIH), Islamabad, including its authorized representatives, successors, assigns, and any duly constituted committee(s) under applicable laws and PPRA Rules 2004, for the purposes of procurement, evaluation, technical assessment, contract administration, monitoring, verification, certification, payment processing, and enforcement of contractual obligations.</p> <p>All actions, decisions, certifications, and approvals issued by such authorized representatives or committee(s) shall be deemed binding on the Supplier / Service Provider.</p>
2	1.1(j)	Definitions	<p>The Supplier / Service Provider shall mean the Successful Bidder to whom the Contract is awarded, and shall include its authorized representatives, consortium partners (if any), and approved subcontractors.</p> <p>The Supplier / Service Provider shall remain solely and fully responsible and liable for the acts, omissions, negligence, defaults, or misconduct of all such persons or entities.</p> <p>No subcontracting, outsourcing, delegation, or internal arrangement shall relieve or diminish the Supplier / Service Provider's obligations, liabilities, or responsibilities under the Contract, which shall remain absolute and enforceable at all times.</p>
3	1.1(q)	Definitions	<p>The title of the Project shall be: <i>"Turnkey Establishment, Integration & Operations of Digital Telemedicine Ecosystem (Pilot Phase)"</i>.</p> <p>This title shall be deemed to include the complete end-to-end scope of work, encompassing design, development, procurement, deployment, integration, commissioning, operations, maintenance, and service delivery as defined in the Contract, Scope of Work, and Annexures, and shall be binding on the Supplier / Service Provider without limitation or exclusion.</p>


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4	4.1	Governing Language	The Governing Language shall be: English.
5	5.1	Applicable Law	The Applicable Law shall be: Laws of the Islamic Republic of Pakistan, including PPRA Rules 2004 and all applicable statutory regulations.
6	17.1	Delivery and Documents	<p>This shall be a Turnkey, End-to-End, Fully Integrated and Performance-Based Contract. The Supplier / Service Provider shall be solely and fully responsible for the complete lifecycle execution of the Project, including design, development, procurement, supply, installation, integration, testing, commissioning, deployment, training, operations, maintenance, and service continuity, in accordance with the Bidding Documents, Scope of Work, and Annexures.</p> <p>The scope shall include the entire telemedicine ecosystem, including platform, applications, EMR, call center, pharmacy, logistics, kiosks, tele health workers, infrastructure, software, data hosting, and all required resources, whether expressly stated or reasonably implied. The Procuring Agency shall not provide any infrastructure or resources, and the Supplier / Service Provider shall bear full responsibility and risk.</p> <p>No claim of partial scope or third-party dependency shall be entertained. Any failure to deliver a fully functional and integrated system shall constitute a material breach of Contract, entitling the Procuring Agency to withhold payments, impose penalties, invoke Performance Security, and/or terminate the Contract.</p>
7	12.1	Performance Security	<p>The Performance Security shall be 7% of the total Contract Price, in the form of an unconditional, irrevocable, and on-demand Bank Guarantee issued by a scheduled bank in Pakistan, in favor of the Procuring Agency.</p> <p>The same shall be callable on first written demand without proof or prior notice, and shall secure the due performance of all contractual obligations, including CAPEX, OPEX, and SLA compliance. Failure to maintain a valid Performance Security shall constitute a material breach of Contract.</p>
8	12.2	Performance Security	The Performance Security shall remain valid and enforceable for the entire duration of the Contract and for a period of ninety (90) days thereafter , including in case of completion or termination, and shall be extended by the Supplier / Service Provider as required to cover any delays or pending obligations.

9	12.2	Performance Security	<p>Ninety percent (90%) of the Performance Security may be released upon successful completion and formal acceptance of all CAPEX components, including installation, integration, testing, and commissioning, duly certified by the Procuring Agency.</p> <p>The remaining ten percent (10%) shall be retained until full completion of the Contract, including satisfactory performance of OPEX obligations.</p>
10	17.1	Delivery and Documents	<p>Initial deployment and Go-Live shall be completed within three (03) months from issuance of Letter of Acceptance / Work Order.</p> <p>Time shall be the essence of the Contract, and any delay shall be subject to applicable liquidated damages and other contractual remedies.</p>
11	17.1	Delivery and Documents	<p>Full operational stabilization shall be completed within six (06) months from issuance of Letter of Acceptance / Work Order.</p> <p>Any delay shall attract liquidated damages and other contractual remedies, without prejudice to the Procuring Agency's right to terminate the Contract.</p>
12	20.1	Related Services	<p>The Supplier / Service Provider shall comply with all Service Level Agreements (SLAs), KPIs, and performance parameters defined in the Contract, Scope of Work, and Annexures, which shall be binding and strictly enforceable.</p> <p>Any non-compliance shall entitle the Procuring Agency to apply penalties, service deductions, or other contractual remedies.</p>
13	20.1	Related Services	<p>Minimum SLA requirements shall include: System Uptime $\geq 99\%$; Call Response Time ≤ 30 seconds; Consultation Completion Rate $\geq 95\%$; and Data Logging Accuracy = 100%, which shall be measured, monitored, and verified by the Procuring Agency.</p>
14	20.1	Related Services	<p>Failure to meet SLA / KPI requirements shall result in automatic deductions, penalties, service credits, or suspension of payments, without prejudice to other contractual remedies, including liquidated damages and termination of Contract.</p>
15	20.1	Related Services	<p>All data, records, reports, dashboards, consultation logs, prescriptions, analytics, and outputs generated under this Contract shall be the exclusive property of the Government of Pakistan / NIH / IDSRS, and shall not be used, disclosed, retained, or reproduced by the Supplier / Service Provider without prior written approval of the Procuring Agency.</p>


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16	20.1	Related Services	All hosting, storage, processing, backup, and disaster recovery of programme data shall be restricted within Pakistan, and no data shall be transferred, mirrored, or accessed outside Pakistan without prior written approval of the Procuring Agency.
17	20.1	Related Services	The Supplier / Service Provider shall ensure confidentiality, integrity, availability, and security of all programme data through industry-standard cybersecurity controls. Any data breach, unauthorized access, or compromise shall constitute a material breach of Contract, entitling the Procuring Agency to take appropriate contractual action.
18	22.1	Payment	CAPEX payment shall be made as a single payment upon complete execution, installation, integration, testing, commissioning, and formal acceptance of all CAPEX-related deliverables, subject to verification, certification, and approval by the Procuring Agency. No advance or interim payment shall be admissible.
19	22.1	Payment	Not Applicable. CAPEX payments shall not be made on milestone basis and shall be governed by Clause 18, providing for single payment upon full completion and acceptance of all CAPEX-related deliverables.
20	22.1	Payment	CAPEX verification shall be carried out by the Technical Committee, which shall examine completion reports, installation certificates, testing and commissioning records, and conduct field validation, and shall certify completion and forward recommendations to the Procurement Committee for further processing.
21	22.1	Payment	CAPEX payment shall be processed only after certification by the Technical Committee, endorsement by the Procurement Committee, and approval of the Competent Authority, in accordance with applicable rules and procedures.
22	22.1	Payment	OPEX payments shall be made strictly on the basis of verified consultations / services actually rendered, supported by system-generated, tamper-proof logs, and duly validated by the Procuring Agency.
23	22.1	Payment	Manual, offline, unsupported, altered, or retrospectively entered records shall not be considered for payment and shall be rejected outright for billing purposes.
24	22.1	Payment	Each consultation / service record shall include a complete audit trail, including unique ID, timestamps, service category, assigned personnel, and supporting system logs, and shall be verifiable by the Procuring Agency.

25	22.1	Payment	OPEX verification shall be carried out by the Technical Committee, including validation of system logs, dashboards, and random audit of records, and shall form the basis for certification of payable services.
26	22.1	Payment	The Procuring Agency reserves the right to engage third-party auditors or independent verification firms at any time, and the Supplier / Service Provider shall provide full access, cooperation, and required records for such verification.
27	22.1	Payment	No payment shall be made for unverified, duplicate, fraudulent, or misreported services, and such services shall be rejected for billing purposes. Any such act shall attract penalties, recovery of payments (if any), and may lead to termination of Contract.
28	22.1	Payment	OPEX payment shall be released only after verification and certification by the Technical Committee, endorsement by the Procurement Committee, and approval of the Competent Authority.
29	22.1	Payment	The total payable OPEX shall not exceed the approved Contract ceiling, corresponding to 3.6 million consultations or the Contract duration, whichever occurs earlier, and no additional payment shall be admissible beyond this limit.
30	23.1	Prices	All prices shall be quoted in PKR and shall be inclusive of all taxes, duties, levies, logistics, manpower, infrastructure, hosting, software, maintenance, and all associated costs, and no additional payment shall be admissible on any account.
31	23.2	Prices	All prices shall remain firm and fixed throughout the Contract period, and no escalation, adjustment, or revision shall be admissible on any account.
32	24.3	Prices	Any additional services shall require prior written approval of the Procuring Agency and shall be limited to prevailing market rates, duly verified, and shall not be payable without such approval.
33	27.1	Sub-Contracts	No subcontracting of core components shall be permitted without prior written approval of the Procuring Agency, and any approved subcontracting shall not relieve the Supplier / Service Provider of its full responsibility and liability under the Contract.
34	27.1	Sub-Contracts	Subcontracting, where approved, shall not relieve or diminish the Supplier / Service Provider's obligations, responsibilities, or liabilities, which shall remain sole and absolute under the Contract.
35	28.1	Delays in Performance	Delivery and performance shall strictly adhere to the approved implementation schedule, and any deviation shall be subject to liquidated damages and other contractual remedies.
36	28.2	Delays in Performance	Any delay shall be notified in writing without undue delay, and any extension of time shall be at the sole

			discretion of the Procuring Agency, without entitlement to any additional cost or compensation.
37	29.1	Liquidated Damages	Liquidated Damages (LD) shall be imposed on the delayed or unperformed portion of the Contract at the rate of 0.1% of the value of the delayed portion per day of delay, subject to a maximum of ten percent (7%) of the Contract Price, without prejudice to other contractual remedies.
38	29.1	Liquidated Damages	SLA penalties shall be independent of and in addition to Liquidated Damages (LD) applicable on delays, and may be applied concurrently without limitation.
39	29.1	Liquidated Damages	Persistent delay or repeated non-performance shall constitute a material breach of Contract and may lead to termination, without prejudice to imposition of Liquidated Damages or other contractual remedies.
40	22.1	Payment	The Procuring Agency reserves the right to withhold, deduct, or suspend payments in case of incomplete, defective, or non-compliant services, without prejudice to other contractual remedies.
41	14.1	Inspection and Tests	The Procuring Agency or its authorized representatives may conduct inspections, audits, and verifications at any time, and the Supplier / Service Provider shall provide full access, cooperation, and required information for such activities.
42	14.1	Inspection and Tests	The Supplier / Service Provider shall provide full and unrestricted access to systems, logs, dashboards, APIs, and all relevant records for the purpose of inspection, audit, and verification by the Procuring Agency. Any attempt to manipulate system logs, inflate performance metrics, or misreport service delivery shall result in immediate suspension of payments, imposition of penalties, and may lead to termination and blacklisting under PPRA Rules.
43	14.1	Inspection and Tests	The Supplier / Service Provider shall fully and promptly cooperate in all audits, testing, and validation exercises, including provision of access, information, personnel, and technical support, as required by the Procuring Agency.
44	30.1	Termination for Default	The Contract may be terminated by the Procuring Agency in case of non-performance, SLA failure, fraud, misreporting, data breach, or abandonment, which shall constitute a material breach of Contract, without liability to the Procuring Agency and without prejudice to imposition of penalties, recovery, or invocation of Performance Security.
45	31.1	Force Majeure	Force Majeure shall include events beyond the reasonable control of the parties, such as natural disasters, war, civil unrest, or acts of government, which prevent performance of contractual obligations.

46	31.1	Force Majeure	No penalty shall apply in case of Force Majeure, provided that the affected party gives timely written notice with supporting evidence, and the claim is accepted by the Procuring Agency.
47	34.3	Dispute Resolution	Any dispute arising out of or in connection with this Contract shall be referred to arbitration in accordance with the Arbitration Act, 1940, and the decision of the arbitrator shall be final and binding on the parties.
48	34.3	Dispute Resolution	The venue of arbitration shall be IDSRs Project Office, Islamabad, and the proceedings shall be conducted in the English language.
49	38.1	Notices	The Procuring Agency's address for all notices shall be: IDSRs Project, National Institute of Health (NIH), Islamabad, or any other address as may be notified in writing.
50	38.1	Notices	All notices shall be in writing and may also be transmitted through official electronic channels, including email, and shall be deemed duly served upon transmission to the notified address.
51	39.1	Effectiveness	The Contract shall become effective upon signing by both parties and submission of a valid Performance Security by the Supplier / Service Provider.
52	40.1	Extension	Any extension of the Contract shall require prior written approval of the Procuring Agency and shall not entitle the Supplier / Service Provider to any additional cost or compensation.
53	41.1	Taxes and Duties	The Supplier / Service Provider shall be fully responsible for all applicable taxes, duties, levies, and statutory obligations, and no additional payment shall be admissible on this account.
54	26.1	Assignment	All systems, software, source code, outputs, and deliverables developed under this Contract shall vest irrevocably in the Procuring Agency, and the Supplier / Service Provider shall have no ownership or proprietary rights therein.
55	26.1	Assignment	The Supplier / Service Provider shall not reuse, transfer, license, disclose, or commercialize any deliverables or related components, in whole or in part, without prior written approval of the Procuring Agency.
56	1.1	Definitions	In case of any conflict or inconsistency between the provisions of the GCC and SCC, the provisions of the SCC shall prevail to the extent of such conflict. In case of any inconsistency between SLA provisions defined in the Contract and those mentioned in Annexure-I, the provisions defined under the Contract (SCC) shall prevail.
57	26.1	Assignment	All CAPEX assets shall become the property of the Government of Pakistan upon installation and acceptance, and payment thereof.
58	26.1	Assignment	Upon transfer, the Supplier / Service Provider shall have no ownership, lien, claim, or rights of any nature over the CAPEX assets.


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59	26.1	Assignment	The Supplier / Service Provider shall ensure proper documentation, tagging, inventory, and formal handover of all CAPEX assets, duly verified and acknowledged by the Procuring Agency.
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Note:

In case of any conflict between ITB, BDS, GCC, SCC, and Annexures, the order of precedence shall be:

1. Special Conditions of Contract (SCC)
2. General Conditions of Contract (GCC)
3. Bid Data Sheet (BDS)
4. Instructions to Bidders (ITB)
5. Annexures

The higher document shall prevail.


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SECTION X: CONTRACT FORMS

I. Blacklisting Undertaking

Whereas the "Firm" includes any firm, company, body corporate, organization or similar entity, and shall include its owners, directors, partners, authorized representatives, successors, and assigns.

I/we, (name and CNIC of owner and all partners) _____, CEO/proprietor/partner of the firm (name of firm and address) _____, hereby solemnly undertake the following:

1. That the Firm has not been blacklisted or debarred by any Federal or Provincial Government Department, Agency, Autonomous Body, or Public Sector Organization in Pakistan, nor is it currently under any blacklisting proceedings, to the best of our knowledge.
2. That all documents/information submitted in this bid are true, correct, and genuine, and in case of any misrepresentation, forgery, or falsification, the Firm shall be liable to disqualification, forfeiture of Bid Security, blacklisting under PPRA Rule 19, and legal action.
3. That the Firm shall not engage in cartelization, collusive practices, or any anti-competitive behavior, and any such act shall render the Firm liable to rejection of bid, forfeiture of securities, and blacklisting.
4. That the Firm shall comply fully with the delivery schedule, performance obligations, and all terms and conditions of the bidding documents and the Contract.
5. That the Firm shall not attempt to influence, directly or indirectly, any member of the Procurement Committee, Technical Committee, or any official of the Procuring Agency, and any such attempt shall result in disqualification, forfeiture of securities, and blacklisting.
6. That the Firm shall maintain professional conduct with all officials of the Procuring Agency and shall not engage in any act that may delay, obstruct, or interfere with the procurement process, failing which the Firm shall be liable to appropriate action under applicable rules.
7. That the firm has read the terms and conditions thoroughly regarding "Tender _____ dated _____, and shall abide by these terms and conditions in letter and spirit.
8. That the Firm acknowledges that any action of blacklisting, debarment, or penalties shall be taken in accordance with applicable laws, PPRA Rules, and due process, and shall be subject to the remedies available under the law.


Name of Owner(s):

CNIC:

Designation:

Signature & Stamp:

Address:


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2. Form of Contract

THIS AGREEMENT made the _____ day of _____ 20____ between [name and address of Procuring Agency] of Pakistan (hereinafter called "the Procuring Agency") of the one part and [name of Supplier] of [city and country of Supplier] (hereinafter called "the Supplier") of the other part:

WHEREAS the Procuring Agency invited Bids for certain goods and related services, viz., [brief description of goods and services] and has accepted a Bid by the Supplier for the supply of those goods and related services in the sum of [contract price in words and figures] (hereinafter called "the Contract Price").

NOW THIS CONTRACT WITNESSETH AS FOLLOWS:

- In this Contract words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
- The following documents shall be deemed to form and be read and construed as part of this Contract, in the event of any ambiguity or conflict between the Contract Documents listed below, the order of precedence shall be the order in which the Contract Documents are listed below: -
 - This form of Contract;
 - the Form of Bid and the Price Schedule submitted by the Bidder;
 - the Schedule of Requirements;
 - the Technical Specifications;
 - the Special Conditions of Contract;
 - the General Conditions of the Contract;
 - the Procuring Agency's Letter of Acceptance;
 - Service Level Agreement (SLA); and
 - Any other document in the tender
- In consideration of the payments to be made by the Procuring Agency to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Procuring Agency to provide the goods and related services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
- The Procuring Agency hereby covenants to pay the Supplier in consideration of the provision of the goods and related services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the times and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Contract to be executed in accordance with their respective laws the day and year first above written.

Signed, sealed, delivered by _____ the _____ (for the Procuring Agency)

Witness to the signatures of the Procuring Agency:

Signed, sealed, delivered by _____ the _____ (for the Supplier)

Witness to the signatures of the Supplier:

3. Performance Guarantee Form

To: *[name of Procuring Agency]*

WHEREAS *[name of Supplier]* (hereinafter called "the Supplier") has undertaken, in pursuance of Contract No. *[reference number of the contract]* dated *[insert date]* to delivery *[description of Goods and Related Services and services]* (hereinafter called "the Contract").

AND WHEREAS it has been stipulated by you in the said Contract that the Supplier shall furnish you with a Bank Guarantee by a reputable bank for the sum specified therein as security for compliance with the Supplier's performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Supplier a guarantee:

THEREFORE, WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Supplier, up to a total of *[amount of the guarantee in words and figures]*, and we undertake to pay you, upon your first written demand declaring the Supplier to be in default under the Contract and without cavil or argument, any sum or sums within the limits of *[amount of guarantee]* as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee is valid until the: *[insert date]*

Signature and seal of the Guarantors

[name of bank or financial institution]

[address]

[date]


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4. Form of Integrity Pact

**DECLARATION OF FEES, COMMISSION AND BROKERAGE ETC. PAYABLE BY
THE SUPPLIERS OF GOODS, SERVICES & WORKS IN CONTRACTS WORTH
RS.10.00 MILLION OR MORE**

Contract No: _____
Dated: _____
Contract Value: _____
Contract Title: _____

..... [Name of Supplier] hereby declares that it has not obtained or induced the procurement of any contract, right, interest, privilege or other obligation or benefit from IDSRs Project, National Institute of Health (NIH) or any administrative subdivision or agency thereof or any other entity owned or controlled by IDSRs Project, NIH through any corrupt business practice.

Without limiting the generality of the foregoing, [name of Supplier] represents and warrants that it has fully declared the brokerage, commission, fees etc. paid or payable to anyone and not given or agreed to give and shall not give or agree to give to anyone within or outside Pakistan either directly or indirectly through any natural or juridical person, including its affiliate, agent, associate, broker, consultant, director, promoter, shareholder, sponsor or subsidiary, any commission, gratification, bribe, finder's fee or kickback, whether described as consultation fee or otherwise, with the object of obtaining or inducing the procurement of a contract, right, interest, privilege or other obligation or benefit in whatsoever form IDSRs Project, NIH, except that which has been expressly declared pursuant hereto.

[Name of Supplier] certifies that it has made and will make full disclosure of all agreements and arrangements with all persons in respect of or related to the transaction with IDSRs Project, NIH and has not taken any action or will not take any action to circumvent the above declaration, representation or warranty.

[Name of Supplier] accepts full responsibility and strict liability for making any false declaration, not making full disclosure, misrepresenting facts or taking any action likely to defeat the purpose of this declaration, representation and warranty. It agrees that any contract, right, interest, privilege or other obligation or benefit obtained or procured as aforesaid shall, without prejudice to any other rights and remedies available to IDSRs Project, NIH under any law, contract or other instrument, be voidable at the option of IDSRs Project, NIH.

Notwithstanding any rights and remedies exercised by IDSRs Project, NIH in this regard, [name of Supplier] agrees to indemnify IDSRs Project, NIH for any loss or damage incurred by it on account of its corrupt business practices and further pay compensation to IDSRs Project, NIH in an amount equivalent to ten times the sum of any commission, gratification, bribe, finder's fee or kickback given by [name of Supplier] as aforesaid for the purpose of obtaining or inducing the procurement of any contract, right, interest, privilege or other obligation or benefit in whatsoever form IDSRs Project, NIH.

Name of PA _____
Signature: _____
[Seal]

Name of Seller _____
Signature: _____
[Seal]


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5. SERVICE LEVEL AGREEMENT (SLA)

All Service Level Requirements defined under this Contract shall be treated as mandatory minimum thresholds. Any failure to meet the specified requirement shall directly constitute a service level breach, triggering immediate and predefined deductions, penalties, or other contractual remedies, without the need for any scoring, weighting, or aggregation mechanism.

1. Objective and Scope

1.1 This Service Level Agreement (SLA) defines the **minimum performance standards, measurement mechanisms, and financial consequences** applicable to all services delivered under the Contract.

1.2 The SLA shall apply to the **entire turnkey telemedicine ecosystem**, including but not limited to software platforms, mobile and web applications, EMR systems, call center operations, Tele Health Workers, kiosks, pharmacy, logistics, infrastructure, hosting, and all associated services.

1.3 SLA compliance shall be **mandatory, continuously monitored, system-validated, and financially enforceable**, and shall form a **condition precedent for payments**.

2. Measurement and Data Integrity

2.1 All SLA measurements shall be based exclusively on system-generated logs, dashboards, and automated audit trails.

2.2 Manual, offline, unsupported, altered, or retrospectively entered data shall be invalid for SLA and payment purposes.

2.3 All SLA data shall be:

- **tamper-proof**
- **time-stamped**
- **traceable through audit logs**

2.4 The Procuring Agency shall have real-time visibility of all SLA parameters.

2.5 All data, records, reports, systems, software, source code, and outputs generated under this Contract shall be the exclusive property of Government of Pakistan / NIH / IDSRs. The Service Provider shall have no ownership or retention rights.

2.6 All hosting, storage, processing, backup, and disaster recovery of programme data shall remain within Pakistan. No data shall be transferred, mirrored, or processed outside Pakistan without prior written approval of the Procuring Agency.

3. SLA Monitoring and Verification

3.1 SLA performance shall be monitored on a continuous basis and evaluated monthly.

3.2 The Technical Committee shall:

- verify performance through system records
- certify SLA compliance
- recommend deductions or actions


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3.3 The Procuring Agency reserves the right to:

- conduct random inspections and audits
- engage independent third-party verification
- cross-verify system data at any time

4. Service Level Requirements

4.1 System Performance

- System Uptime: $\geq 99.5\%$ (monthly)
- System Response Time: ≤ 5 seconds
- Application Crash Rate: $\leq 0.1\%$
- Video Latency: ≤ 300 milliseconds

4.2 Teleconsultation Services

- Daily Consultation Capacity: $\geq 25,000$ consultations
- Doctor Connection Time: ≤ 5 minutes
- Consultation Completion Rate: $\geq 95\%$
- e-Prescription Generation Time: ≤ 10 minutes
- Video Session Drop Rate: $\leq 2\%$

Only fully completed and system-recorded consultations shall be considered valid.

4.3 Call Center Operations


- Call Answer Time: ≤ 30 seconds
- Call Abandonment Rate: $\leq 5\%$
- Simultaneous Call Handling Capacity: $\geq 1,800$ calls
- First Call Resolution Rate: $\geq 90\%$

4.4 Service Delivery and Operations

- Complaint Resolution: ≤ 72 hours (≤ 24 hours for critical cases)
- Medicine Delivery: ≤ 24 hours from prescription generation
- Kiosk Availability: $\geq 95\%$ operational uptime
- Tele Health Worker Availability: continuous 24/7 operational coverage

4.5 Data, Security, and Compliance

- Data Accuracy: 100% (zero tolerance for discrepancies)
- Data Breach: Zero tolerance (material breach)
- Data Backup: Automated every 6 hours
- Disaster Recovery: Minimum one (1) successful drill annually


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5. Penalty and Service Credit Regime

5.1 SLA breaches shall result in automatic service credits (financial deductions) without requirement of prior notice.

5.2 Penalties shall be directly deducted from payable invoices and shall not require separate approval.

5.3 The following penalty framework shall apply:

- Minor deviation: **1% deduction**
- Moderate deviation: **2%–3% deduction**
- Major deviation: **5% deduction**
- Critical deviation: **Up to 10% deduction**

5.4 Total SLA-related deductions shall not exceed 20% of the monthly OPEX payment.

5.5 SLA penalties shall be independent of and in addition to Liquidated Damages, penalties, or any other contractual remedies.

6. Critical Incident Management

6.1 Critical incidents shall include any disruption to:

- teleconsultation services
- EMR system
- call center operations
- data systems

6.2 The Service Provider shall ensure:

- Response Time: **≤ 4 hours**
- Resolution Time: **≤ 8 hours**

Failure shall constitute **major SLA breach**.

7. Payment Linkage

7.1 All OPEX payments shall be strictly linked with SLA compliance and verified performance.

7.2 The Procuring Agency reserves the right to:

- **withhold payments**
- **apply deductions**
- **suspend payments**

in case of SLA non-compliance.

7.3 No payment shall be admissible for:

- unverified services
- incomplete services
- non-compliant outputs

7.4 All OPEX payments shall be strictly linked with verified service delivery and compliance with Service Level Agreements (SLA). Failure to meet SLA requirements shall result in automatic deductions, withholding, or suspension of payments without prior notice.

8. Exclusions and Exemptions

8.1 SLA exclusions shall only apply in cases of:


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- Force Majeure (approved)
- Pre-approved maintenance

8.2 No exclusion shall be valid unless:

- prior written approval is obtained
- full supporting evidence is provided

9. Persistent Non-Compliance

9.1 Failure to meet SLA requirements for three (3) consecutive months shall constitute material breach of Contract.

9.2 In such case, the Procuring Agency may:

- terminate the Contract
- invoke Performance Security
- initiate legal action

10. Audit, Access, and Transparency

10.1 The Service Provider shall provide full, unrestricted, and real-time access to:

- systems
- logs
- dashboards
- APIs
- records

10.2 The Procuring Agency may conduct:

- inspections
- audits
- technical validations

at any time without prior notice.

11. Non-Compliance and Remedies

11.1 SLA breach shall not limit the Procuring Agency's right to:

- impose penalties
- recover damages
- enforce contractual remedies

11.2 SLA enforcement shall be without prejudice to any other rights under the Contract or applicable law.

12. Binding Effect

12.1 This SLA shall form an integral and binding part of the Contract.


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12.2 No waiver, relaxation, or modification shall be valid unless approved in writing by the Procuring Agency.

13. Acceptance and Signatures

In witness whereof, the parties hereto have agreed to the terms and conditions of this Service Level Agreement (SLA), which shall form an integral part of the Contract.

The Service Provider confirms that it has fully understood and accepted all SLA obligations, penalties, and enforcement mechanisms, and shall have no claim against their application.

For and on behalf of the Procuring Agency

Integrated Disease Surveillance and Response System (IDSRS)
National Institute of Health (NIH), Islamabad

Name: _____

Designation: _____

Signature: _____

Official Stamp: _____

Date: _____

For and on behalf of the Supplier / Service Provider

Company Name: _____

Name: _____

Designation: _____

Signature: _____

Company Stamp: _____

Date: _____


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Purchase & Procurement Department
National Institute of Health
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Telemedicine Scope of Work Technical Committee Members

Dr. Ali Rehman Khan Wazir (Project Director)


Dr. Ali Rehman Khan Wazir
Project Director
Integrated Disease Surveillance and
Response System (IDSR)
National Institute of Health, Islamabad

Dr. Beenish Altaf (Technical Member)

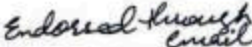

Dr. Beenish Altaf
Operative Director
National Institute of Health, Islamabad
ZETP

Dr. Muhammad Imaad Khan (Technical Member)



Dr. Muhammad Imaad Khan
Supervisor Officer
Integrated Disease Surveillance and
Response System (IDSR)
National Institute of Health, Islamabad

Dr. Sumreen Shahid (Technical Member)


Endorsed through
email

Dr. M Fawad Yunus (Technical Member)

Dr. Muhammad Fawad Yunus
Medical Epidemiologist
Integrated Disease Surveillance and
Response System (IDSR)
National Institute of Health, Islamabad



Mr. Bilal Barkatullah (Technical Member)


Bilal Barkatullah Qureshi
Software Engineer/MS
Integrated Disease Surveillance and
Response System (IDSR)
National Institute of Health, Islamabad



(Co-opted Technical Members)


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SCOPE & REQUIREMENTS


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TELEMEDICINE SERVICES


Scope & Definition

The Teleconsultation & Digital Health Platform under the National Telemedicine Programme shall constitute a fully integrated, end-to-end digital healthcare delivery system commissioned by the Ministry of National Health Services, Regulations & Coordination (MoNHSR&C). The Service Provider shall design, develop, deploy, operate, and maintain all software applications, hardware infrastructure, cloud environments, communication systems, and human resources required to deliver uninterrupted telemedicine services across Pakistan, including patient-facing mobile applications, doctor consultation portals, Electronic Medical Records (EMR), e-Prescription and pharmacy modules, a 24/7 patient helpline and call center, WhatsApp-based notification delivery, centralized administrative dashboards, and interconnected kiosk and community health worker systems. The platform shall be able to handle a minimum of twenty-five thousand (25,000) teleconsultations per day from the date of service commencement, operating 24/7/365. The Service Provider shall bear full and unconditional ownership, procurement cost, licensing, and operational responsibility for every component deployed under this Sub-clause including all software, hardware, third-party integrations, cloud services, communication channels, and human resources. The Procuring Entity shall not provide, co-locate, fund, or share any infrastructure, licenses, or human resources. All systems, source codes, documentation, and intellectual property shall be subject to a binding handover-takeover to the Government of Pakistan upon contract conclusion or termination. Non-compliance with any mandatory requirement shall result in immediate disqualification.

Software

All software shall be purpose-built or enterprise-licensed, fully production-ready, and dimensioned to support twenty-five thousand (25,000) teleconsultations per day from the date of service commencement. The bidder shall not deploy beta, trial, evaluation, proof-of-concept, or community-edition software in any production or staging environment. The bidder shall submit a complete solution architecture with the Technical Proposal.

Patient-Facing Mobile Application: Native applications shall be available for Android (9.0+) and iOS (14.0+), published on Google Play Store and Apple App Store. The application shall support bilingual interface in English and Urdu with full RTL rendering. Patient registration shall support mobile number with OTP verification. The application shall maintain patient health profiles including demographic data, consultation history, prescription records, diagnostic reports, and doctor notes. Patients shall connect instantly with paramedics staff who shall take vitals and


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connect with the next available GP without scheduling, with real-time estimated waiting time display. The platform shall support real-time HD video consultation with two-way audio, echo reduction, noise cancellation, and automatic fallback to audio-only without session disconnection. The application shall operate on 2G/3G networks with adaptive video quality. Patients shall share images, documents, and lab reports during consultation. Push notifications shall cover consultation status and follow-up reminders. GPs shall refer patients to specialists subject to queuing and/or scheduling. Post-consultation rating shall be mandatory using a minimum five-point scale with free-text feedback and evidence attachment. A complaint submission mechanism with ticket tracking and resolution visibility shall be available. The application shall comply with WCAG 2.1 Level AA accessibility standards.

Doctor-Facing Consultation Portal: A dedicated doctor portal shall be available as web and mobile application (Android and iOS). Doctors shall access complete patient EMR during consultation. Doctors shall record consultation notes digitally and generate e-Prescriptions containing doctor name, PMC/PMDC number, patient name, date, diagnosis, and medication details including drug name, dosage, frequency, duration, and special instructions. Each e-Prescription shall carry a unique QR code or verification ID. The portal shall include a drug reference database with contraindication and interaction alerts. A doctor availability management module and referral management module shall be operational. The bidder shall provide evidence of a minimum network of twenty thousand (20,000) PMC/PMDC-registered doctors available for the programme as part of the Technical Proposal.

EMR & e-Prescription System: Each patient shall have a unique MRN linked to CNIC and mobile number. The EMR shall maintain complete, auditable medical history. e-Prescriptions shall be delivered in PDF format via mobile app and WhatsApp. Single-use prescription redemption shall be enforced. The system shall detect and flag suspicious redemption patterns including geographic anomalies, frequency anomalies, quantity anomalies, and cross-dispensation attempts. All data shall be encrypted at rest (AES-256) and in transit (TLS 1.2+). The bidder shall provide a live demonstration or recorded video walkthrough of the EMR and e-Prescription system as part of the Technical Proposal. A detailed description of the medicine dispensation and pharmacy network mechanism shall also be submitted.

WhatsApp Business API Integration: WhatsApp Business API shall serve as a delivery channel for e-Prescriptions, consultation summaries, and patient notifications. Prescriptions shall be delivered in PDF via WhatsApp immediately upon generation. Automated notifications shall cover consultation confirmations, prescription availability, medicine dispatch, and follow-ups. Templates shall be available in English and Urdu. The Service Provider shall bear all WhatsApp

API costs throughout the contract period. A WhatsApp Business API integration plan with evidence of Meta Business verification shall be submitted with the Technical Proposal.

Call Center Telephony & CRM: The Service Provider shall deploy an enterprise-grade telephony system handling a minimum of 1800 simultaneous inbound calls across both command centres in Islamabad and Karachi. The system shall include IVR for call routing and language selection (English and Urdu). An integrated CRM shall link to the patient management system and EMR. All calls shall be recorded and stored for a minimum of one (1) year. An AI-powered voice note option shall be available for patient messages. Subscription disclaimer shall be available in English and Urdu in text and audio. Average call answer time shall not exceed 30 seconds. The Procuring Agency shall bear the cost and retain ownership of the toll-free number; the Service Provider shall manage technical setup and operations. Monthly performance reports shall be submitted to MoNHSR&C including call volume, average handling time, call abandonment rate, first-call resolution rate, and agent-level performance metrics. Independent third-party call center audits shall be conducted every six (6) months with reports submitted within 30 days. The bidder shall submit a call center infrastructure design with the Technical Proposal including floor layout, telephony architecture, and IVR call flow diagrams.

Rating, Feedback & Complaint Management: Post-consultation rating shall be mandatory for every teleconsultation using a five-point scale covering doctor professionalism, communication quality, consultation thoroughness, and overall satisfaction. Free-text feedback with evidence attachment shall be supported. A complaint management system shall operate with unique ticket generation, escalation workflows, and resolution timelines not exceeding 72 hours (standard) and 24 hours (critical). Monthly aggregated reports with doctor-level metrics shall be submitted to MoNHSR&C. Doctors falling below agreed rating thresholds shall be flagged for review.

Software Licensing & Subscriptions: The bidder shall submit a complete Software Licensing Declaration listing every software component with name, vendor, license type, quantity, validity, and annual cost. All licenses shall be valid, current, and legally procured. Use of pirated, unlicensed, or trial software shall result in disqualification or termination. All subscriptions shall be maintained for a minimum of two (2) years. Licensing shall be dimensioned for 25,000 daily consultations including all concurrent user licenses, API call limits, storage quotas, and bandwidth allocations. The bidder shall submit proven load testing reports or production evidence validating the declared capacity. UI/UX design mockups for all application screens shall be submitted with the Technical Proposal.

Call Center & Operations Staffing: The Service Provider shall establish, staff, and operate a 24/7 patient helpline across two command centres in Islamabad and Karachi, capable of handling 1800 simultaneous inbound calls. All staffing costs shall be borne by the Service Provider. CVs of

all key personnel shall be submitted with the Technical Proposal. Failure to submit CVs meeting the TOR requirements shall render the proposal non-responsive. Call Center Operations Manager — minimum one (1) per command centre; Master's degree in Business Administration, Healthcare Management, or equivalent (HEC-recognized); minimum eight (8) years in call center operations management, three (3) years in healthcare or telemedicine; CV mandatory. Floor Supervisor — minimum two (2) per shift per command centre; Bachelor's degree (HEC-recognized); minimum four (4) years in call center operations, two (2) years in supervisory role; CV mandatory. Call Center Agent — sufficient to handle 500 simultaneous calls across 24/7 operations; minimum Intermediate (HSSC), Bachelor's preferred; minimum one (1) year call center experience; fluent Urdu, basic English; minimum 40 hours training before deployment; minimum 10 sample CVs mandatory. Quality Assurance Analyst — minimum one (1) per command centre; Bachelor's degree (HEC-recognized); minimum three (3) years in call center QA or call auditing; CV mandatory. Workforce Management Lead — minimum one (1) across both command centres; Bachelor's degree in Business Administration, Statistics, or equivalent; minimum four (4) years in workforce planning and scheduling; CV mandatory. Training Manager — minimum one (1) across both command centres; Bachelor's degree in Education, HR, or Healthcare, Master's preferred; minimum five (5) years in training/L&D, two (2) years in healthcare or call center environment; CV mandatory. IT Support Staff — minimum one (1) per shift per command centre; Bachelor's degree in CS/IT, CompTIA or CCNA preferred; minimum two (2) years in IT support with telephony and CRM exposure; CV mandatory. HR Manager — minimum one (1) across both command centres; Master's degree in HRM or equivalent (HEC-recognized); minimum six (6) years in HR management, three (3) years in operational or healthcare environment; CV mandatory.

Monitoring & Evaluation, Compliance & Legal Framework: The Service Provider shall submit monthly operational reports to MoNHSR&C in prescribed format covering all KPIs including consultation volumes, call center metrics, pharmacy dispensation data, kiosk utilization, system uptime, patient satisfaction scores, and complaint resolution statistics. Independent third-party evaluations shall be conducted every six (6) months with reports submitted within 30 days. All operations shall comply with PMC regulations, DRAP guidelines, PTA licensing requirements, PECA 2016, and applicable data protection legislation. A complaints register shall be maintained. All operational data and compliance documentation shall be retained.

Handover-Takeover Mechanism: Upon contract conclusion or termination, the Service Provider shall execute a complete handover to the Government of Pakistan. The handover shall include complete source code, data dumps, architecture documents, and all SOPs. All intellectual property rights to custom-developed software shall vest irrevocably with the Government.

Service Level Agreements: Platform uptime: $\geq 99.5\%$ monthly. Doctor connection time: ≤ 5 minutes. Video drop rate: $\leq 2\%$. e-Prescription generation: ≤ 10 minutes from consultation end. Call answer time: ≤ 60 seconds. Simultaneous call capacity: $\geq 1,800$. App crash rate: $\leq 0.1\%$. System response time: ≤ 5 seconds. Video latency: ≤ 300 ms. Daily consultation capacity: $\geq 25,000$. Critical

incident response: ≤ 4 hours. Critical incident resolution: ≤ 8 hours. Service commencement: within 90 working days of contract award.

Hardware

The Service Provider shall procure, own, install, operate, and maintain all hardware infrastructure. The Procuring Entity shall not provide or share any hardware or datacenter facilities. All infrastructure shall support 25,000 teleconsultations per day. All hardware must be installed, tested, load-validated, and operational before the contract commencement date.

Data center: All production servers, databases, and patient data shall be hosted at a data center within Pakistan. No data shall be hosted, mirrored, or processed outside Pakistan.

Server Infrastructure: Server infrastructure shall support 50,000 concurrent users at launch, scalable to 150,000. All production servers shall implement RAID storage, redundant NICs, and redundant power supplies. Storage shall support high-performance databases, EMR, and prescription records with data retention for a minimum of five (5) years. Automated database backup shall execute every six (6) hours with daily full backups and weekly offsite replication. Detailed server specifications shall be submitted with the Technical Proposal including CPU model and capacity, memory allocation, storage type and capacity, virtualization platform, clustering architecture, and load balancing design.

Network Infrastructure: All networking equipment shall be enterprise-grade from recognized vendors. Firmware shall be vendor-supported and regularly patched. Network architecture shall support segmented connectivity for all platform components including teleconsultation video, EMR access, call center telephony, pharmacy integration, kiosk connectivity, and administrative operations, with enforced QoS policies. End-of-life hardware shall not be deployed; approaching end-of-support hardware shall be replaced proactively at the Service Provider's cost. The network shall support auto-scaling to 2x normal load without degradation.

Disaster Recovery: A separate DR datacenter shall be maintained at a minimum of 200 kilometres from the primary site within Pakistan. Continuous replication shall synchronize all data between primary and DR sites including patient records, EMR, prescription data, and operational databases. A minimum of one (1) DR drill per year shall be conducted with results submitted to MoNHSR&C within 15 working days. A Disaster Recovery Plan with drill methodology and schedule shall be submitted with the Technical Proposal.

Cybersecurity: The platform shall comply with OWASP Top 10. Annual independent penetration testing shall be conducted with reports and remediation evidence submitted to MoNHSR&C within 30 days. All data shall be encrypted in transit (TLS 1.2+) and at rest (AES-256). All administrative access shall require MFA. RBAC shall be enforced across all systems. Video consultations shall be end-to-end encrypted. Audit logs shall be maintained for a minimum of six (6) months.

Hardware Documentation & Audit: The Service Provider shall submit a complete Hardware Infrastructure Specification Document with the Technical Proposal including datacenter architecture with rack layout, server specifications with make and model, storage architecture and backup design, network topology with firewall and VLAN design, DR site replication architecture, physical security controls, cloud design with data residency evidence (if hybrid).

SUB-CLAUSE 2: TELE HEALTH WORKERS

Scope & Definition

The Service Provider shall recruit, train, equip, deploy, and manage a dedicated field force of Tele Health Workers, to deliver doorstep telemedicine facilitation services, patient registration, basic diagnostic screening, rapid testing, sample collection, and health awareness across designated geographic areas. The Tele Health Worker programme shall operate as a fully integrated extension of the Teleconsultation & Digital Health Platform, with each worker connected in real time to the central telemedicine system. The Service Provider shall deploy a minimum of ninety (90) Tele Health Workers including phlebotomists with mandatory inclusion of female staff. Operations shall run twenty-four (24) hours a day in shifts, seven (7) days a week. Each worker shall be equipped with a branded electric motorcycle, a branded insulated service box, a telemedicine device kit, rapid diagnostic testing kits, biometric verification device, and a smartphone. The Service Provider shall bear full ownership, procurement, maintenance, and operational cost of all assets. All assets shall be handed over to the Government of Pakistan upon contract conclusion.

Requirements

Staffing & Personnel: The Service Provider shall deploy a minimum of ninety (90) Tele Health Workers comprising phlebotomists with mandatory inclusion of female staff. All phlebotomists shall hold a valid diploma or certification in phlebotomy or medical laboratory technology from a recognized institution with a minimum of one (1) year of clinical or field experience. Operations shall be maintained twenty-four (24) hours a day in shift rotations, seven (7) days a week; the bidder shall propose and justify the shift model and total headcount required to maintain 90 active Sehat Heroes at all times. CVs of all supervisory Tele Health Worker personnel shall be submitted with the Technical Proposal. The Service Provider shall maintain a documented recruitment, vetting, and background verification process for all staff.

Uniform: The Service Provider shall provide standardized, branded uniforms to all workers. Uniforms shall be professional, weather-appropriate, and clearly identifiable with the TeleMedicine Programme branding and the National Telemedicine Programme identity. Uniforms shall include branded shirt or vest, identity badge with photograph and unique ID number, branded cap or headgear, branded safety helmet with Sehat Hero and National Telemedicine Programme branding, and safety reflective elements for field visibility. Female Sehat Hero uniforms shall be designed in consultation with MoNHSR&C to ensure cultural appropriateness. A minimum of two (2) complete uniform sets per Sehat Hero per year shall be provided.

Motorcycles: The Service Provider shall procure, own, register, insure, and maintain 70-cc motorcycles for all field-deployed workers including female Tele Health Workers. All motorcycles

shall be brand new at the time of deployment, from a recognized manufacturer. Each motorcycle shall carry comprehensive insurance coverage including third-party liability. The Service Provider shall bear all charging, maintenance, repair, battery replacement, and vehicle replacement costs throughout the contract period. All motorcycles shall be branded with the National Telemedicine Programme branding including programme logo, helpline number, and designated branding elements on body panels, mudguards, and rear sections.

Service Box: Each motorcycle shall be fitted with a rear-mounted, insulated, weatherproof service box of sufficient capacity to carry rapid testing kits, telemedicine equipment, and consumables. The service box design shall follow a standardized format comparable to commercial delivery services, with National Telemedicine Programme branding on all visible surfaces including programme logo, helpline number, and programme tagline. The box shall include internal compartments for temperature-sensitive testing kits, a secure locking mechanism, and organized storage for devices and consumables.

Telemedicine Devices & Equipment: Each Sehat Hero shall be equipped with a complete telemedicine device kit enabling remote patient assessment and vital signs capture. The kit shall include, at minimum, a digital blood pressure monitor, pulse oximeter, digital thermometer, digital weight scale, glucometer, and stethoscope. All devices shall be medical-grade. The Service Provider shall bear all procurement, calibration, replacement, and maintenance costs. A complete device inventory with make, model, and certification details shall be submitted with the Technical Proposal.

Rapid Diagnostic Testing Kits: Each Sehat Hero shall carry rapid diagnostic testing kits for point-of-care screening. The kit shall include, at minimum, Dengue NS-1 Antigen test, Dengue IgG/IgM test, Dengue Duo (NS1 + Ab) test, Malaria Pf/Pv Ag test, HCV (Hepatitis C) test, HBsAg (Hepatitis B) test, blood glucose testing strips, hemoglobin testing kits, blood lancets, and such additional rapid tests as directed by MoNHSR&C from time to time. All testing kits shall be DRAP-approved, within valid expiry dates, and stored and transported in compliance with manufacturer-specified temperature and handling requirements. The Service Provider shall maintain an uninterrupted supply chain for all consumable testing kits throughout the contract period.

Training: All workers shall complete a mandatory structured training programme of minimum eighty (80) hours of classroom and practical training before field deployment. Training shall cover telemedicine platform, vital signs measurement and device handling, sample collection and phlebotomy protocols, rapid diagnostic testing procedures and result interpretation, PPE usage and biomedical waste disposal protocols, cold chain compliance for temperature-sensitive kits, first aid administration, route management and GPS navigation, patient communication and counselling, data privacy and confidentiality, emergency response protocols, and reporting requirements. Refresher training shall be conducted every six (6) months. The Service Provider shall maintain

training records for all workers. A Training Plan for Tele Health Workers shall be submitted with the Technical Proposal.

Branding: All workers assets including electric motorcycles, service boxes, uniforms, helmets, and equipment bags shall carry consistent National Telemedicine Programme branding. The Service Provider shall submit a complete branding package for approval

before deployment including mockups of branded electric motorcycle, service box, uniform, identity badge, and helmet.

Supervision & Monitoring: The Service Provider shall deploy field supervisors who shall conduct daily route verification, random patient visit audits, device functionality checks, rapid test kit inventory audits, and Tele Health Workers performance monitoring.

Deployment: The Service Provider shall deploy a minimum of ninety (90) tele Health Workers across Karachi and Islamabad.

SUB-CLAUSE 3: TELEMEDICINE KIOSKS

Scope & Definition

The Service Provider shall design, manufacture, supply, deploy, install, commission, operate, and maintain thirty (30) Telemedicine Kiosks across designated locations in Islamabad and Karachi as physical access points for patients who may not have smartphones, internet access, or digital literacy. Each kiosk shall serve as a self-contained, fully equipped telemedicine station enabling patient registration, real-time teleconsultation with licensed doctors, vital signs capture, rapid diagnostic testing, e-Prescription issuance, prescription printing, EMR access, biometric verification, and health record storage — all interconnected with the central Teleconsultation & Digital Health Platform. Each kiosk shall be staffed by two (2) trained phlebotomists, equipped with CCTV surveillance linked to a centralized monitoring room, and designed to comply with weatherproofing, waterproofing, soundproofing, and wheelchair accessibility standards. The Service Provider shall bear full ownership, procurement, manufacturing, installation, branding, staffing, and operational cost of all kiosks and related assets. The Procuring Entity shall not provide any kiosk-related infrastructure, equipment, or human resources. All kiosks and assets shall be handed over to the Government of Pakistan upon contract conclusion or termination.

Requirements

Physical Structure & Construction: Each Telemedicine Kiosk shall be a prefabricated, enclosed, standalone structure with external dimensions of six (6) feet in width, six (6) feet in length, and seven (7) feet in height. The structure shall be constructed using durable, rigid materials capable of withstanding prolonged outdoor exposure in extreme weather conditions. The floor shall be anti-slip, easy to clean, and capable of supporting heavy foot traffic and medical equipment weight. The interior shall be ventilated with forced-air ventilation sufficient to maintain comfortable conditions for one (1) staff and one (1) patient during peak summer temperatures in Karachi and Islamabad. The kiosk shall include a lockable entrance door with wheelchair-accessible ramp for persons with disabilities complying with applicable accessibility standards. Interior lighting shall be LED-based with sufficient lux levels for clinical procedures including phlebotomy and rapid testing. All electrical wiring shall comply with applicable safety standards with circuit breakers and surge protection. The Service Provider shall submit three-dimensional (3D) rendered designs of the kiosk physical structure, exterior branding, and detailed interior layout showing placement of all furniture, equipment, screens, devices, and patient seating. 3D designs shall be subject to MoNHSR&C approval before manufacturing. No kiosk shall be manufactured or deployed without prior written design approval.

Interior Layout & Furniture: The interior of each kiosk shall accommodate a minimum of two (2) regular chairs for patient seating and staff use, a consultation desk or counter surface for the laptop, printer, and document scanner, and organized wall-mounted or rack-mounted storage for

telemedicine devices, rapid testing kits, PPE, and consumables. The layout shall allow clear separation between the patient consultation area facing the TV screen and the staff operational area. All furniture shall be durable, easy to clean, and suitable for clinical environments.

Bill of Quantities (BOQ): The Service Provider shall submit a comprehensive Bill of Quantities (BOQ) for each kiosk as part of the Technical Proposal. The BOQ shall itemize every component including structural materials, flooring, roofing, insulation, soundproofing materials, waterproofing treatments, ventilation system, UPS, batteries, inverter, electrical wiring, circuit breakers, surge protection, LED lighting, TV screen, laptop, printer, document scanner, headphones, chairs, desk or counter, wall-mounted storage, telemedicine devices, rapid testing kits, first aid kit, PPE supplies, biometric device, weight scale, CCTV camera, internet connectivity equipment, wheelchair ramp, signage, and all branding elements. The BOQ shall include unit cost, quantity, and total cost per kiosk.

Hardware & Equipment Per Kiosk: Each Telemedicine Kiosk shall be equipped with, at minimum, one (1) medical-grade or commercial-grade display screen of minimum thirty-two (32) inches for patient-doctor video consultation, one (1) laptop preloaded with the telemedicine platform software for staff use including patient registration, EMR access, and consultation management, one (1) HD camera of minimum 1080p resolution for video consultation, one (1) noise-cancelling microphone and one (1) pair of headphones for patient-side audio privacy during teleconsultation, one (1) printer for prescription and consultation printouts, one (1) document scanner for patient document digitization, one (1) commercial-grade digital floor-standing weight scale capable of sustained heavy usage, one (1) digital blood pressure monitor, one (1) pulse oximeter, one (1) digital thermometer, one (1) glucometer, one (1) UPS power backup with minimum two (2) hours battery runtime, (1) fan and high-speed broadband internet connectivity with minimum 100 Mbps dedicated speed with 4G/5G failover. The Service Provider shall bear all procurement, installation, maintenance, repair, calibration, and replacement costs for all equipment throughout the contract period.

Rapid Diagnostic Testing Kits: Each kiosk shall maintain a stock of rapid diagnostic testing kits for point-of-care screening. The kit shall include, at minimum, Dengue NS-1 Antigen test, Dengue IgG/IgM test, Dengue Duo (NS1 + Ab) test, Malaria Pf/Pv Ag test, HCV (Hepatitis C) test, HBsAg (Hepatitis B) test, blood glucose testing strips. All testing kits shall be DRAP-approved, within valid expiry dates, and stored in compliance with manufacturer-specified temperature and handling requirements. The Service Provider shall maintain an uninterrupted supply chain for all consumable testing kits throughout the contract period.

First Aid Kit & Personal Protective Equipment (IPC): Each kiosk shall be equipped with a basic first aid kit. Mandatory personal protective equipment (PPE) shall be maintained at each kiosk including disposable medical gloves, surgical face masks, hand sanitizer, biohazard waste bags, and sharps disposal containers for safe handling and disposal of lancets, needles, and contaminated testing materials. The Service Provider shall maintain an uninterrupted supply of all

PPE and first aid consumables throughout the contract period. All biohazard and sharps waste shall be disposed of in compliance with applicable biomedical waste management regulations.

Software & Platform Interconnectivity: All kiosks shall be fully integrated with the central Teleconsultation & Digital Health Platform and the EMR system. The kiosk software shall support patient registration via CNIC or mobile number, real-time video consultation with doctors, vital signs data capture and upload from connected devices, rapid test result recording and upload, e-Prescription generation, receipt, display, and printing, patient queue management with estimated waiting time, consultation history access, and daily operational reporting. The kiosk software interface shall be available in English and Urdu with full RTL support.

Internet Connectivity: Each kiosk shall have dedicated high-speed broadband internet connectivity with a minimum guaranteed speed of one hundred (100) Mbps. A 4G/5G failover connection shall be maintained as backup at each kiosk to ensure uninterrupted connectivity in case of primary broadband failure. The Service Provider shall bear all internet subscription, installation, and equipment costs throughout the contract period.

CCTV Surveillance & Centralized Monitoring: Each Telemedicine Kiosk shall be equipped with a minimum of one (1) internal CCTV camera and one (1) external CCTV camera providing continuous video surveillance during and outside operational hours. CCTV footage shall be recorded and stored for a minimum of thirty (30) days. All kiosk CCTV feeds shall be transmitted in real time to a centralized CCTV monitoring room established by the Service Provider at the command centres in Islamabad and Karachi. The centralized monitoring room shall be staffed during all kiosk operational hours with trained monitoring personnel.

Staffing Per Kiosk: Each Telemedicine Kiosk shall be staffed by two (2) trained phlebotomists during all operational hours. All phlebotomists shall hold a valid diploma or certification in phlebotomy or medical laboratory technology from a recognized institution with a minimum of one (1) year of clinical or field experience. Phlebotomists shall be responsible for patient reception and registration, teleconsultation facilitation, vital signs measurement, rapid diagnostic testing, sample collection, prescription printing, device maintenance, daily reporting, and kiosk cleanliness and hygiene. Operational hours shall be twelve (12) hours per day, seven (7) days per week, subject to opening hours of the facility housing the Telemedicine Kiosk. The Service Provider shall bear all staffing costs including salaries, benefits, training, uniforms, and management. CVs of phlebotomist staff shall be submitted with the Technical Proposal.

Training: All kiosk phlebotomists shall complete a mandatory structured training programme before deployment. Training shall cover telemedicine platform operations, patient registration and biometric verification, teleconsultation facilitation, vital signs measurement and device handling, phlebotomy and sample collection protocols, rapid diagnostic testing procedures and result interpretation, PPE usage and biomedical waste disposal, printer and scanner operations, kiosk

maintenance and daily hygiene protocols, patient communication, data privacy and confidentiality, and emergency response procedures. Refresher training shall be conducted every six (6) months. A Training Plan for kiosk staff shall be submitted with the Technical Proposal.

Branding: All Telemedicine Kiosks shall carry consistent National Telemedicine Programme branding on all exterior surfaces, interior signage, and equipment as approved by MoNHSR&C. Exterior branding shall include the programme name, logo, helpline number, and programme tagline on all visible panels. Interior branding shall include patient information signage, consultation privacy notices, and operational guidelines. The Service Provider shall submit a complete kiosk branding package for approval including 3D rendered mockups of exterior and interior branding. No branding shall be deployed without prior written approval from MoNHSR&C.

Kiosk Placement & Geographic Deployment: The Service Provider shall deploy thirty (30) Telemedicine Kiosks — twenty (20) in Karachi and ten (10) in Islamabad — at locations designated and approved by MoNHSR&C. Placement locations shall include, but not be limited to, mosques, airports, educational institutions and universities, tertiary care hospitals, shopping malls, and railway stations. The Service Provider shall submit a geographic placement map with proposed locations for all thirty (30) kiosks as part of the Technical Proposal. The placement map shall be subject to MoNHSR&C approval and may be revised during the contract period. The Service Provider shall obtain all relevant No Objection Certificates (NOCs) from local municipal authorities, building or facility management, site owners, and any other applicable regulatory or administrative body before installation at each location. No kiosk shall be installed without all required NOCs being obtained and documented. The cost and effort of obtaining all NOCs shall be borne entirely by the Service Provider.

Approval Criteria: The placement of each kiosk shall be subject to the following approval criteria: adequate footfall and public accessibility at the proposed location, availability of sufficient open or covered space for the kiosk structure and wheelchair ramp, availability of broadband internet connectivity or 4G/5G coverage, security and safety of the proposed location, and proximity to the target patient population.

Kiosk Maintenance & Operations: The Service Provider shall be responsible for complete kiosk operations and maintenance throughout the contract period including structural maintenance and repair, equipment maintenance and calibration, software updates and troubleshooting, internet connectivity management, CCTV system maintenance, cleaning and sanitation on a daily basis, and consumables replenishment.

Monitoring & Reporting: The Service Provider shall submit monthly operational reports for each kiosk to MoNHSR&C including number of consultations conducted, patient registration data, rapid tests performed, kiosk uptime and availability, CCTV system status, equipment functionality

status, consumable utilization, and patient feedback. All kiosk operational data shall be visible in real time through the centralized administrative dashboard.

Asset Handover: Upon contract conclusion or termination, all Telemedicine Kiosks including physical structures, equipment, devices, CCTV systems, furniture, and all inventory shall be handed over to the Government of Pakistan in functional condition. The Service Provider shall submit a kiosk asset register with the Technical Proposal and maintain it throughout the contract period. The asset register shall be auditable by MoNHSR&C at any time.

COMPONENT 3: PHARMACY, WAREHOUSING & DELIVERY

Scope & Definition

The Service Provider shall establish, own, operate, and manage a complete pharmacy, warehousing, and delivery ecosystem to ensure free dispensation of medicines to patients prescribed through the Teleconsultation & Digital Health Platform. The scope of this Component encompasses the setup and operation of a minimum of fifteen (15) Service Provider-owned pharmacy outlets across Islamabad and Karachi providing walk-in prescription fulfillment, two (2) dedicated temperature-controlled warehouses for medicine procurement, storage, and distribution, a next-day home delivery mechanism for prescribed medicines, a fully integrated pharmacy management software system interconnected with the central telemedicine platform and EMR, procurement and quality assurance of all generic medicines in compliance with DRAP regulations, real-time stock management and inventory tracking across all pharmacies and warehouses, branded pharmacy infrastructure with programme identity, anti-diversion and tamper-evident mechanisms on all dispensed medicines, and complete staffing with DRAP-licensed pharmacists, warehouse personnel, and delivery riders. The Service Provider shall bear full and unconditional ownership and cost of all pharmacy infrastructure, medicine procurement, warehousing, delivery operations, staffing, branding, and technology throughout the contract period. The Procuring Entity shall not provide or fund any pharmacy-related assets, medicines, or human resources. Non-compliance with any mandatory requirement shall result in immediate disqualification.

Requirements

Pharmacy Outlets: The Service Provider shall establish, own, and operate a minimum of fifteen (15) pharmacy outlets. The pharmacies shall be geographically distributed to ensure complete coverage of the city radius in both cities, with placement designed to minimize patient travel distance and maximize accessibility. Each pharmacy shall serve as a walk-in prescription fulfillment point where patients present their e-Prescription via mobile app, WhatsApp, or printed copy for verification and free generic medicine dispensation. All pharmacies shall hold valid drug

retail licenses issued by the relevant provincial drug regulatory authority and shall comply with all applicable DRAP regulations, provincial pharmacy laws, and licensing requirements.

Pharmacy Infrastructure & Branding: Each pharmacy outlet shall be designed, furnished, and branded to a professional standard. Interior infrastructure shall include dispensing counters, medicine storage shelving with temperature-appropriate zones, a patient waiting area, computer terminal with pharmacy management software, printer, CCTV camera, and adequate lighting and ventilation. Each pharmacy shall display a Telemedicine Programme signage of one (1) foot by one (1) foot at the storefront.

Pharmacy Management Software: The Service Provider shall deploy a fully integrated pharmacy management software system across all pharmacy outlets and warehouses, interconnected with the central Teleconsultation & Digital Health Platform and the EMR system. The software shall support e-Prescription verification via QR code or unique verification ID, CNIC-based patient identity verification at the point of dispensation, single-use prescription redemption enforcement preventing duplicate dispensation, real-time stock level visibility across all pharmacies and warehouses, automated stock replenishment alerts and reorder triggers, medicine dispensation recording with patient identity, prescription ID, medicine name, quantity, batch number, and expiry date, suspicious pattern detection and flagging including geographic anomalies, GPS coordinates picture verification, frequency anomalies, and quantity anomalies, complete dispensation audit trail, and daily and monthly internal dispensation reports.

Patient Identity Verification: Every medicine dispensation at a pharmacy outlet shall require CNIC-based patient identity verification linked to the e-Prescription and EMR record. No medicine shall be dispensed without successful identity verification.

Anti-Diversion & Tamper-Evident Mechanism: All medicines dispensed through the programme shall carry tamper-evident stickers affixed to each individual medicine pack at the point of dispensation. The tamper-evident sticker shall include programme branding, and a mechanism to indicate whether the pack has been opened or tampered with. The system shall prevent open-market diversion of programme-dispensed medicines.

Generic Medicines Procurement & Quality: All prescriptions shall be issued using generic names only. Medicines dispensed must be the most cost-effective options available while ensuring compliance with DRAP-approved quality standards. The Service Provider shall procure all generic medicines listed in the Programme Generic Medicines List. All medicines shall be procured exclusively from DRAP-licensed manufacturers and distributors. All medicines shall carry valid DRAP registration numbers, be within valid expiry dates with a minimum remaining shelf life of six (6) months at the time of dispensation, and comply with all applicable quality, safety, and labelling standards. The Service Provider shall implement a quality assurance protocol including incoming quality inspection, storage condition monitoring, expiry management with first-expiry-

first-out (FEFO) rotation, and recall management procedures. The cost of all medicine procurement shall be borne entirely by the Service Provider.

Warehousing: The Service Provider shall establish and operate a minimum of two (2) dedicated warehouses — one in Islamabad and one in Karachi — for the storage, management, and distribution of all programme medicines, consumables, and pharmacy supplies. Each warehouse shall include temperature-controlled storage zones compliant with Good Distribution Practices (GDP) and manufacturer-specified storage requirements, cold chain storage for temperature-sensitive medicines, comprehensive CCTV surveillance covering all storage areas, entry and exit points, and loading bays, access-controlled entry, fire suppression systems, pest control measures, and environmental monitoring for temperature and humidity with automated alerts.

Stock Management: The Service Provider shall implement a centralized, real-time stock management system integrated with the pharmacy management software and the central telemedicine platform. The system shall track all medicine inventory across both warehouses and all fifteen (15) pharmacy outlets with real-time visibility into stock levels, batch numbers, expiry dates, consumption rates, reorder levels, and replenishment schedules. The system shall enforce first-expiry-first-out (FEFO) stock rotation. Automated alerts shall trigger when stock levels fall below defined minimum thresholds.

Medicine Delivery: The Service Provider shall operate a next-day home delivery service for prescribed medicines to patients who are unable to visit a pharmacy outlet. All medicines prescribed through a teleconsultation shall be available for delivery to the patient's registered address within a maximum of twenty-four (24) hours from the time of prescription generation. The Service Provider shall deploy a sufficient number of delivery riders to maintain this service level. Each delivery shall be recorded in the pharmacy management software with patient identity, prescription ID, medicine details, delivery timestamp, and digital proof of delivery including patient signature or geotagged timestamped photograph. Delivery riders shall be equipped with branded delivery boxes with temperature-appropriate compartments for medicine transport. All delivery vehicles and boxes shall carry National Telemedicine Programme branding.

Staffing: The Service Provider shall recruit, train, and deploy qualified staff across all pharmacies, warehouses, and the delivery network. For detailed Terms of Reference (TOR) for each position including minimum qualifications, experience, and responsibilities, refer to TOR Annexure. Each pharmacy outlet shall be staffed by a minimum of one (1) DRAP-licensed pharmacist during all operating hours, supported by pharmacy technicians and dispensing assistants as required. Each warehouse shall be staffed by a qualified warehouse manager, inventory controllers, quality assurance personnel, and warehouse operatives. The delivery network shall be staffed by delivery riders, a delivery coordinator, and route management personnel. The Service Provider shall bear all staffing costs including salaries, benefits, training, uniforms, and management. All pharmacy staff shall complete mandatory training before deployment covering pharmacy management software operations, prescription verification and dispensation protocols, tamper-evident sticker

application, stock management, cold chain compliance, patient communication, data privacy, and regulatory compliance.

CCTV: All pharmacy outlets and warehouses shall be equipped with CCTV surveillance systems for security, operational oversight, and incident management. CCTV footage shall be recorded and stored as per the Service Provider's internal retention policy.

H7: Rapid Testing Kits:

Test Kit Type	Brand
Dengue NS-1 Antigen	SD Bioline (Abbott) or eq
Dengue IgG/IgM	SD Bioline (Abbott) or eq
Dengue Duo (NS1 + Ab)	SD Bioline (Abbott) or eq
Malaria Pf/Pv Ag	SD Bioline (Abbott) or eq
HCV (Hepatitis C)	SD Bioline (Abbott) or eq
HBsAg (Hepatitis B)	SD Bioline (Abbott) or eq
Blood Lancets	SD Bioline (Abbott) or eq

Diagnostic Devices Integration

Each kiosk shall include integrated diagnostic equipment capable of capturing patient vitals.

Device	Capability
Digital Blood Pressure Monitor	Automatic BP measurement
Pulse Oximeter	SpO ₂ monitoring
Digital Thermometer	Body temperature measurement
Digital Weight Scale	Weight measurement
ECG Device (optional)	Cardiac monitoring

All captured vitals shall be automatically stored in the **Electronic Medical Record system**.

H.7: Medicine List "generic" (All Essential Medicines, Non-Exhaustive list below- but not limited to):

1. Paracetamol Pseudoephedrine Triprolidine , 2. Triprolidine HCl Pseudoephedrine HCl
Dextromethorphan , 3. Paracetamol, pseudoephedrine , 4. Ibuprofen Pseudoephedrine
5. Levocetirizine , 6. Cetirizine , 7. Paracetamol Pseudoephedrine
Chlorpheniramine , 8. Chlorpheniramine Paracetamol Pseudoephedrine , 9.
Desloratadine , 10. Chlorpheniramine , 11. Fexofenadine , 12. Fexofenadine
Pseudoephedrine , 13. Fluticasone Propionate , 14. Loratadine , 15. Xylometazoline
16. Chlorpheniramine Maleate , 17. Ammonium Chloride Chlorpheniramine
Maleate Phenylephrine , 18. Loratadine, pseudoephedrine , 19. Cetirizine
Hydrochloride , 20. Salmeterol, Fluticasone , 21. Fluticasone, Salmeterol , 22. Fluticasone
23. Montelukast , 24. Levocetirizine dihydrochloride , 25. Fexofenadine,
pseudoephedrine , 26. Chlorpheniramine Paracetamol , 27. Amlodipine besylate,
Atorvastatin calcium trihydrate , 28. Spironolactone , 29. Perindopril, Amlodipine , 30.
Amlodipine Valsartan , 31. Amlodipine, Valsartan , 32. Amlodipine besylate, Valsartan , 33.
Atenolol, gemfibrozil , 34. Clopidogrel , 35. Valsartan, Hydrochlorothiazide , 36.
Amlodipine Hydrochlorothiazide Valsartan , 37. Amlodipine besylate, Valsartan,
Hydrochlorothiazide , 38. Clopidogrel hydrogen sulphate , 39. Enalapril Maleate , 40.
Hydrochlorothiazide Valsartan , 41. Hydrochlorothiazide, Valsartan , 42. Enalapril
Maleate, Hydrochlorothiazide, 43. Lisinopril dihydrate, Hydrochlorothiazide , 44.
Bisoprolol Hemifumarate , 45. Bisoprolol Fumarate , 46. Bisoprolol Fumarate,
Hydrochlorothiazide , 47. Hydrochlorothiazide, Valsartan, Amlodipine , 48. Perindopril,
Amlodipine besylate , 49. Losartan Potassium , 50. Valsartan , 51. Digoxin , 52.
Valsartan, Amlodipine, Hydrochlorothiazide , 53. Valsartan+Amlodipine+Hydrochlorothiazide
54. Valsartan, Amlodipine , 55. Losartan Potassium, Hydrochlorothiazide , 56.
Atorvastatin calcium trihydrate Ezetimibe , 57. Atorvastatin calcium trihydrate, Ezetimibe
58. Atorvastatin calcium trihydrate , 59. Atorvastatin , 60. Clopidogrel Bisulphate
Aspirin , 61. Clopidogrel Bisulphate, Aspirin , 62. Warfarin Sodium , 63.
Amlodipine, Telmisartan , 64. Telmisartan, Amlodipine , 65. Indapamide,
Amlodipine , 66. Aspirin, Clopidogrel Bisulphate , 67. Atenolol , 68. Olmesartan
Medoxomil, Amlodipine , 69. Clopidogrel Bisulphate , 70. Bisoprolol , 71.
Ezetimibe, Rosuvastatin calcium , 72. Rosuvastatin + Ezetimibe , 73. Rosuvastatin
calcium, Ezetimibe , 74. Rosuvastatin calcium , 75. Valsartan, Amlodipine besylate,
Hydrochlorothiazide , 76. Hydrochlorothiazide, Amlodipine, Valsartan , 77. Spironolactone
Furosemide , 78. Amlodipine besylate, Telmisartan , 79. Amlodipine, Valsartan,
Hydrochlorothiazide , 80. Amlodipine , 81. Sacubitril, Valsartan , 82. Amlodipine,
Atorvastatin calcium trihydrate , 83. Warfarin , 84. Hydrochlorothiazide, Losartan
Potassium , 85. Lisinopril dihydrate , 86. Adapalene , 87. Mupirocin , 88.
Clindamycin, Benzoyl Peroxide , 89. Betamethasone Valerate, Topical , 90.

Betamethasone Gentamicin , 91 . Betamethasone , 92 . Betamethasone, Neomycin , 93 .
 Betamethasone Valerate Neomycin , 94 . Calcipotriol, Betamethasone , 95 . Clobetasol
 Propionate , 96 . Clobetasol , 97 . Terbinafine, Oral , 98 . Hydrocortisone Miconazole
 , 99 . Clobetasol Propionate Neomycin Nystatin , 100 . Betamethasone Dipropionate
 , 101 . Betamethasone Dipropionate, Topical , 102 . Betamethasone Dipropionate,
 Gentamicin , 103 . Betamethasone Fusidic Acid , 104 . Hydrocortisone and Fusidic Acid,
 topical , 105 . Fusidic Acid, Hydrocortisone , 106 . Hydrocortisone and Fusidic Acid , 107 .
 Hydrocortisone Clotrimazole , 108 . Hydrocortisone , 109 . Hydrocortisone 2.5% , 110 .
 Terbinafine , 111 . Betamethasone Dipropionate, and Clotrimazole, topi , 112 . Permethrin
 , 113 . Hydrocortisone and Miconazole, topical , 114 . Betamethasone Salicylic Acid
 , 115 . Betamethasone Dipropionate Gentamicin , 116 . Betamethasone Dipropionate
 and Salicylic Acid, to , 117 . Clotrimazole, Gentamicin , 118 . Clotrimazole , 119 .
 Hydrocortisone and Clotrimazole, Topical , 120 . Insulin Regular, 121 . Glimepiride,
 Metformin , 122 . Glimepiride , 123 . Dapagliflozin, Metformin , 124 . Dapagliflozin,
 Metformin HCl , 125 . Metformin, Empagliflozin , 126 . Metformin Empagliflozin
 , 127 . Empagliflozin, Metformin Hydrochloride , 128 . Empagliflozin, Metformin
 , 129 . Vildagliptin, Metformin , 130 . Glimepiride Metformin , 131 .
 Pioglitazone, Glimepiride , 132 . Glibenclamide, Metformin , 133 . Metformin, Sitagliptin
 , 134 . Ertugliflozin, Sitagliptin , 135 . Sitagliptin Metformin , 136 . Insulin NPH
 , 137 . Sitagliptin, Metformin , 138 . Sitagliptin , 139 . Sitagliptin, Metformin HCl
 , 140 . Insulin Detemir , 141 . Insulin Aspart , 142 . Gliclazide , 143 .
 Metformin , 144 . Levothyroxine , 145 . Metformin, Vildagliptin , 146 . Metformin,
 Vildagliptin , 147 . Vildagliptin , 148 . Pioglitazone, Metformin , 149 . Esomeprazole
 Naproxen Sodium , 150 . Omeprazole, Sodium Bicarbonate , 151 . Tartaric Acid
 Containing Antacid Effervescent Salt , 152 . Mebeverine , 153 . Dexlansoprazole, Diclofenac
 Sodium , 154 . Dexlansoprazole , 155 . Diloxanide furoate Metronidazole , 156 .
 Diloxanide Furoate , 157 . Diloxanide Furoate, Metronidazole , 158 . Diloxanide , 159 .
 Metronidazole , 160 . Lansoprazole , 161 . Aluminium Hydroxide Magnesium Hydroxide
 Simethicone , 162 . Alverine Citrate and Simethicone , 163 . Esomeprazole , 164 .
 Domperidone , 165 . Pantoprazole , 166 . Famotidine , 167 . Omeprazole , 168 .
 Omeprazole Sodium Bicarbonate , 169 . Sucralfate , 170 . Vonoprazan , 171 .
 Quatrefolate , 172 . Calcium carbonate, Vitamin C, 173 . Sofosbuvir , 174 . Quinapril
 , 175 . Clindamycin Tretinoin, 176 . Aceclofenac , 177 . Ascorbyl Glucoside
 Tocopheryl Acetate Pyridoxine HCl , 178 . Hydrocortisone Acetate , 179 . Risedronate
 Sodium , 180 . Isotretinoin Oral , 181 . Acyclovir 5% , 182 . Acyclovir inf/ oral
 , 183 . Aripiprazole , 184 . Nifedipine , 185 . Betamethasone Valerate 0.1% , 186 .
 Betamethasone Valerate , 187 . Methylprednisolone Aceponate , 188 .
 Methylprednisolone Aceponate, Topical , 189 . Memantine HCl , 190 . Proglumetacin
 , 191 . Paracetam , 192 . Doxofylline , 193 . Methylidopa , 194 . Rasagiline
 , 195 . Dexamethasone, Tobramycin , 196 . Amisulpride , 197 . Amoxicillin , 198 .

Ampicillin Cloxacillin , 199 . Ampicillin and Cloxacillin , 200 . Pyridostigmine Bromide , 201 . Testosterone undecanoate , 202 . Cyproterone acetate , 203 . Glyceryl , 204 . Ticagrelor , 205 . Irbesartan , 206 . Metronidazole 0.75% , 207 . Hydrochlorothiazide Irbesartan , 208 . Irbesartan + Hydrochlorothiazide , 209 . Sulbutiamine , 210 . Artemether Lumefantrine , 211 . Artemether, Lumefantrine , 212 . Anastrozole , 213 . Artesunate, Sulfadoxine, Pyrimethamine , 214 . Hyaluronic Acid , 215 . Carbomer, Medium chain triglycerides , 216 . Artemether , 217 . Dihydroartemisinin, Piperaquine Phosphate , 218 . Dihydroartemisinin , 219 . Isotretinoin Erythromycin , 220 . Aspirin , 221 . Acitretin , 222 . Astaxanthin, Bilberry , 223 . Deferasirox , 224 . Hydroxyzine , 225 . Oxatimide , 226 . Amoxicillin Clavulanic acid , 227 . Co-amoxiclav , 228 . Moxifloxacin , 229 . Pheniramine Maleate , 230 . Dutasteride , 231 . Promethazine Theoclate , 232 . Azithromycin , 233 . B-Complex Vitamins , 234 . Beraprost , 235 . Baclofen , 236 . Bambuterol , 237 . Bamifylline , 238 . Amlodipine + Atorvastatin , 239 . Amodiaquine , 240 . Methocarbamol, Paracetamol , 241 . Vitamin B Complex Folic Acid Vitamin C Vitamin E , 242 . Beclomethasone Dipropionate , 243 . Bempedoic Acid + Ezetimibe , 244 . Albendazole , 245 . Chlorhexidine , 246 . Dexpanthenol , 247 . Cranberry Elderberry , 248 . Etoricoxib , 249 . B-Complex Vitamins, Vitamin C, Calcium, Magnesium, Zinc , 250 . Levobunolol , 251 . Timolol Maleate , 252 . Betamethasone + Salicylic Acid , 253 . Betaxolol HCl , 254 . Betaxolol , 255 . Bifonazole , 256 . Alpha Arbutin Sodium Ascorbyl Phosphate Vitamin E , 257 . Sodium Hyaluronate , 258 . Iron (III) Hydroxide Polymaltose Complex Folic Acid , 259 . Bismuth Subsalicylate , 260 . Prednisolone, Sulphacetamide, Phenylephrine , 261 . Prednisolone Acetate , 262 . Candesartan Cilexetil , 263 . Alfacalcidol , 264 . Choline Salicylate , 265 . Ibandronic Acid , 266 . Bosentan , 267 . Bosentan Monohydrate , 268 . Tulobuterol HCL , 269 . Vortioxetine , 270 . Terbutaline , 271 . Brivaracetam , 272 . Bromhexine HCl , 273 . Bromocriptine , 274 . Benzoyl Peroxide , 275 . Ciclipirox Olamine , 276 . Bambuterol, Oral , 277 . Hyoscine Paracetamol , 278 . Buspirone , 279 . Bupropion , 280 . Nebivolol , 281 . Calamine , 282 . Irbesartan, Hydrochlorothiazide , 283 . Calcium Vitamin C Vitamin D3 Vitamin B6 , 284 . Calcium Supplement, Vitamin D, Vitamin K2 , 285 . Verapamil HCl , 286 . Ascorbic Acid (Vitamin C) 1000mg , 287 . Calcium + Vitamin C , 288 . Calcium Carbonate , 289 . Calcium Carbonate + Vitamin D3 , 290 . Calcium carbonate Vitamin D3 , 291 . Calcium Carbonate + Cholecalciferol , 292 . Calcium Supplement , 293 . Calcium Vitamin C , 294 . Clotrimazole 1% + Betamethasone , 295 . Clotrimazole 1% , 296 . Clotrimazole + Hydrocortisone , 297 . Captopril , 298 . Captopril, Hydrochlorothiazide , 299 . Metoprolol Succinate , 300 . Doxazosin , 301 . L-Carnitine , 302 . Vitamin C & E , 303 . Metoprolol , 304 . Glucosamine Chondroitin Sulphate , 305 . Bicalutamide , 306 . Cefaclor , 307 . Vitamin C , 308 . Ascorbic Acid (Vitamin C) , 309 . Cephalexin , 310 . Diltiazem HCl , 311 . Mycophenolate , 312 . Cranberry Extract , 313 . Co-dergocrine Mesylate , 314 .

Clomiphene , 315. Everolimus , 316. Calcium Vitamin D3 , 317. Chloroquine Phosphate , 318. Trypsin Chymotrypsin , 319. Neomycin sulphate Bacitracin zinc , 320. Cimetidine , 321. Cyclosporin , 322. Ciprofloxacin + Dexamethasone , 323. Citalopram , 324. Citicoline Sodium , 325. Citric Acid Sodium Tartrate Sodium Bicarbonate Tartaric Acid , 326. Lopinavir + Ritonavir , 327. Estradiol Valerate Cyproterone Acetate , 328. Clindamycin Phosphate 1% , 329. Clindamycin Topical , 330. 17 Beta estradiol , 331. Clomipramine , 332. Clomiphene Citrate , 333. Eszopiclone , 334. Clozapine , 335. Clindamycin Phosphate , 336. Olmesartan Medoxomil, Hydrochlorothiazide , 337. Dorzolamide + Timolol , 338. Telmisartan, Hydrochlorothiazide , 339. Trimethoprim, Sulfamethoxazole , 340. Ramipril, Hydrochlorothiazide , 341. Brinzolamide + Brimonidine , 342. Codeine, Paracetamol, Caffeine , 343. Ginko Biloba containing preps , 344. Colchicine , 345. Salbutamol + Ipratropium Bromide , 346. Dextromethorphan + Guafenesin + Ephedrine , 347. Cyclobenzaprine , 348. Doxycycline , 349. Allantoin Extractum cepae Heparin , 350. Ivabradine , 351. Amiodarone , 352. Carbocisteine , 353. Trimethoprim , 354. Perindopril , 355. Perindopril, Indapamide , 356. Coenzyme Q10 (Ubiquinone) , 357. Cranberry Extract + Vitamin D , 358. Levofloxacin , 359. Liquid Paraffin + Milk of Magnesia , 360. Clotrimazole + Miconazole , 361. Calamine + Zinc , 362. Cycloserine , 363. Flavoxate, Propyphenazone , 364. Oxybutynin , 365. Cholecalciferol (Vitamin D3) , 366. L-Aspartate + Vitamins , 367. Strontium Ranelate , 368. Chlorpropamide , 369. Diosmin , 370. Calcipotriol , 371. Serrapeptase , 372. Danazol , 373. Dapagliflozin , 374. Dapagliflozin + Metformin HCl , 375. Aspirin, Paracetamol , 376. Oxaprozin , 377. Menthol (Cooling Gel) , 378. Methyl salicylate Menthol , 379. Ibuprofen + Levomenthol , 380. Cefoperazone, Sulbactam , 381. Prednisolone , 382. Galantamine HBr , 383. Calcium + Vitamin D3 + Minerals , 384. Benzydamine Hydrochloride , 385. Eflornithine , 386. Trazodone , 387. Fluocinolone , 388. Codeine, Paracetamol , 389. Silver Sulphadiazine , 390. Gentamicin + Betamethasone , 391. Zinc Oxide + Lanolin , 392. Desamopressin Acetate , 393. Ethinylloestradiol, Desogestrel , 394. Tolterodine , 395. Dexamethasone, Moxifloxacin , 396. Duloxetine HCl , 397. Paracetamol Caffeine Thioridazine , 398. Acetazolamide, 399. Empagliflozin, Linagliptin , 400. Empagliflozin , 401. Amlodipine Besylate , 402. Cyproterone acetate Ethinylloestradiol, 403. Adapalene 0.1% , 404. Fluconazole , 405. Metoclopramide Resinate , 406. Phenytoin , 407. Carvedilol , 408. Hydroquinone + Tretinoin + Steroid , 409. Cefdinir , 410. Diphenoxylate, Atropine , 411. Betamethasone Dipropionate + Clotrimazole , 412. Dithranol , 413. Donepezil , 414. Lisuride , 415. Dorzolamide HCl , 416. Midazolam , 417. Cabergoline , 418. Diclofenac Diethylammonium, 419. Calcium Dobesilate , 420. N-Acetylcysteine, 421. Azithromycin Dihydrate , 422. Clindamycin , 423. Duloxetine , 424. Tamsulosin Dutasteride , 425. Dydrogesterone , 426. Furosemide, Amiloride , 427. Dimehydrinate , 428. Diphtheria toxoid, HBsAg protien, Hib, pertactin,

pertussis toxoid, Tetanus toxoid, FHA , 429. Ebastin , 430. Memantine , 431 .
 Linezolid , 432 . Escitalopram Oxalate , 433 . Probiotic (Multi-strain) , 434 .
 Salicylic Acid , 435 . Ephedrine, Inj/Oral , 436 . Cefoperazone , 437 . Polysaccharide
 Iron Complex , 438 . MK-7 , 439 . Empagliflozin + Linagliptin , 440 . Empagliflozin +
 Metformin HCl , 441 . Doxylamine , 442 . Vitamin B complex plain and with Vitamin C
 , 443 . Saccharomyces Boulardii , 444 . Betahistine Dihydrochloride , 445 .
 Enoxacin , 446 . Bacillus Clausii , 447 . Attapulgite , 448 . Lactobacillus reuteri
 , 449 . Doxylamine Pyridoxine , 450 . Benzydamine , 451 . Eplerenone , 452 .
 Aspirin + Atenolol + Ramipril , 453 . Erythromycin , 454 . Esomeperazole , 455 .
 Trifluoperazine , 456 . Somatropin , 457 . Vitamin E , 458 . Raloxifene , 459 .
 Cefixime , 460 . Rivastigmine , 461 . Calcium Vitamin D , 462 . Ofloxacin 0.3%
 , 463 . Sennosides A & B , 464 . Fluorometholone , 465 . Progesterone Gel
 , 466 . Alpha Arbutin & Natural Extracts , 467 . Sulfadoxine, Pyrimethamine , 468 .
 Levonorgestrel Ethinyloestradiol , 469 . Famiciclovir , 470 . Sulfadoxine , 471 .
 Paracetamol, Pamabrom , 472 . Ferrous fumarate Folic acid , 473 . Ferrous Sulphate Folic
 Acid Riboflavin Nicotinamide , 474 . Ferrous sulphate , 475 . Letrozole , 476 .
 Lactobacillus reuteri Lactobacillus rhamnosus , 477 . Doxylamine, Vitamin B6 , 478 .
 Estradiol valerate, Dydrogesterone , 479 . Estradiol valerate , 480 . Butoconazole , 481 .
 Chloramphenicol , 482 . Fenofibrate , 483 . Ferrous Fumarate + Folic Acid , 484 .
 Lactobacillus acidophilus (Vaginal Probiotic) , 485 . Iron Bis-Glycinate , 486 . Iron
 Polymaltose Complex Folic Acid Vitamins Zinc , 487 . Iron , 488 . Wheat Dextrin Fiber
 , 489 . Ispaghula Husk , 490 . Tadalafil , 491 . Glucosamine, Chondroitin , 492 .
 Montelukast Sodium , 493 . Neomycin Nystatin Bufexamac , 494 . Bufexamac , 495 .
 Probiotic + Prebiotics , 496 . Flucloxacillin , 497 . Fosfomycin Trometamol , 498 .
 Budesonide + Formoterol , 499 . Formoterol , 500 . Alendronate , 501 . Rifaximin
 , 502 . Clobazam , 503 . Fusidic Acid 2% , 504 . Nitrofurantoin , 505 .
 Furazolidone, Oral , 506 . Fusidic Acid , 507 . Fusidic Acid + Betamethasone , 508 .
 Fusidic Acid + Hydrocortisone , 509 . Cholecalciferol , 510 . Vildagliptin + Metformin HCl
 , 511 . Iopride , 512 . Sodium Alginate + Potassium Bicarbonate , 513 . Calcium +
 Magnesium + Zinc + Vitamin D3 , 514 . Glucosamine , 515 . Succinylated Gelatin 4%
 , 516 . Gemfibrozil , 517 . Artemether/Lumafantrine , 518 . Gentamicin Sulphate
 , 519 . Flavoxate HCl , 520 . Flavoxate , 521 . Zinc + Antibacterial , 522 .
 Buprenorphine , 523 . Ginkgo Biloba , 524 . Glibenzclamide , 525 . Ephedrine , 526 .
 Acarbose , 527 . Gliquidone , 528 . Alpha lipoic acid Reduced glutathione Sodium
 ascorbate , 529 . Glyceryl Trinitrate , 530 . Alogliptin + Metformin HCl , 531 .
 Tribulus Terrestris , 532 . Trandolapril , 533 . Diphenoxylate and Atropine , 534 .
 Febuxostat , 535 . Gemfloxacin , 536 . Dimenhydrinate , 537 . Griseofulvin , 538 .
 Bifidobacterium Probiotic , 539 . Probiotics (Multi-strain) , 540 . Methylloestradiol
 Methylloestrenolone , 541 . Isoconazole , 542 . Miconazole , 543 . Hepatitis A Vaccine
 , 544 . Ornithine , 545 . Diltiazem HCl , 546 . Tribhexyphenidyl , 547 .

Racecadotril , 548 . Hydroquinone , 549 . Mometasone Furoate, topical , 550 . Insulin Lispro , 551 . Hydroquinone 4% , 552 . Hydralazine , 553 . Hydrogen Peroxide 3% , 554 . Hydrogen Peroxide , 555 . Sodium Hyaluronate , 556 . Ketoconazole , 557 . Terazosin HCl , 558 . Sumatriptan Succinate , 559 . Nefopam , 560 . Cefixime Trihydrate , 561 . Floctafenine , 562 . Nicorandil , 563 . Nepafenac , 564 . Isosorbide Mononitrate , 565 . Imipramine , 566 . Loperamide , 567 . Loperamide HCl , 568 . Azathioprine , 569 . Zinc , 570 . Methylcobalamin , 571 . Propranolol HCL , 572 . Indomethacin , 573 . Folic Acid , 574 . Myo-inositol, Folic Acid, Melatonin , 575 . Myo-Inositol Folic Acid , 576 . Tacrolimus , 577 . Amorphous Hydrogel (Wound Dressing) , 578 . Piperazine citrate , 579 . Isosorbide Dinitrate , 580 . Itopride HCl , 581 . Ivermectin , 582 . Ruxolitinib , 583 . Glucosamine, Chondroitin, Rosehip, Vitamin C , 584 . Glucosamine sulphate , 585 . Lopinavir , 586 . Calcium + Vitamin D3 , 587 . Betamethasone + Neomycin + Clotrimazole , 588 . Diacerein , 589 . Ketoprofen , 590 . Procyclidine , 591 . Neomycin Gramicidin Nystatin Triamcinolone , 592 . Triamcinolone, Topical , 593 . L-Methylfolate , 594 . Ebastine , 595 . Keto Amino Acids , 596 . Ketoconazole 2% , 597 . Levamisole , 598 . Clarithromycin , 599 . Enema Liquid , 600 . Vitamin D3 , 601 . Labetalol HCl , 602 . Chlorobutanol , 603 . Hydrocortisone 1% , 604 . Lactic acid containing topicals , 605 . Lacosamide , 606 . Lamotrigine , 607 . Lamivudine , 608 . Furosemide , 609 . Furosemide Amiloride , 610 . Etoposide , 611 . Sodium Picosulphate , 612 . Leflunomide , 613 . Lercanidipine , 614 . Fluvastatin , 615 . Folic acid (Leucovorin Calcium) , 616 . Levofloxacin, Inf/Oral , 617 . Levosulpiride , 618 . Levocetirizine HCl , 619 . Chlordiazepoxide Clidinium , 620 . Lidocaine + Polymyxin B , 621 . Zolmitriptan , 622 . Lincomycin HCl , 623 . Omega-3 + Coenzyme Q10 , 624 . Simvastatin , 625 . L-Methylfolate Calcium Vitamin B6 Vitamin B12 , 626 . Fenticonazole , 627 . Calcium Acetate , 628 . Hydrochlorothiazide , 629 . Atorvastatin Calcium , 630 . Loxoprofen sodium , 631 . Methoxsalen , 632 . Lumasiran , 633 . Lurasidone , 634 . Moxifloxacin, Oral , 635 . Sodium Chloride (Saline) , 636 . Morphine Sulphate , 637 . Iron Polymaltose , 638 . Dexamethasone, Neomycin, Polymyxin B , 639 . Tibezoneium iodide , 640 . Mefenamic Acid , 641 . Gestodene, Ethinyloestradiol , 642 . Metoprolol tartrate , 643 . Olmesartan Medoxomil, Hydrochlorothiazide , 644 . Prednisolone, Sulphacetamide , 645 . Methylergometrine Maleate , 646 . L-Methylfolate Pyridoxal 5-Phosphate Methylcobalamin , 647 . Mecobalamin , 648 . Sitagliptin + Metformin HCl , 649 . Metoclopramide + Paracetamol , 650 . Salcatonin , 651 . Caffeine, Cyclizine, Ergotamine , 652 . Glipizide , 653 . Prazosin , 654 . Desmopressin , 655 . Minocycline , 656 . Minoxidil 5% , 657 . Mirabegron , 658 . Levonorgestrel , 659 . Mirtazapine , 660 . Pausinystalia yohimbe Tribulus terrestris , 661 . Amiloride, Hydrochlorothiazide , 662 . Nitrazepam , 663 . Folic Acid + Prenatal Vitamins , 664 . Fosfomycin , 665 . Pizotifen , 666 . Fluphenazine Nortriptyline , 667 . Tizanidine , 668 . Macrogol , 669 . Mucopolysaccharide Polysulphate + Salicylic Acid , 670 . Rebamipide , 671 . Mupirocin 2%

, 672. Thiocolchicoside , 673. Inositol + Vitamins , 674. Neomycin Polymyxin
 B Bacitracin Lignocaine , 675. Eperisone , 676. Isoniazid, Rifampicin, Ethambutol
 , 677. Ethambutol, INH, Rifampicin , 678. Rifampicin, Ethambutol, Pyrazinamide , 679.
 Tizanidine HCl , 680. Nitazoxanide , 681. Triamcinolone , 682. Indapamide , 683.
 Meclizine Vitamin B6 , 684. Nalidixic acid , 685. Potassium chloride , 686. Carbimazole
 , 687. Diflucortolone Valerate , 688. Diflucortolone , 689. Vitamin B1, B6, B12
 combinations , 690. Vitamin B1 Vitamin B6 Vitamin B12 , 691. B-Complex Vitamins (B1, B6,
 B12) , 692. Lithium Carbonate , 693. Esomeprazole Magnesium , 694. Ciprofloxacin
 , 695. Nebivolol HCl , 696. Nicronadil , 697. Nimodipine , 698. Nimesulide
 , 699. Drotaverine , 700. Lormetazepam , 701. Tamoxifen , 702. Paracetamol,
 Aspirin, Caffeine , 703. Levonorgestrel, Ethinylestradiol , 704. Doxycycline HCl
 , 705. Norethisterone , 706. Norfloxacin , 707. Salicylic Acid , 708. Iincomycin
 , 709. Repaglinide , 710. Sodium Chloride 0.9% , 711. sodium chloride, sodium
 citrate, potassium chlorid , 712. Moxifloxacin + Dexamethasone , 713. Paraffin Liquid
 Light , 714. Flurbiprofen , 715. Olopatadine , 716. Lynestrol , 717. Strontium
 , 718. Propylphenazone , 719. Olopatadine HCl , 720. Isotretinoin , 721.
 Isotretinoin, Erythromycin , 722. Zinc Sulphate Monohydrate , 723. Orlistat , 724. Ossein
 Mineral Complex , 725. Alfacalcidol, Calcium carbonate , 726. Oral Rehydration Salts
 , 727. Ossein Mineral Complex Vitamin D , 728. Calcium Vitamin D Magnesium Zinc
 , 729. Urea + Zinc , 730. Neomycin + Polymyxin B + Hydrocortisone , 731. Omega-
 3 Fatty Acids (Fish Oil) , 732. Omega-3-acid Ethyl Ester , 733. Ofloxacin +
 Dexamethasone , 734. Ofloxacin 0.5% , 735. Acetylcysteine , 736.
 Tetrachlorodecaoxide , 737. Hydroxychloroquine Sulphate , 738. Sodium Cromoglycate, Nasal
 , 739. Amantadine , 740. Pyrazinamide , 741. ORS , 742. Paracetamol
 Phenylephrine , 743. Paracetamol Caffeine , 744. Paracetamol + Aspirin + Caffeine , 745.
 Paracetamol, Caffeine , 746. Hyoscine, Paracetamol , 747. Paracetamol , 748. Glucosamine,
 Chondroitin sulphate , 749. Glucosamine sulphate, Chondroitin sulphate , 750. Ampicillin
 Trihydrate , 751. Mesalazine , 752. Flupenthixol , 753. Flupenthixol Melitracen
 , 754. Promethazine HCl , 755. Phenobarbitone , 756. Trypsin + Bromelain +
 Rutoside , 757. Aminophylline , 758. Physiological Lipid Replenishing Cream , 759.
 Zinc + Biotin + Vitamins , 760. Zinc + Biotin , 761. Favipiravir , 762. Pifrenidone
 , 763. Chlorphenamine Maleate + Gualifenesin , 764. Pitavastatin , 765.
 Acitretin, Calcium Supplement , 766. Metoclopramide + Digestive Enzymes , 767.
 Felodipine , 768. Cilostazole , 769. Vitamin B Complex Vitamin E Vitamin C Folic Acid
 , 770. Polymyxin Bacitracin Lignocaine , 771. Polymyxin B Sulphate Bacitracin
 Zinc , 772. Neomycin , 773. Iron (III) Hydroxide Polymaltose Folic Acid , 774. Oleyl
 Alcohol , 775. Citalopram HBr , 776. Paracetamol, Caffeine, Thioridazine , 777.
 Cefpodoxime , 778. Probiotics (Lactobacillus GG) , 779. Probiotics + Zinc , 780.
 Tinidazole , 781. Micronized Progesterone , 782. Clopidogrel + Aspirin , 783.
 Estradiol valerate Norgestrel , 784. Finasteride , 785. Misoprostol , 786. Dinoprostone

, 787 . Dosulepin (Dothiepin) HCl , 788 . Dothiepin , 789 . Mesterolone , 790 .
 L-Carnitine, Coenzyme Q10, Folic Acid, Zinc, Selenium , 791 . Povidone Iodine 7.5% , 792 .
 Povidone Iodine 0.5% , 793 . Povidone-Iodine , 794 . Coenzyme Q10 , 795 . Quatrefolic
 , 796 . Silver Sulfadiazine , 797 . Flunarizine , 798 . Ciprofloxacin HCl , 799 .
 Diphtheria toxoid , 800 . Rifampicin and INH , 801 . Rabeprazole , 802 . Rabeprazole
 Sodium , 803 . Ranolazine , 804 . Paroxetine HCl , 805 . Vitamin C Zinc , 806 . Vitamin
 C + Zinc + Vitamin D , 807 . Vitamins , 808 . Lutein, Zeaxanthin and Mesozeaxanthin
 , 809 . Lutein/Zeaxanthin , 810 . Tramadol HCl , 811 . Sevelamer , 812 .
 Ropinirole , 813 . Resmetirom , 814 . Hydroquinone, Tretinoin, and Fluocinolone
 Acetonid , 815 . Divalproex Sodium , 816 . Calcium + Vitamin D , 817 . Methyl
 Salicylate + Menthol , 818 . Ribavirin , 819 . Rifampicin , 820 . Isoniazid , 821 .
 Myo-Inositol D-Chiro-Inositol L-methylfolate , 822 . Mometasone , 823 .
 Methylphenidate , 824 . Clonazepam , 825 . Isotretinoin Topical , 826 . Ezetimibe
 , 827 . Ropinirole HCl , 828 . Folic acid/ Iron salt , 829 . Roxithromycin , 830 .
 Sitagliptin Phosphate , 831 . Cinitapride , 832 . Otilonium Bromide , 833 . Sulfasalazine
 , 834 . Salmeterol Xinafoate , 835 . Iron B-Complex , 836 . Hydrochlorothiazide .
 , 837 . Permethrin 5% , 838 . Crothamiton , 839 . Crothamiton Sulphur , 840 .
 Secnidazole , 841 . Carbamazepine , 842 . Nortriptyline , 843 . Co-Trimoxazole , 844 .
 Betahistine , 845 . Salmeterol + Fluticasone Propionate , 846 . Sertraline HCl , 847 .
 Ondansetron HCl , 848 . Serratiopeptidase , 849 . Cod liver oil , 850 . Doxazosin
 Mesylate , 851 . Silymarin , 852 . Silodosin , 853 . Ezetimibe, Simvastatin
 , 854 . Co-careldopa , 855 . Carbidopa, Levodopa , 856 . Azelaic Acid , 857 .
 Dioctahedral Smectite , 858 . Sodium Bicarbonate , 859 . Hypromellose , 860 . Solifenacin
 Succinate , 861 . Dequalinium Chloride (Mint Flavour) , 862 . Cefuroxime Axetil , 863 .
 Lignocaine , 864 . Pentazocine , 865 . Phloroglucinol Trimethylphloroglucinol , 866 .
 Hexahydroadiphenine , 867 . Selenium Sulphide , 868 . Itraconazole , 869 .
 Prochlorperazine Maleate , 870 . Prochlorperazine , 871 . Plant Sterols + Vitamin D
 , 872 . Ciclopirox Olamine and salicylic acid, Topical , 873 . Etifoxine HCl , 874 .
 Cinnarizine , 875 . Pseudoephedrine HCl , 876 . Sulphanilamide , 877 . Sunscreen
 (SPF 30+) , 878 . Fluocinolone Acetonide + Neomycin , 879 . Tacrolimus topical , 880 .
 Tamsulosin HCl , 881 . Dutasteride, Tamsulosin HCl , 882 . Tamsulosin HCl, Solifenacin
 Succinate , 883 . Clemastine , 884 . Tapentadol HCl , 885 . Flunisolide , 886 .
 Ofloxacin , 887 . Nilotinib , 888 . Telmisartan , 889 . Tenofovir Disoproxil , 890 .
 Lorazepam , 891 . Terbinafine HCl , 892 . Terbutaline Inj/Oral , 893 . Thalidomide
 , 894 . Iron with Multiple Vitamins , 895 . Tibolone , 896 . Imipemide , 897 .
 Tenoxicam , 898 . Timolol , 899 . Benzoin Compound Tincture , 900 . Tiotropium Bromide
 , 901 . Tiotropium , 902 . Tiotropium + Formoterol , 903 . Tiotropium,
 Formoterol , 904 . Tobramycin + Dexamethasone , 905 . Dexamethasone, Tobramycin , 906 .
 Tobramycin 0.3% , 907 . Tofacitinib , 908 . Topiramate , 909 . Tretinoin , 910 .

Trandolapril, Verapamil HCl , 911. Diflucortolone Isoconazole , 912. Candesartan Cilexetil, Hydrochlorothiazide , 913. Cyproheptadine Orotate Carnitine Hydrochloride Vitamin B1 , 914. Pioglitazone , 915. Ferrous Fumarate Vitamin C Folic Acid , 916. Hydroquinone Tretinoin Fluocinolone Acetonide , 917. Oxcarbazepine , 918. Aluminum Hydroxide, Magnesium Trisilicate , 919. Ramipril , 920. Pramoxine , 921. Dorzolamide , 922. Lactobacillus (Vaginal Probiotic) , 923. Ethambutol, Isoniazid , 924. Urea + Hydrocortisone , 925. Lactobacillus (Probiotic) , 926. Dextropropoxyphene, Paracetamol , 927. Methotrexate , 928. Sacubitril , 929. Potassium Citrate , 930. Hexamine , 931. Phenazopyridine , 932. Ursodeoxycholic Acid , 933. Fluvoxamine maleate , 934. Progesterone Vaginal Cream , 935. Valganciclovir , 936. Valacyclovir , 937. Trimetazidine dihydrochloride, 938. Venlafaxine , 939. Amoxicillin Trihydrate , 940. Venlafaxine HCl , 941. Domperidone Maleate , 942. Mebendazole , 943. Zinc Vitamin E Vitamin C Folic Acid B-Complex , 944. Moxifloxacin HCl , 945. Methyl testosterone , 946. Fluticasone Furoate + Vilanterol , 947. Fluticasone + Umeclidinium + Vilanterol , 948. Polyacrylic Acid , 949. Pyridoxine , 950. Linagliptin , 951. Para amino benzoic acid Lecithin Citrus bioflavonoids , 952. Olmesartan Medoxomil , 953. Methyl salicylate , 954. Moxifloxacin, Eye , 955. Fexofenadine HCl , 956. Latanoprost + Timolol Maleate , 957. Latanoprost 0.005% , 958. Rivaroxaban , 959. Alfuzosin Hydrochloride , 960. Olopatadine HCl 0.2%, 961. Potassium chloride, Bumetanide , 962. Lignocaine (Lidocaine) 5% , 963. Xylometazoline HCl (Child) , 964. Xylometazoline HCl , 965. Sodium Chloride 0.65% (Saline) , 966. Doxylamine Vitamin B6 , 967. Horny Goat Weed Extract Shilajit Ashwagandha Root Extract , 968. Horny Goat Weed Extract L. Arginine Yohimbe , 969. Ethinylestradiol Drospirenone , 970. Ketotifen , 971. Apixaban , 972. Cefuroxime , 973. Zinc Oxide , 974. Ondansetron , 975. Zolpidem , 976. Acyclovir , 977. Zinc Pyrithione, 978. Bupropion HCl, 979. Allopurinol , 980. Pindolol, Clopamide , 981. Ethinylestradiol Norethisterone , 982. Tranexamic Acid , 983. Progesterone , 984. Piroxicam , 985. Diclofenac Sodium, Misoprostol , 986. Piroxicam-beta-cyclodextrin , 987. Ibuprofen, topical , 988. Tramadol , 989. Celecoxib , 990. Diclofenac Sodium Misoprostol , 991. Tramadol and Paracetamol , 992. Diclofenac Sodium and Misoprostol , 993. Naproxen, oral , 994. Orphenadrine, Paracetamol , 995. Diclofenac Sodium, oral , 996. Naproxen , 997. Ibuprofen , 998. Lornoxicam , 999. Meloxicam , 1000. Diclofenac potassium, 1001. Orphenadrine , 1002. Orphenadrine Paracetamol , 1003. Tramadol Paracetamol , 1004. Paracetamol Ibuprofen , 1005. Orphenadrine Citrate Paracetamol , 1006. Paracetamol Orphenadrine Citrate , 1007. Diclofenac , 1008. Diclofenac, Misoprostol , 1009. Orphenadrine and Paracetamol , 1010. Naproxen, Sumatriptan , 1011. Naproxen Sodium , 1012. Dexibuprofen, 1013. [Paracetamol](https://oladoc.com/health-zone/paracetamol/) [Tramadol](https://oladoc.com/health-zone/paracetamol/) , 1014. Tramadol, Paracetamol , 1015. Diclofenac Sodium, topical , 1016. Diclofenac Sodium , 1017. Tramadol, Acetaminophen

, 1018 . Polyethylene Glycol, Polyethylene , 1019 . Acefylline , 1020 . Acefylline,
 diphenhydramine , 1021 . Acefylline Diphenhydramine, 1022 . Triprolidine , 1023 .
 Proparacaine , 1024 . Vitamin A , 1025 . Cyproheptadine HCl, 1026 . Amoxicillin,
 Clavulanic Acid , 1027 . Brinzolamide , 1028 . Nepafenac 0.1% , 1029 . Iron + B-
 Complex + Vitamins , 1030 . Prednisolone, Neomycin, Polymyxin B , 1031 . Polyvinyl
 Alcohol , 1032 . Sodium Hyaluronate (Eye Lubricant) , 1033 . Timolol Maleate
 0.5% , 1034 . Brimonidine Tartrate 0.2% , 1035 . Sulbutamol , 1036 . Ammonium Chloride
 Guaifenesin , 1037 . Bromhexine HCl + Guaifenesin , 1038 . Calcium + Phosphorus
 Suspension , 1039 . Papan + Digestive Enzymes, 1040 . Cephradine , 1041 . Choline +
 Inositol + B-Vitamins , 1042 . Ciprofloxacin Lignocaine , 1043 . Dexamethasone,
 Ciprofloxacin , 1044 . Disodium Hydrogen Citrate , 1045 . Ivy leaf extract Thyme Licorice
 , 1046 . Ivy leaf extract , 1047 . Codeine Phosphate + Guaifenesin , 1048 .
 Codeine + Guaifenesin + Chlorphenamine , 1049 . Aluminium Hydroxide , 1050 .
 Brimonidine Tartrate, Timolol , 1051 . Dextromethorphan + Guaifenesin +
 Chlorphenamine , 1052 . Dextromethorphan + Guaifenesin , 1053 . Dextromethorphan +
 Guaifenesin + Diphenhydramine , 1054 . Dexamethasone , 1055 . Dextromethorphan
 hydrobromide , 1056 . Codeine + Guaifenesin , 1057 . Dorzolamide, Timolol , 1058 .
 Cranberry Extract + Ginger , 1059 . Naphazoline , 1060 . Cyclopentolate , 1061 .
 Dexamethasone, Ofloxacin , 1062 . Alumina Magnesia , 1063 . Lignocaine with Benzyl
 Alcohol , 1064 . Fluocinolone, Neomycin , 1065 . Cefadroxil , 1066 . Furazolidone
 , 1067 . cinnarizine, Gentamicin , 1068 . Emedastine , 1069 . Pyritinol HCl, 1070 .
 Saccharomyces Boulardii + Electrolytes , 1071 . Cyproheptadine + Vitamins , 1072 .
 Digestive Enzyme , 1073 . Erythromycin Ethylsuccinate, 1074 . Dexamethasone,
 Chloramphenicol, Tetrahydrozoline , 1075 . Lactulose , 1076 . Folic Acid +
 Cyanocobalamin , 1077 . Ferrous Sulphate + Folic Acid + Vitamins , 1078 . cinnarizine,
 Sodium Cromoglycate , 1079 . Fluorometholone 0.25% , 1080 . Folic Acid + Vitamin
 B12 , 1081 . Metoclopramide HCl, 1082 . Alginate Compound , 1083 . Gentamicin , 1084 .
 Brimonidine Tartrate , 1085 . Iron Protein Succinylate , 1086 . L-Ornithine L-Aspartate
 , 1087 . Hepatic Support (Silymarin + Vitamins) , 1088 . Simethicone , 1089 .
 Sodium Cromoglycate, Eye , 1090 . Sodium Cromoglycate, Tetrahydrozoline , 1091 .
 Diphenhydramine HCl Dextromethorphan Hydrobromide , 1092 . Iron + Thiamine + Lysine
 , 1093 . Dicyclomine , 1094 . Dimemorfan phosphate , 1095 . Ferrous Gluconate +
 Folic Acid , 1096 . Iron Polysaccharide Complex , 1097 . Kaolin, 1098 . Lactulose
 (Sugar Free) , 1099 . Ketotifen, Oral , 1100 . Ketorolac , 1101 . Codeine +
 Chlorphenamine , 1102 . Lactitol , 1103 . Sodium Alginate Potassium Carbonate
 , 1104 . cinnarizine, Tetrahydrozoline, 1105 . Loteprednol Etabonate , 1106 .
 Loteprednol , 1107 . Loteprednol Etabonate, Tobramycin , 1108 . Bimatoprost , 1109 .
 Vitamin B Complex Vitamin C Plus Lysine , 1110 . Cyclizine , 1111 . Mephyrolin , 1112 .
 Dexamethasone, Neomycin , 1113 . Dexamethasone, Sulphacetamide , 1114 .
 Dexamethasone, Chloramphenicol , 1115 . Aluminium Hydroxide Magnesium Hydroxide

Oxetazaine , 1116 . Guaifenesin, Terbutaline , 1117 . Tropicamide , 1118 . Zinc +
 Probiotics + Vitamins , 1119 . Nystatin , 1120 . Chloroquine , 1121 . Ambroxol HCl
 , 1122 . Dexamethasone, Moxifloxacin, Eye , 1123 . Ambroxol + Guaifenesin , 1124 .
 Ambroxol + Guaifenesin + Terbutaline , 1125 . Sodium Chloride , 1126 . Atropine
 Sulphate 1% , 1127 . Carboxymethylcellulose + Hydroxypropyl Methylcellulose , 1128 .
 Melatonin , 1129 . Calcium supplement products , 1130 . Benzocaine + Antipyrine
 , 1131 . Polymyxin B , 1132 . Ambroxol + Bromhexine , 1133 . Ranitidine , 1134 .
 Herbal (Ivy Leaf + Thyme) , 1135 . Prednisolone, Chloramphenicol , 1136 . Procaterol
 , 1137 . Ivy leaves dry extract , 1138 . Prune Juice Concentrate , 1139 . Paracetamol
 Suspension , 1140 . Sodium Carboxymethylcellulose , 1141 . Carbocisteine + Guaifenesin
 , 1142 . Cough Sedative , 1143 . Rotavirus Vaccine , 1144 . Ferrous Gluconate +
 Vitamins , 1145 . Brinzolamide + Brimonidine Tartrate , 1146 . Hyoscine , 1147 .
 Vitamin B-Complex + Vitamin C , 1148 . Polyethylene Glycol and Propylene Glycol , 1149 .
 Dextran , 1150 . Dexamethasone Tobramycin , 1151 . Tobramycin , 1152 . Supplements
 , 1153 . Travoprost , 1154 . Metopine L-Lysine Di-Carnitine Vitamin B1 Vitamin B
 , 1155 . Trimethoprim + Sulfamethoxazole , 1156 . Latanoprost , 1157 . Zinc Sulphate
 , 1158 . Amitriptyline Hydrochloride , 1159 . Diazepam , 1160 . Escitalopram , 1161 .
 Olanzapine + Fluoxetine , 1162 . Fluoxetine Olanzapine , 1163 . Bromazepam , 1164 .
 Levetiracetam , 1165 . Pregabalin , 1166 . Pregabalin , 1167 . Gabapentin , 1168 .
 Alprazolam , 1169 . Fluoxetine , 1170 . Quetiapine Fumarate , 1171 . Risperidone , 1172 .
 Haloperidol , 1173 . Quetiapine , 1174 . Paroxetine , 1175 . Amitriptyline , 1176 .
 Sertraline , 1177 . Olanzapine , 1178 . Salbutamol , 1179 . Theophylline Oral , 1180 .
 Budesonide Formoterol , 1181 . Ammonium Hydrochloride Diphenhydramine HCl
 Aminophylline , 1182 . Budesonide , 1183 . Beclomethasone, Formoterol , 1184 .
 Aminophylline Diphenhydramine Hcl Ammonium Chloride , 1185 . Aminophylline Hydrate
 , 1186 . Theophylline , 1187 . Theophylline Diphenhydramine Ammonium chloride
 Menthol , 1188 . Salbutamol and Guaifenesin , 1189 . Guaifenesin , 1190 . Salbutamol +
 Guaifenesin , 1191 . Salbutamol Sulphate , 1192 . Salbutamol, Beclomethasone

COMPONENT 2: ADVERTISING, MARKETING & COMMUNICATIONS

Scope & Definition

The Service Provider shall plan, execute, and manage a comprehensive, multi-phase advertising, marketing, and communications campaign to build nationwide awareness, drive patient acquisition, and establish public trust in the Teleconsultation & Digital Health Platform under the National Telemedicine Programme.

Campaign Phases

- Phase 1 — Pre-Hype: 30 days
- Phase 2 — Reveal & Launch: 60 days
- Phase 3 — Post-Launch Sustain: Ongoing till project completion

Campaign scope covers:

- Digital marketing and social media management
- Television advertising
- Outdoor advertising
- Influencer engagement
- Podcast and morning show integrations
- Awareness camps and launch events
- Print media
- Content creation across all major platforms

Key Conditions

- The Service Provider shall establish and manage all official digital channels: Telemedicine Pakistan website, YouTube, Facebook, Instagram, TikTok, LinkedIn, and WhatsApp Channel.
- The Service Provider shall bear full and unconditional ownership of all marketing costs including creative production, media buying, event management, influencer fees, and campaign operations. The Procuring Entity shall not fund or subsidize any marketing activity.
- All creative assets, content, and campaign materials shall be subject to MoNHSR&C approval before publication.
- Non-compliance with any mandatory requirement shall result in immediate disqualification.

Requirements

Digital Presence & Website

- **Official website launch:** Must be operational within the first 30 days of contract commencement
- **Website requirements:**
 - Provide programme information: service overview, kiosk locations, pharmacy pickup point locations, helpline number, FAQs, app download links
 - Mobile-responsive
 - Bilingual: English and Urdu with full RTL support
 - SSL-secured
 - Search engine optimized

- **Social media accounts:** Verified business accounts to be established simultaneously on YouTube, Facebook, Instagram, TikTok, LinkedIn, and WhatsApp Channel under the Telemedicine Pakistan identity. Service Provider may take 3–6 months for verification process; account setup and content operations shall commence immediately upon contract award, with verification pursued in parallel.
- **Ongoing channel management throughout contract period:**
 - Content publishing
 - Community management
 - Comment moderation
 - Analytics reporting

Phase 1 — Pre-Hype (Days 1–30)

Objective: Build initial awareness and digital following before the programme's public reveal.

1.1 Creative Deliverables

- 30 creative static posters
- 2 creative animated DVCs
- 15 hype-creating videos through content creators
- Timelapse videos of kiosk construction and platform development
- 2 half-page newspaper advertisements in national English and Urdu dailies
- Minimum 60 minutes total TV airtime on mainstream national channels

1.2 Podcast & Morning Show Integration

- Minimum 10 podcast interviews featuring programme leadership, doctors, health experts, and patient advocates
- Minimum 2 morning show integrations on mainstream national television channels
- All podcast and morning show content to be repurposed for digital channel distribution

1.3 Television Advertising

- Minimum 60 minutes total airtime on mainstream national television channels
- Broadcast-quality TVCs to be produced
- All TVCs subject to MoNHSR&C approval before broadcast
- Technical Proposal to include: media buying plans, channel selection, time slot allocation, and estimated viewership reach

1.4 Phase 1 KPI Targets

KPI	Target
Cumulative digital views	5,000,000+
Creative static posters	30
Hype videos via content creators	15
TV airtime	60 mins minimum
Newspaper advertisements	2 half-page ads
Podcast interviews	10
Morning show integrations	2

Phase 2 — Reveal & Launch (Days 31–90)

Objective: Reveal and execute the official public launch of the National Telemedicine Programme.

2.1 Launch Events

- Two separate events: Islamabad Health Innovation & Technology Centre (IHITC) and National Research Institute for Fertility Care (NRIFC)
- Full event production: stage design, branding, AV setup, guest management, VIP coordination, media facilitation
- Minimum 30 news placements secured across print, broadcast, and digital media

2.2 Influencer Engagement

- Minimum 15 different social media influencers with a combined estimated reach of 50M+
- Minimum 500K followers per influencer
- 60 UGC videos by content creators/influencers on official Telemedicine Pakistan social media channels

2.3 Outdoor Advertising

- Minimum 2 billboard sites in Karachi and 2 in Islamabad
- Minimum duration: 2 months

- Minimum billboard size: 30 feet x 50 feet per site
- Minimum 3 different creative designs to be rotated across sites
- Technical Proposal to include: specific billboard locations and site photographs with dimensions
- All outdoor creative designs subject to MoNHSR&C approval

2.4 Telemedicine Awareness Camps

30 days across multiple venue types in Islamabad and Karachi.

- **Venue types:** Government tertiary care hospitals, public and private schools, colleges and universities, public spaces (parks, community centres, transport hubs), and other high-footfall locations as agreed with MoNHSR&C
- **Each camp to include:** Patient/public engagement, informational sessions tailored to the venue audience, live platform demonstrations, and branded collateral distribution
- Professional video recording and photography of all camps required
- Edited highlight reels to be produced per venue type for digital and broadcast use

2.5 Social Media Content Production

- Minimum 45 telemedicine awareness videos by doctors on official Telemedicine Pakistan social media channels
- Minimum 60 UGC videos by content creators/influencers
- Minimum 20 AI-generated general wellness and health awareness videos
- All videos to be in Urdu with English subtitles, branded with National Telemedicine Programme identity
- Optimized for platform-specific distribution: YouTube, Facebook, Instagram Reels, TikTok

2.6 Creative Deliverables

- 60 creative static posters
- 10 creative animated DVCs
- 10 shoot-based DVCs (cinema-grade equipment, full production team)
- 60 road survey videos
- 15 patient success/testimonial story videos
- 5 BTS videos of backend operations — how things work
- 2 half-page newspaper advertisements in national dailies

- Minimum 120 minutes total TV airtime on mainstream national channels

2.7 Television Advertising

- Minimum 120 minutes total airtime on mainstream national television channels
- Broadcast-quality TVCs to be produced
- All TVCs subject to MoNHSR&C approval before broadcast
- Technical Proposal to include: media buying plans, channel selection, time slot allocation, and estimated viewership reach

2.8 Phase 2 KPI Targets

KPI	Target
Cumulative digital views across all platforms	10,000,000+
App installs	250,000+
News media placements	30 minimum
Influencer cumulative reach (15 Influencers)	50,000,000+
Doctor awareness videos	45
UGC videos by content creators	60
AI-generated wellness videos	20
Creative static posters	60
Road survey videos	60
Patient testimonial videos	15
TV airtime	120 mins minimum
Newspaper advertisements	2 half-page ads

Phase 3 — Post-Launch Sustain (Ongoing till Project Completion)

Objective: Maintain public awareness, drive continued patient acquisition and app downloads, and reinforce platform trust.

3.1 Influencer Engagement

- Minimum 2 different social media influencers engaged every month
- Continued UGC content pipeline through influencer partnerships

3.2 Social Media Content Production (Per Month)

- Minimum 20 telemedicine awareness videos by doctors on official Telemedicine Pakistan social media channels
- Minimum 8 UGC videos by content creators/influencers
- All videos to be in Urdu with English subtitles, branded with National Telemedicine Programme identity
- Optimized for platform-specific distribution: YouTube, Facebook, Instagram Reels, TikTok

3.3 Monthly Deliverables

- 30 creative static posters
- 8 UGC videos by content creators/influencers
- 20 telemedicine awareness videos by doctors
- 15 road survey videos
- 4 patient success/testimonial story videos
- 250,000+ app installs (cumulative monthly target)

3.4 Phase 3 KPI Targets (Per Month)

Cumulative digital views (monthly)	5,000,000+
Doctor awareness videos	20
UGC videos by content creators	8
Creative static posters	30

KPI	Target
Road survey videos	15
Patient testimonial videos	4
Influencers engaged	2 minimum

General Requirements

Media Production Team

A dedicated media production team shall be deployed for the duration of the campaign. Minimum required positions.

- Creative Director
- Video Director
- Art Director
- Visualizer
- Senior Visualizer
- Director of Photography (DOP)
- Script Writer

Please refer to TOR section for role specific details.

Production Standards:

- All shoot-based content must use professional cinema-grade camera equipment
- All original music and audio must be newly composed with full rights assigned to the programme, or legally licensed with documented rights clearance
- No unlicensed, pirated, or rights-infringing audio or visual content permitted

Creative Approval Process

All creative materials require MoNHSR&C review and written approval before publication, broadcast, or deployment. This includes:

- Static posters
- DVCs and television commercials
- Outdoor designs
- Documentary edits

- Website content
- Social media posts
- Event collateral

The Service Provider shall incorporate any modifications required by MoNHSR&C without objection or additional cost. No material shall be published or broadcast without prior written approval.

Cumulative Key Performance Indicators (KPIs)

The following cumulative KPIs apply across all phases of the campaign. The Service Provider shall be measured and penalised against these targets as defined in the contract.

Audience & Reach

	Target
Cumulative digital views across all platforms (total)	20,000,000+
Digital views — Phase 1	5,000,000+
Digital views — Phase 2	10,000,000+
Digital views — Phase 3	5,000,000+
Cumulative organic digital reach	1,000,000+ accounts reached
Influencer campaign cumulative reach	50,000,000+
Social media follower & subscriber growth	500,000+

App & Platform Performance

	Target
Total app installs (Phases 2 + 3 combined)	500,000+

Reporting

Bi-weekly campaign performance reports to be submitted to MoNHSR&C during all active phases, covering:

- Creative output tracker
- Media buying reports with reach and frequency data
- Social media analytics: follower growth, engagement rates, content performance
- App download tracking
- Influencer campaign performance
- Outdoor advertising site verification with photographs
- Event documentation

A comprehensive campaign wrap report shall be submitted within 30 days of the conclusion of Phase 3.

Branding Compliance

- All materials shall strictly adhere to the National Telemedicine Programme brand guidelines as approved by MoNHSR&C
- A Brand Guidelines Document shall be submitted with the Technical Proposal for MoNHSR&C review and approval
- No third-party branding, co-branding, or sponsorship placements without prior written approval from MoNHSR&C

Asset Handover

Upon contract conclusion or termination, all of the following shall be handed over to the Government of Pakistan:

- Creative files and raw footage
- Edited content and music rights documentation
- Website source code and hosting credentials
- Social media account credentials and ownership
- Analytics data
- Media buying documentation
- Campaign archives

All social media accounts and digital channels shall be transferred to MoNHSR&C ownership.

CLINICAL PROCESS

SECTION A: CLINICAL DECISION SUPPORT & SCOPE OF CLINICAL SERVICES

A.1 Clinical Decision Support Framework

The telemedicine platform shall incorporate a Clinical Decision Support (CDS) framework operating across two layers:

Technology Layer: The platform shall include symptom-based triage support to assist GPs in assessing presenting complaints and determining appropriate next steps. An AI-assisted triage module shall be available via WhatsApp and voice channels in Urdu and English, providing patients with general health guidance, lifestyle and nutrition advice, and recommendations to seek medical care where appropriate. The AI module shall not prescribe or recommend specific medications; its function is limited to general health guidance and care navigation.

Governance Layer: The Service Provider shall establish and maintain clinical protocols, triage guidelines, and care pathways, approved by the Chief Medical Officer (CMO) prior to implementation. A defined escalation pathway shall link frontline GPs to the Specialist Panel for complex or high-risk cases. All clinical decisions and escalations shall be documented in the EMR.

A.2 Primary Disease Scope

The programme shall be designed to manage consultations across the following primary disease categories. This list is indicative and not exhaustive; the programme shall not be limited to the conditions listed below:

- **Communicable & Infectious Diseases:** Acute Respiratory Infections, Tuberculosis, Dengue, Typhoid, Hepatitis B & C, and other common infectious conditions prevalent in Pakistan
- **Non-Communicable Diseases (NCDs):** Hypertension, Diabetes, Cardiac conditions, Asthma/COPD, and related chronic disease management

- Mental Health: Depression, Anxiety, Stress-related conditions, and initial assessment for other mental health presentations
- Maternal & Child Health: Antenatal and postnatal guidance, family planning, and paediatric primary care
- Gastrointestinal & Nutritional Conditions: Diarrhoeal diseases, malnutrition, common GI complaints
- General Primary Care: Skin conditions, musculoskeletal complaints, UTIs, ENT, and common OPD presentations

SECTION B: SPECIALIST PANEL — ESTABLISHMENT & GOVERNANCE

B.1 Establishment & Vendor Obligation

The Service Provider shall establish and maintain a multi-disciplinary Specialist Panel for the duration of the contract. The panel shall serve two functions: providing clinical input on complex cases escalated by GPs, and contributing to clinical protocol review and programme governance. All costs related to the Specialist Panel shall be borne by the Service Provider.

B.2 Composition

The Service Provider shall onboard specialists from the following domains. The composition is indicative; the Service Provider shall ensure adequate coverage across clinical and public health disciplines relevant to the programme's disease scope:

- Clinical Specialties: including but not limited to Internal Medicine, Cardiology, Endocrinology, Paediatrics, Obstetrics & Gynaecology, Psychiatry, and Infectious Diseases
- Public Health Specialties: including Epidemiology, Community Medicine, and Maternal & Child Health

B.3 Functions & Requirements

The Specialist Panel shall:

- Review complex or high-risk cases escalated by GPs within a reasonable timeframe, with priority given to urgent cases

- Convene periodically to review and update clinical protocols and care pathways in use across the programme
- Provide advisory input on disease surveillance findings and public health alerts generated by the programme

Specialist Panel members shall hold valid PMC/PMDC registration in their respective specialty and have relevant post-qualification clinical experience. The Service Provider shall submit an indicative list of panel members with their qualifications as part of the Technical Proposal.

The Specialist Panel shall report functionally to the Chief Medical Officer (CMO) of the programme.

SECTION C: PUBLIC HEALTH SURVEILLANCE, DISEASE REPORTING & ALERT SYSTEM

C.1 Scope & Purpose

The Service Provider shall implement a basic Public Health Surveillance and Disease Reporting mechanism as part of the telemedicine platform. The scope of the Service Provider's obligation under this section is limited to data reporting and alert generation only. Public health response, outbreak investigation, and any related campaigns or interventions shall remain the exclusive responsibility of MoNHSR&C and relevant government authorities.

C.2 Disease Reporting

The Service Provider shall submit periodic disease incidence reports to MoNHSR&C covering consultation trends by condition category, geography, and patient demographics. Reporting frequency and format shall be agreed with MoNHSR&C at programme inception. The Service Provider shall ensure that cases of notifiable diseases encountered through the platform are flagged and reported to relevant authorities in accordance with applicable government requirements.

C.3 Disease Alert System

The Service Provider shall implement a basic Disease Alert System that monitors consultation data and generates alerts to MoNHSR&C when unusual trends or spikes in disease presentations

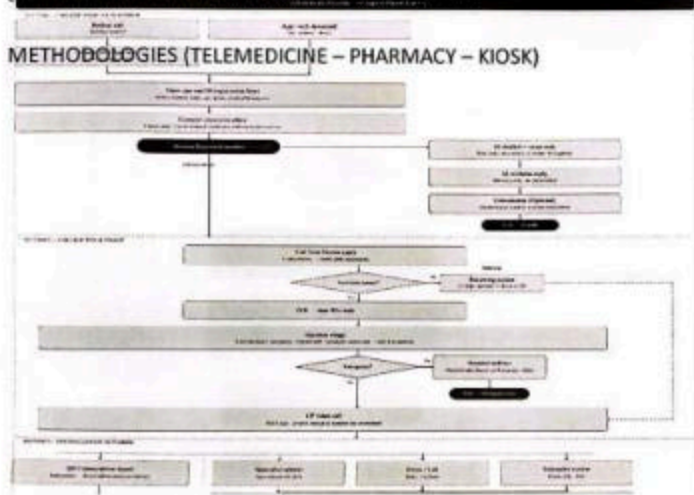
are detected — for example, a notable increase in dengue-compatible cases within a specific area over a defined period. Alerts shall be communicated to MoNHSR&C through an agreed channel. The Service Provider shall maintain a Disease Surveillance Dashboard accessible to authorised MoNHSR&C personnel, displaying consultation trends by disease and geography.

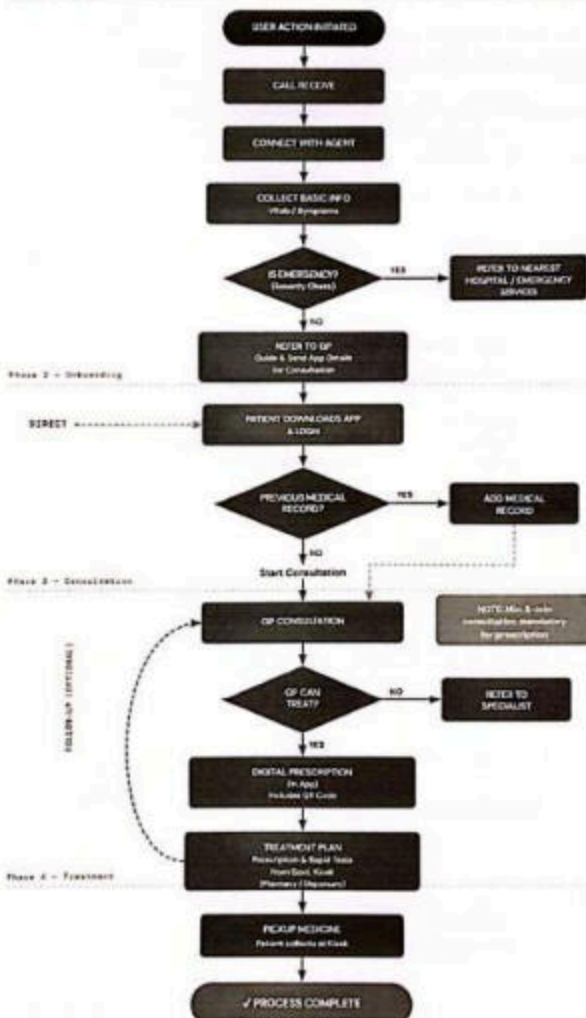
C.4 AFP & Polio Alert Protocol

The telemedicine platform shall include a basic flagging mechanism for suspected Acute Flaccid Paralysis (AFP) cases, consistent with Pakistan's Polio Eradication Programme obligations. Where a GP encounters a presentation consistent with AFP criteria, the case shall be flagged within the system and a notification shall be transmitted to the relevant government authority (EPI / IDSRs focal point) without undue delay. The Service Provider's obligation is limited to identification, flagging, and notification. All subsequent field investigation and case management shall be the responsibility of the relevant government health authorities.

C.5 Epidemic & Pandemic Reporting

In the event of a declared public health emergency at any level, the Service Provider shall, upon direction from MoNHSR&C, increase the frequency and granularity of its disease reporting for the declared condition(s). The Service Provider shall maintain the capacity to generate and share relevant data summaries with MoNHSR&C in a timely manner. The Service Provider's contractual scope of clinical service delivery shall remain as defined in this RFP and shall not be expanded by any means, including without limitation, any agreement.





Core Requirements & Operations

This section defines the **technical, operational, and service requirements** for the implementation of the Teleconsultation and Digital Health Platform under the Ministry of National Health Services, Regulations & Coordination (MoNHSR&C).

Teleconsultations & Mobile APP

1. Patient-Facing Mobile Application

The mobile application shall serve as the **primary access channel for patients** to use telemedicine services.

Teleconsultation & Digital Health Platform

This section defines the **technical, operational, and service requirements** for the implementation of the Teleconsultation and Digital Health Platform under the Ministry of National Health Services, Regulations & Coordination (MoNHSR&C).

Requirements are categorized by priority:

Priority Level	Description
High Priority	Important requirements contributing significantly to technical evaluation scoring.
Medium Priority	Desirable features contributing additional value.

1. Patient-Facing Mobile Application

The mobile application shall serve as the **primary access channel for patients** to use telemedicine services.

Functional Requirements

Req ID	Requirement
FR-MOB-01	Native mobile applications must be available for Android (version 9+) and iOS (version 14+) .

FR-MOB-02	Application must support English and Urdu languages with user-selectable language switching.
FR-MOB-03	Urdu interface must support Right-to-Left (RTL) text rendering .
FR-MOB-04	Patient registration shall be possible through mobile number with OTP verification .
FR-MOB-05	The application shall maintain patient health profiles and consultation history .
FR-MOB-06	Patients shall be able to view consultation history, prescriptions, and doctor notes .
FR-MOB-07	Push notifications shall be provided for:
• Consultation status	
• Prescription availability	
• System notifications	High
FR-MOB-08	Application must operate on low-bandwidth networks (2G/3G) with adaptive video quality.
FR-MOB-09	The application must comply with WCAG 2.1 accessibility standards .

2. Teleconsultation — Instant Doctor Connect

The system shall provide **instant connection with available General Physicians**.

Specialist consultations shall be available **upon referral by a GP**.

Functional Requirements

Req ID	Requirement
FR-TEL-01	Patients shall connect instantly with the next available General Physician without scheduling .
FR-TEL-02	Platform shall support real-time video consultation between doctor and patient.
FR-TEL-03	Video sessions shall include two-way audio with echo reduction and noise cancellation .
FR-TEL-04	System shall automatically fallback to audio consultation when video connectivity fails .
FR-TEL-05	System shall display estimated waiting time before doctor connection.

FR-TEL-06	GPs shall be able to refer patients to specialists within the system.
FR-TEL-07	Patients shall be able to share images and reports during consultation.
FR-TEL-08	Post-consultation patient rating and feedback mechanism shall be provided.

These requirements ensure instant consultation and seamless patient-doctor interaction.

3. 24/7 Patient Helpline and Call Center

The service provider shall establish a dedicated helpline to support patients who cannot access the mobile application.

Requirements

Req ID	Requirement
FR-CC-01	The service provider shall operate a 24/7 patient helpline throughout the year.
FR-CC-02	The helpline must support minimum 500 simultaneous inbound calls.
FR-CC-03	Call center agents must be trained in basic health triage and patient support.
FR-CC-04	Helpline staff shall assist patients in using the telemedicine platform.
FR-CC-05	Helpline shall support English and Urdu and regional languages.
FR-CC-06	Average call answer time shall not exceed 30 seconds.
FR-CC-07	Helpline system must integrate with patient management system.
FR-CC-08	Monthly call center performance reports must be submitted.
FR-CC-09	The system shall include IVR for call routing.

FR-CC-10 Audio voice note option with Ai response should also be available

FR-CC-11 disclaimer for subscription should be in all regional language with text and audio both facilities

FR-CC-12 Vendor shall get third party evaluation after every 06 months of the project.

FR-CC-13 Vendor shall provide toll free number to the service.

4. Electronic Medical Records (EMR) and e-Prescription

The platform shall include an integrated **Electronic Medical Record system**.

Requirements

Req ID	Requirement
FR-EMR-01	Doctors shall access EMR during consultation.
FR-EMR-02	Doctors shall record consultation notes digitally.
FR-EMR-03	Doctors shall generate electronic prescriptions including: <ul style="list-style-type: none">• Doctor name & PMDC number• Patient name• Date• Medication details
FR-EMR-04	Mandatory
FR-EMR-04	Patients shall receive e-prescriptions in PDF format.
FR-EMR-05	System shall maintain complete patient medical history.
FR-EMR-06	Platform shall include a drug reference database.
FR-EMR-07	Each prescription shall include QR code or verification ID.

These requirements ensure secure medical documentation and prescription management.

5. Pharmacy Network and Free Medicine Dispensation

Patients shall receive **free medicines from partner pharmacies** based on valid e-prescriptions.

Requirements

Req ID	Requirement	Priority
FR-PHM-01	The system shall integrate with licensed partner pharmacies.	Mandatory
FR-PHM-02	Patients shall receive prescribed medicines free of cost.	Mandatory
FR-PHM-03	Pharmacies shall verify prescriptions via pharmacy portal or verification tool.	Mandatory

FR-PHM-04	System shall enforce single-use prescription redemption.	Mandatory
FR-PHM-05	Pharmacy system shall record dispensing details in real time.	Mandatory
FR-PHM-06	System shall detect suspicious redemption patterns.	Mandatory

6. Non-Functional Requirements

6.1 Service Commencement

Req ID	Requirement	Priority
NFR-COM-01	Full service delivery shall commence within 90 working days of contract award.	Mandatory

6.2 Performance and Scalability

Req ID	Requirement
NFR-PER-01	Platform must support 10,000 concurrent users, scalable to 100,000.
NFR-PER-02	Average patient-doctor connect time shall not exceed 5 minutes.
NFR-PER-03	Video consultation latency must be ≤ 300 ms.
NFR-PER-04	System uptime must be $\geq 99.9\%$ monthly.
NFR-PER-05	Mobile app interface shall load within 3 seconds.
NFR-PER-06	Infrastructure must support auto-scaling up to 3x load spikes.

1. Hosting and Infrastructure Requirements

Req ID	Requirement
NFR-INF-01	Service provider shall provide all server infrastructure .
NFR-INF-02	All servers and data shall be physically located in Pakistan along with cloud backup
NFR-INF-03	Vendor responsible for data storage, retention, backup, and deletion .
NFR-INF-04	Automated database backup shall occur every 6 hours .
NFR-INF-05	Vendor shall maintain a Disaster Recovery Plan (DRP) .
NFR-INF-06	Annual disaster recovery drill must be conducted.

8. Cybersecurity Requirements

Req ID	Requirement
NFR-SEC-01	Platform must comply with OWASP Top 10 security standards .
NFR-SEC-02	Annual third-party penetration testing required.
NFR-SEC-03	All data in transit shall be encrypted using TLS 1.2 or higher .
NFR-SEC-04	All stored patient data shall be encrypted at rest .
NFR-SEC-05	Administrator access must use Multi-Factor Authentication (MFA) .
NFR-SEC-06	System must implement Role-Based Access Control (RBAC) .
NFR-SEC-07	System must maintain audit logs for all actions for minimum 1 year.
NFR-SEC-08	Video consultations must be end-to-end encrypted .

9. Service Level Agreements (SLA)

SLA ID	Metric	Target
SLA-01	Platform uptime	≥99.9%
SLA-02	Doctor connection time	≤3 minutes
SLA-03	Video drop rate	≤2%
SLA-04	Prescription generation time	≤10 minutes
SLA-05	Helpline response time	≤2 minutes
SLA-06	Simultaneous call capacity	≥100 calls
SLA-07	Mobile app crash rate	≤0.1%

10. Technical Proposal Requirements

Bidders must include the following in their technical proposal:

1. **Solution architecture and system design**
2. **Compliance matrix covering all technical requirements**
3. **Evidence of minimum 5,000 licensed doctors network**
4. **Evidence of call center infrastructure**
5. **Demonstration of EMR and e-prescription system**
6. **Description of medicine dispensation mechanism**
7. **Cybersecurity compliance documentation**
8. **Implementation and mobilisation plan**

Telemedicine Kiosk Infrastructure & Operations

1. Rationale for Telemedicine Kiosk Infrastructure

The Telemedicine Programme shall operate through **digitally enabled Telemedicine Kiosks** deployed at designated locations to ensure **accessible, real-time healthcare consultation services for the general public**.

The kiosks will act as **physical access points for patients who may not have smartphones, internet access, or digital literacy**, enabling them to receive remote consultations with licensed doctors.

The selected service provider must therefore demonstrate **existing operational capacity to deploy, operate, and maintain telemedicine kiosks at institutional scale**.

The kiosks shall support:

- Patient registration
- Real-time teleconsultation
- Medical data capture
- EMR access
- Digital prescription issuance
- Health record storage
- Integration with central telemedicine platform

Failure to demonstrate operational capability to establish and manage the kiosk infrastructure shall result in **disqualification of the bidder**.

2. Mandatory Telemedicine Kiosk Deployment

The selected vendor shall supply, deploy **30 Telemedicine Kiosks** across designated locations.

Requirement	Minimum Standard
Number of Telemedicine Kiosks	30 kiosks
Locations	10 in Islamabad & 20 in Karachi (as designated by MoNHSR&C)
Deployment Model	Fully operational and connected to central telemedicine platform
Operational Availability	10 hours a day 7 day per week operational readiness with Telemedicine App interconnectivity along with licensed nurse and phlebologist . Medical devices and vitals and rapid testing kits

All kiosks must be **installed, configured, and commissioned within the project mobilisation period**.

3. Telemedicine Kiosk Functional Capabilities

Each kiosk shall provide the following capabilities.

Capability	Requirement
------------	-------------

Patient Registration	Patient registration using CNIC or mobile number
Video Consultation	High-definition video consultation with remote doctors
Audio Communication	Two-way audio communication with echo cancellation
Digital Prescription	Issuance of e-prescriptions
Patient Record Access	Secure access to patient EMR
Diagnostic Data Capture	Ability to capture patient vitals through connected devices
Session Queue Management	Patient queue system with estimated waiting time
Language Support	Urdu and English user interface

4. Telemedicine Kiosk Hardware Components

Each kiosk must include the following equipment.

Solar – TV LED screen 32inch –

HR: 2 phlebotomist

Equipment	Specification
Touchscreen Terminal	Minimum 22–32 inch medical-grade display
HD Camera	Minimum 1080p video consultation camera
Microphone & Speakers	Noise-cancelling audio system
Vital Signs Monitor	Integrated patient monitoring devices
Thermal Printer	Prescription and consultation printouts
Document Scanner	Patient document scanning
Biometric Device	Patient verification and identity management
UPS Power Backup	Minimum 2 hours backup
Internet Connectivity	High-speed broadband or 4G/5G connectivity
Weight machine Rapid testing kits Telemedicine consultation kit	

5. Diagnostic Devices Integration

Each kiosk shall include integrated diagnostic equipment capable of capturing patient vitals.

Device	Capability
Digital Blood Pressure Monitor	Automatic BP measurement
Pulse Oximeter	SpO ₂ monitoring
Digital Thermometer	Body temperature measurement
Digital Weight Scale	Weight measurement
ECG Device (optional)	Cardiac monitoring

All captured vitals shall be automatically stored in the **Electronic Medical Record system**.

6. Kiosk Software Platform Requirements

The kiosk software must integrate seamlessly with the **central telemedicine platform**.

All kiosk must be solarized .

Requirement	Description
Central Telemedicine Platform	All kiosks must connect to central system
Real-Time Consultation	Video consultation with doctors
Electronic Medical Records	EMR integration
Patient Queue Management	Centralised queue system
Prescription System	Digital prescription generation
Reporting Dashboard	Administrative reporting system

7. Kiosk Operational Management

The selected vendor shall be responsible for **complete kiosk operations**.

Operational Requirement	Description
Kiosk Maintenance	Hardware maintenance and repair

Technical Support	On-site or remote technical support
Software Updates	Continuous system updates
Network Management	Internet connectivity management
Cleaning & Hygiene	Regular sanitation and cleaning

8. Kiosk Staffing Requirements

Each kiosk must be supported by trained personnel.

Position	Role
Telemedicine Assistant	Patient registration and assistance
Technical Support Staff	Device and connectivity management
Health Facilitator	Patient guidance during consultation

All staff must receive training approved by MoNHSR&C.

9. Data Security & Privacy

All kiosk systems must comply with national healthcare data security standards.

Requirement	Description
Encrypted Communication	End-to-end encrypted consultations
Secure Data Storage	EMR stored on secure servers
User Authentication	Secure login for system access
Audit Logs	Full activity logging
Data Residency	Data stored within Pakistan

10. Performance Requirements

Metric	Minimum Target
Kiosk Availability	≥ 99% uptime
Consultation Time	≤ 3 minutes average waiting time
System Response Time	≤ 3 seconds
Video Consultation Stability	≤ 2% session drop rate

11. Monitoring & Reporting

The vendor shall provide **monthly operational reports**, including:

- Number of consultations conducted
- Kiosk usage statistics
- System uptime
- Technical incidents
- Patient feedback

12. Compliance Verification

The procuring authority reserves the right to:

- Inspect kiosk infrastructure
- Verify equipment specifications
- Conduct operational audits
- Monitor system performance

Failure to meet required standards may result in **contract penalties or termination**.

Section K — Hardware & Physical Infrastructure Requirements

The service provider shall procure, own, operate, and maintain all hardware specified in this section to deliver the National Telemedicine Programme across both command centres — Islamabad and Karachi. No hardware shall be supplied, co-located, or funded by the Procuring Entity. All quantities are derived directly from the approved Human Resource Plan and programme operations model. Hardware must be fully installed, tested, and operational before the contract commencement date.

K.1 Operational Basis — Programme Scale & Shift Model

All infrastructure quantities are driven by two inputs: the approved HR headcount per city, and the programme's three-shift 24/7/365 operating model. The peak shift (9am–5pm) carries 50% of daily call volume and defines the maximum concurrent hardware utilisation — this figure governs all capacity requirements.

K.1.1 Programme Parameters

Parameter	Value
Cities of Operation	Islamabad & Karachi
Daily Patient Calls	5,000 calls per day
Tele Health Agents — Total	200 (Islamabad: 80 Karachi: 120)
General Physician Doctors	269 total including 34% buffer for 24/7/365 coverage — conduct consultations remotely via platform; no physical call-centre seat required
Operating Hours	24 hours / 7 days / 365 days per year
Number of Shifts	Three shifts of 8 hours each
Average Calls per Agent per Day	84 calls

K.1.2 Shift Distribution & Peak Concurrent Load

Shift	Hours	Call Share	Peak Agents — Islamabad	Peak Agents — Karachi
Shift 1 (PEAK)	9:00 AM – 5:00 PM	50%	40 agents	60 agents
Shift 2	5:00 PM – 1:00 AM	40%	32 agents	48 agents
Shift 3 (off-peak)	1:00 AM – 9:00 AM	10%	8 agents	12 agents
TOTAL HEADCOUNT	—	100%	80 agents	120 agents

GP Concurrent Sessions: The platform must support a minimum of 200 concurrent GP video consultation sessions during the peak shift (Islamabad: 80 | Karachi: 120). GP equipment is outside the physical call-centre hardware scope.

K.2 Tele Health Agent Workstations

Each Tele Health Agent seat must simultaneously run the patient EMR interface, IP telephony softphone, and CRM application across dual screens. Workstations are provisioned to match the per-shift seat count per city — 80 in Islamabad and 120 in Karachi — not just the peak-shift concurrent figure. This ensures no shift change creates a seat shortage and provides capacity for on-the-job training. The 34% staff buffer is absorbed through rostering, not additional physical seats.

Item	Islamabad	Karachi	Total	Minimum Specification
Agent Desktop Workstation	80	120	200	Intel Core i5 13th Gen or AMD Ryzen 5 7000-series equivalent; 6-core, minimum 2.5 GHz; 16 GB DDR4 RAM; 256 GB NVMe SSD + 1 TB SATA HDD; dual-display output (HDMI + DisplayPort); licensed

				Windows 11 Pro; domain-joined; endpoint security agent pre-installed
Primary Monitor	80	120	200	24-inch FHD (1920×1080) IPS anti-glare; primary screen for EMR and call management application
Secondary Monitor	80	120	200	22-inch FHD (1920×1080) IPS anti-glare; secondary screen for CRM, patient history, and queue management
Noise-Cancelling Headset	88	132	220	Professional dual-ear over-ear headset with active noise cancellation and boom microphone; USB or 3.5mm; 10% spare pool included per city (Islamabad: 88 = 80 seats + 8 spare Karachi: 132 = 120 seats + 12 spare)
Wired Keyboard & Mouse	80	120	200	Standard USB wired keyboard and mouse per workstation. Wireless peripherals are not permitted on the agent floor
Screen Privacy Filter	160	240	400	Anti-glare privacy filter fitted on both monitors per seat; prevents patient data visibility from adjacent workstations; mandatory on all agent floor screens

K.3 Supervisor, Management & QA Workstations

Supervisor and QA stations require enhanced multi-display configurations for real-time floor monitoring, performance dashboards, and quality audit review. These are fixed dedicated stations provisioned to match the approved HR plan: Floor Supervisor stations are 4 in Islamabad and 5

in Karachi (reflecting a 1:25 agent-to-supervisor ratio at peak). Shift Manager and QA Auditor stations remain at 3 per city (one per shift).

Item	Islamabad	Karachi	Total	Minimum Specification
Floor Supervisor Workstation (triple-display)	4	5	9	Same CPU / RAM base as agent PC; GPU capable of 3 simultaneous display outputs; 3 x 24-inch FHD monitors; one workstation per active floor supervisor; Islamabad: 4 stations (1:25 ratio at 80 seats) Karachi: 5 stations (1:25 ratio at 120 seats)
Shift Manager Workstation (dual-display)	3	3	6	Same spec as agent PC; dual 24-inch monitors; full platform admin, SLA dashboard, and queue management access; 3 units per city = one per shift
Medical QA Auditor Workstation	3	3	6	Same spec as agent PC; dual 24-inch monitors; call recording playback and clinical scoring interface; 3 units per city = one per shift
System Administrator Workstation	1	1	2	Same spec as agent PC; dual 27-inch monitors; full local admin rights; remote management and network monitoring console access; dedicated non-shared
Network Engineer Workstation	1	1	2	Same spec as agent PC; dual 24-inch monitors; access to network management console, switch and firewall management interfaces; dedicated non-shared

K.4 Telephony & Contact Centre Infrastructure

The telephony platform receives all inbound patient calls, routes them through IVR triage, connects non-emergency cases to agents within the SLA window, and automatically escalates emergency cases. All capacity figures are per city. The platform must sustain a peak concurrent load of 40 simultaneous agent calls in Islamabad and 60 in Karachi.

Item	Islamabad	Karachi	Total	Minimum Specification
IP PBX / Automatic Call Distributor (ACD)	1	1	2	Enterprise-grade ACD; minimum 200 simultaneous call capacity per city; skills-based routing; priority queuing; overflow management; real-time dashboard; IVR integration and per-seat softphone support
IVR System — Patient Triage (Phase 1)	1	1	2	Automated triage IVR for initial patient intake; collects presenting complaint and urgency level; routes emergency calls (YES branch) directly to nearest hospital / emergency services for each respective city; queues non-emergency calls to next available agent
Agent Softphone Licences	80	120	200	Licensed softphone deployed on every agent workstation; integrated with EMR / CRM for automatic screen-pop of patient record on call answer; supports transfer, hold, conference, and supervisor silent-listen modes
Primary SIP Trunk	1	1	2	Minimum 200 concurrent channels per city from a licensed ISP / carrier; dedicated for inbound patient calls; auto-failover capability to secondary trunk

Secondary SIP Trunk (failover — different carrier)	1	1	2	Minimum 100 concurrent channels from a carrier independent of the primary; automatic failover activated within 30 seconds of primary trunk failure; physically separate building entry point
100% Call Recording System	1	1	2	Records 100% of all inbound and outbound calls; minimum 90-day encrypted retention; tamper-evident storage; directly accessible to QA Auditor workstations; downloadable for medico-legal review by authorised personnel only
Floor Display Screens — Live Operations Dashboard	2	2	4	55-inch commercial-grade LED display; wall-mounted; driven by telephony platform display controller; shows live queue length, agent status, average wait time, SLA indicators, and abandonment rate; refreshed every 10 seconds

K.5 Network Infrastructure

Network connectivity is a clinical-grade requirement. A call drop, video freeze, or EMR timeout during a live patient consultation is a patient safety event. Both command centres must operate with enterprise-grade, fully redundant network architecture from day one.

K.5.1 Internet Connectivity

Item	Islamabad	Karachi	Total	Minimum Specification
Primary Internet Leased Line	1	1	2	1 Gbps symmetric dedicated leased line; uncontended; from a licensed ISP; minimum 99.9% uptime SLA from ISP; separate physical building entry point from secondary connection
Secondary Internet — Failover (different ISP)	1	1	2	Minimum 500 Mbps; from an ISP independent of the primary; auto-failover activated within 60 seconds of primary link failure; physically diverse building entry

K.5.2 LAN, Switching & Security

Item	Islamabad	Karachi	Total	Minimum Specification
Core Layer 3 Managed Switch	1	1	2	Enterprise 48-port Layer 3 managed switch; 1 Gbps per port; 10 Gbps uplink; redundant PSU; full QoS configuration for voice and data prioritisation; Cisco Catalyst 3750 / 9200 series or equivalent
Floor Access Switches (PoE+, 48-port)	2	2	4	48-port managed PoE+ switches (IEEE 802.3at); one per floor zone; powers access

				control terminals and IP CCTV cameras via Power over Ethernet; Cisco Catalyst or equivalent
Firewall / UTM Appliance (active-passive pair)	1 pair	1 pair	2 pairs	Enterprise UTM firewall with IDS/IPS, application-layer filtering, VPN gateway, and full traffic logging; minimum 2 Gbps throughput; active-passive failover pair; enforces VLAN segmentation across: Agent Floor / Management / Telephony / Server / Guest
Structured Cabling — Cat6A (full floor + server room)	Per layout	Per layout	Both cities	Cat6A structured cabling to every workstation, server rack, AV display, and access-control point; fully labelled; tested and certified to TIA-568 standard; patch panels, cable managers, and back boxes at each rack
Patch Cords — 1m, Cat6A (data connections)	160	240	400	2 patch cords per workstation (PC-to-switch and PC-to-I/O); Cat6A; colour-coded by VLAN zone

QoS Policy: VoIP / telephony traffic must be assigned DSCP EF (highest priority). Agent EMR sessions and platform API traffic at DSCP AF. All other traffic treated as best-effort. End-to-end latency to application servers must not exceed 50 ms under normal operating conditions.

K.6 On-Site Server Room & Local IT Infrastructure

Each command centre requires a dedicated, secure, and climate-controlled server room housing the local telephony server, call recording storage, network core hardware, and patch infrastructure. On-site servers ensure call centre operations continue locally even during WAN or cloud connectivity degradation.

Item	Islamabad	Karachi	Total	Minimum Specification
Local Application / Telephony Server	1	1	2	2U rack-mounted server; dual Intel Xeon Silver or AMD EPYC equivalent; 256 GB ECC RAM; 8 × 1 TB SSD in RAID-10 via hardware RAID controller; 10G network card; 2 × 40G fibre uplink; redundant PSU; hosts local IVR, ACD routing, call recording application, and network management services
NAS Storage — Call Recording Archive	1	1	2	Minimum 20 TB usable (net of RAID-6 overhead); network-attached; directly accessible to QA Auditor workstations on management VLAN; stores minimum 90-day encrypted call recording archive; expandable
42U Server & Communications Rack (lockable)	1	1	2	42U lockable rack; 800 × 1000 mm footprint; 4 internal cooling fans; blanking panels; vertical and horizontal cable management rails; metered PDU; adequate rear clearance for servicing
KVM Switch (rack-mounted)	1	1	2	8-port minimum rack-mounted KVM; enables out-of-band server management without requiring dedicated keyboard and monitor per server; access restricted to System Administrator only
Precision Server Room Air Conditioning	1 (N+1)	1 (N+1)	2 cities	Dedicated precision-cooling unit independent of building HVAC; N+1 redundancy; maintains 18°C–24°C and 40–55% relative humidity continuously; 24/7 operation

Environmental Monitoring Unit	1	1	2	Temperature, humidity, smoke, and water/flood sensors inside server room; automated SMS and email alerts to IT on-call team within 60 seconds of any threshold breach; 24/7 continuous monitoring
Server Room Physical Access Control	1	1	2	Biometric or card+PIN access control on server room door; full access log maintained and auditable; access restricted to System Administrator and authorised IT personnel only; dedicated IP CCTV camera inside server room recording 24/7 with 30-day retention
Server Room CO2 Fire Extinguisher	2	2	4	CO2 fire extinguisher (5 kg minimum) mounted inside server room; CO2 only — no water or dry-powder in proximity to live server equipment; annual certified inspection; 2 units per server room per city

E.7 Central Datacenter Requirements

In addition to on-site server rooms at each command centre, the service provider must operate a centralised production datacenter for the telemedicine platform, EMR database, application backend, and all patient health data. Requirements below carry unique reference IDs for compliance tracking in the technical proposal.

Req. ID	Requirement
HW-01	All production servers, databases, and related infrastructure must be hosted within the service provider's own physical datacenter facility located within Pakistan. Use of third-party cloud

	infrastructure or co-location facilities outside the service provider's own premises is not permitted without prior written approval of the Procuring Entity.
HW-02	The datacenter must meet a minimum Tier III classification (or equivalent) — providing N+1 redundancy for all critical components including power, cooling, and network connectivity; minimum 99.982% annualised uptime.
HW-03	The datacenter must have redundant power systems capable of sustaining full operations for a minimum of 72 hours independent of the national grid. Vendors are not required to describe the specific power backup mechanism — this may be addressed through the datacenter's own built-in infrastructure.
HW-04	Server infrastructure must be provisioned to serve a minimum of 50,000 concurrent users at launch, with headroom for scaling to programme-defined peak load without performance degradation.
HW-05	All production servers must operate with hardware-level redundancy: RAID storage, redundant NICs, and redundant power supplies. No single points of failure are permitted in the production environment.
HW-06	A separate Disaster Recovery (DR) hardware environment must be maintained at a geographically distinct site within Pakistan from the primary datacenter, consistent with the RTO and RPO defined in the SLA schedule.
HW-07	Multi-layered physical security controls at the datacenter: biometric or card-based access control, 24/7 CCTV surveillance with 30-day retention, and a visitor access log. Evidence of physical security measures must be provided to the Procuring Entity upon request.
HW-08	All network hardware (routers, switches, firewalls) must be enterprise-grade with firmware maintained at vendor-supported versions. End-of-life hardware must be replaced prior to go-live and proactively throughout the contract term.
HW-09	The service provider must submit a Hardware Specification Document as part of the technical proposal detailing: server configurations, storage capacity, network topology diagrams, datacenter location(s), Tier III evidence, and physical security measures.
HW-10	The Procuring Entity reserves the right to conduct a physical or remote audit of the datacenter facility and hardware

infrastructure at any point during the contract term, with reasonable advance notice. The service provider shall facilitate such audits without restriction.

E.8 Complete Hardware Inventory — Both Command Centres

The consolidated inventory below represents the minimum hardware the service provider must procure, install, configure, and maintain. All items are mandatory. Quantities described as 'per layout' must be confirmed in the Hardware Specification Document submitted with the technical proposal.

#	Hardware Item	Islamabad	Karachi	Total
1	Agent desktop workstation — i5 13th Gen, 16 GB RAM, 256 GB NVMe + 1 TB HDD, Win 11 Pro	80	120	200
2	Primary monitor — 24-inch FHD IPS anti-glare	80	120	200
3	Secondary monitor — 22-inch FHD IPS anti-glare	80	120	200
4	Noise-cancelling professional headset — dual-ear, boom mic, incl. 10% spare pool	88	132	220
5	Wired USB keyboard and mouse per workstation	80	120	200
6	Screen privacy filter — both monitors per agent seat	160	240	400
7	Floor Supervisor workstation — triple 24-inch display	4	5	9

8	Shift Manager workstation — dual 24-inch display	3	3	6
9	QA Auditor workstation — dual 24-inch display	3	3	6
10	System Administrator workstation — dual 27-inch display	1	1	2
11	Network Engineer workstation — dual 24-inch display	1	1	2
12	IP PBX / ACD platform — 200 concurrent calls per city	1	1	2
13	IVR system — patient triage with emergency routing	1	1	2
14	Agent softphone licences — one per agent workstation	80	120	200
15	Primary SIP trunk — 200 concurrent channels	1	1	2
16	Secondary SIP trunk — failover, independent carrier	1	1	2
17	100% call recording system — 90-day encrypted retention	1	1	2
18	Floor display screens — 55-inch commercial LED live dashboard	2	2	4
19	Primary internet leased line — 1 Gbps dedicated	1	1	2
20	Secondary internet — 500 Mbps, different ISP (auto-failover)	1	1	2

21	Core Layer 3 managed switch — 48-port (Cisco Catalyst or equiv.)	1	1	2
22	Floor access switches — 48-port managed PoE+	2	2	4
23	Firewall / UTM appliance — active-passive pair	1 pair	1 pair	2 pairs
24	Cat6A structured cabling — full floor and server room	Per layout	Per layout	Both cities
25	Local application / telephony server — dual Xeon/EPYC, 256 GB RAM, 8x1 TB SSD RAID-10	1	1	2
26	NAS storage — 20 TB usable, RAID-6 (90-day call recording archive)	1	1	2
27	42U server and communications rack — lockable, 4-fan cooling, metered PDU	1	1	2
28	Server room precision air conditioning — dedicated N+1 unit, 18°C–24°C / 40–55% RH, 24/7	1	1	2
29	Environmental monitoring unit — temperature, humidity, smoke, and flood sensors with auto-alert	1	1	2
30	Server room biometric / card+PIN access control — door only; full auditable access log	1	1	2
31	Server room CCTV camera — 1080p IP,	1	1	2

	inside server room only; 30-day retention			
32	Server room CO2 fire extinguisher (5 kg) — server room only; no dry-powder near live equipment	2	2	4
33	Production datacenter — Pakistan-hosted, Tier III minimum (HW-01 / HW-02 / HW-03)	—	—	1 national
34	Disaster Recovery site — geographically separate within Pakistan (HW-06)	—	—	1 national
35	Production server cluster — provisioned for $\geq 50,000$ concurrent users at launch; RAID storage, redundant NICs, and redundant PSU on all nodes; no single points of failure (HW-04 / HW-05)	—	—	1 national
36	Datacenter physical security — biometric or card-based access control on all entry points; 24/7 CCTV with 30-day retention; physical visitor access log maintained and available for audit (HW-07)	—	—	1 national
37	Datacenter network hardware — enterprise-grade routers, switches, and firewalls; all firmware maintained at vendor-supported versions; end-of-life equipment replaced before go-live and	—	—	1 national

	proactively through contract term (HW-08)		
38	Hardware Specification Document (HW-09) — submitted with technical proposal confirming all item counts, makes, models, and configurations above	—	1 document

SECTION EF — SOFTWARE & PLATFORM REQUIREMENTS

Teleconsultation, Pharmacy & Kiosk Software Integration

Objective

The objective of this assignment is to design, develop, deploy, and maintain a comprehensive **Telemedicine Software Platform** that enables remote consultations and ensures seamless integration with **medicine inventory and supply chain systems** for efficient service delivery.

System Design & Development

The bidder shall:

- Design and develop a **web-based and mobile-compatible telemedicine platform**.
- Ensure **user-friendly interfaces** for patients, healthcare providers, pharmacists, and administrators.
- Develop modules including:
 - Patient registration and profile management
 - Appointment scheduling and queue management
 - Audio/video consultation functionality
 - Electronic Medical Records (EMR/EHR)
 - E-prescription generation
 - Clinical decision support (optional but preferred)
- Ensure compliance with **interoperability standards** (e.g., HL7, FHIR where applicable).
- Incorporate **multi-language support**, preferably including English, Sindhi and Urdu.
- Ensure the system is scalable to support provincial/national-level deployment.

Integration Requirements

The system shall be integrated with:

1. Medicine & Pharmacy Systems

- Integration with **medicine inventory management systems** at health facilities.
- Real-time visibility of **drug availability and stock levels**.
- Automated linkage of **e-prescriptions with pharmacy dispensing systems**.
- Alerts for **stock-outs, expiries, and replenishment needs through software alert system**

2. Supply Chain Management Systems

- Integration with existing **Logistics Management Information Systems (LMIS)** or equivalent.
- Enable tracking of:
 - Medicine requests generated from teleconsultations
 - Supply dispatch and delivery status
- Facilitate **demand forecasting** based on telemedicine utilization.

3. Health Information Systems (if applicable)

- Integration with national/provincial systems such as **DHIS2/IDSR platforms**.
- Secure data exchange through APIs.

Functional Requirements

The bidder shall ensure the system includes:

- **Secure user authentication and role-based access control**
- **Real-time video/audio consultation** with low-bandwidth optimization
- Digital prescription with **medicine linkage**
- **Patient history tracking** and record retrieval
- SMS/notification system for:
 - Appointment reminders
 - Prescription alerts
 - Medicine availability
- Reporting dashboards for:
 - Consultation statistics
 - Disease trends
 - Medicine utilization and consumption

Data Security & Compliance

The bidder shall:

- Ensure compliance with **data protection and privacy regulations**.
- Implement:
 - End-to-end data encryption
 - Secure data storage and backup mechanisms
 - Audit trails and activity logs
- Host the system on **secure cloud or government-approved data centers**.

Deployment & Implementation

The bidder shall:

- Deploy the system in identified health facilities and telemedicine centers.
- Ensure **integration with existing infrastructure**.
- Conduct **pilot testing**, followed by phased rollout.
- Provide system documentation including:
 - Technical architecture
 - User manuals
 - API documentation

Training, Refresher & Capacity Building

The bidder shall:

- Conduct comprehensive training sessions for:
 - Technical members, Doctors and paramedics
 - Pharmacists and supply chain staff
 - System administrators
- Provide training materials (manuals, videos, SOPs).

Operations & Maintenance

The bidder shall:

- Provide **post-deployment support and maintenance** for a minimum specified period.
- Ensure:
 - System uptime (minimum 99% preferred)
 - Regular updates and bug fixes
 - Helpdesk support (24/7 or as specified)

Software Components in Scope

#	Component	Purpose	Integrates With
EF1	Patient Mobile Application	Primary patient interface for consultations, prescriptions, QR codes	Telemedicine Platform, Pharmacy Software
EF2	Doctor Mobile App & Web Portal	Doctor consultation interface, EMR authoring, e-prescription issuance	Telemedicine Platform, Pharmacy Software
EF3	Telemedicine Platform Core	Session management, EMR, e-prescription, QR signing	Pharmacy Software, Kiosk Software, All Apps
EF4	Call Centre Software	Agent CRM, IVR, call management, patient record access	Telemedicine Platform Core
EF5	Kiosk Software	Kiosk patient interface, vitals integration, prescription printing, QR output	Telemedicine Platform Core, Pharmacy Software
EF6	Admin & Reporting Dashboard	Programme monitoring, SLA tracking	All components

EFl. Patient Mobile Application

The patient-facing mobile application is the primary digital touchpoint through which patients initiate consultations, receive e-prescriptions, and present QR codes for pharmacy redemption. It must function as a full, seamlessly connected front-end to the Telemedicine Platform Core and present live dispensation status from the Pharmacy Software.

Req. ID	Requirement	Category
FR-PA-01	The application shall be a native application available on iOS (version 14 and above) and Android (version 9 and above). It shall communicate exclusively with the Telemedicine Platform Core API over TLS 1.2 minimum.	Patient App
FR-PA-02	The application shall support English and Urdu languages across all screens, labels, notifications, and error messages. Urdu mode shall render with full Right-to-Left layout mirroring. Language preference shall be persisted per account.	Patient App
FR-PA-03	Patient registration shall use OTP-based mobile number verification. OTPs shall expire within 5 minutes. After 3 failed OTP attempts the account shall be locked for 15 minutes.	Patient App
FR-PA-04	The patient profile shall store and display: full name, date of birth, gender, contact number, consultation history (full), all issued e-prescriptions (with QR codes), all QR redemption events (pharmacy name, date, medicines dispensed), and uploaded documents. Profile data shall be accessible read-only in offline mode for the last 30 days.	Patient App
FR-PA-05	The application home screen shall surface the patient's most recent active e-prescription (if unredeemed and unexpired) as a primary action card requiring no more than one tap to display the full-screen QR code. The QR display screen shall show: QR code (full screen, maximum size), prescription reference ID, issuing doctor name, date of issue, expiry date/time countdown.	Patient App
FR-PA-06	The application shall receive and display real-time push notifications from the Telemedicine Platform	Patient App

Req. ID	Requirement	Category
	Core for: queue position updates (every 60 seconds while queuing), doctor connected, consultation complete, e-prescription issued (with one-tap access to QR), QR partially redeemed (showing remaining medicines), QR fully redeemed, QR expiry warning (48 hours before expiry), and QR expired.	
FR-PA-07	Patients shall be able to download and share their e-prescription as a PDF from within the application. The PDF shall embed the QR code at minimum 300 dpi equivalent rendering, at minimum 3 cm × 3 cm print size, with sufficient quiet zone for reliable scanning from a printed page.	Patient App
FR-PA-08	The application shall support family health profiles — a single patient account shall manage up to 5 dependent profiles, each with their own consultation history and e-prescriptions.	Patient App
FR-PA-09	On 2G/3G connections the application shall gracefully degrade video quality and trigger audio-only fallback automatically below 150 kbps without ending the session. The application home screen and prescription QR display shall function fully on 2G.	Patient App
FR-PA-10	The application shall comply with WCAG 2.1 Level AA: minimum 44×44pt touch targets, 4.5:1 colour contrast ratio for all text, and screen reader compatibility for all primary functions.	Patient App

EF2. Doctor Mobile Application & Web Portal

Doctors interact with the platform through two software interfaces: a mobile application for on-the-go availability and consultation, and a full web portal serving as a clinic management dashboard. Both must be integrated with the Telemedicine Platform Core in real time. The e-prescription engine must produce the same QR-signed output regardless of whether the prescription is issued from the app or the portal.

EF2.1 Doctor Mobile Application

Req. ID	Requirement	Category
FR-DA-01	The Doctor Mobile Application shall be a native application on iOS (version 14+) and Android (version 9+).	Doctor App
FR-DA-02	Doctors shall manage their availability status (ONLINE / BUSY / OFFLINE) from the app. A status change to ONLINE shall register the doctor in the active pool within 10 seconds.	Doctor App
FR-DA-03	Upon patient assignment the doctor shall receive simultaneous push notification and in-app alert. The doctor shall have 30 seconds to accept. If not accepted within 30 seconds the platform shall automatically re-queue the patient to the next available doctor and log the missed assignment.	Doctor App
FR-DA-04	Before and during the consultation the doctor shall have access to the patient's complete EMR history, all previous e-prescriptions, and all QR redemption records from within the app interface. Patient record retrieval shall complete within 2 seconds of consultation acceptance.	Doctor App
FR-DA-05	The doctor shall be able to issue a fully structured e-prescription from within the app.	Doctor App
FR-DA-06	The app shall support patient-shared image viewing during live consultation. Images and documents shared by the patient shall appear in the doctor's interface within 5 seconds of the patient uploading them.	Doctor App

Req. ID	Requirement	Category
FR-DA-07	The doctor shall issue a specialist referral from within the app by selecting speciality and adding referral notes. The referral shall be written to the patient's EMR and shall trigger a notification to the patient.	Doctor App

EF2.2 Doctor Web Portal

Req. ID	Requirement	Category
FR-DW-01	The Doctor Web Portal shall be accessible via Chrome and Edge (latest two major versions) without plugins or extensions. It shall communicate with the Telemedicine Platform Core via the same authenticated API layer, using DOCTOR-role-scoped JWT tokens.	Doctor Portal
FR-DW-02	The portal shall display a real-time unified dashboard showing: live queue (patients waiting), today's completed consultations, upcoming scheduled appointments, and unread patient messages. Queue data shall refresh via push (WebSocket or SSE) — polling intervals exceeding 5 seconds are not acceptable.	Doctor Portal
FR-DW-03	All EMR authoring, e-prescription issuance, specialist referral, and QR code generation functions available on the mobile app shall also be available from the web portal. The portal shall be the preferred interface for QA Auditors reviewing doctor records.	Doctor Portal
FR-DW-04	The portal shall enforce PMDC/PMC registration verification at login. If the doctor's registration status has changed to lapsed or revoked since their last login, the session shall be blocked and the doctor shall see a clear notification. The system shall notify the service provider's admin team within 1 hour of a lapse being detected.	Doctor Portal
FR-DW-05	MFA shall be mandatory for all doctor portal logins. Sessions shall expire after 60 minutes of inactivity. Concurrent sessions on more than 2 devices for a	Doctor Portal

Req. ID	Requirement	Category
	single doctor account shall be blocked and generate an admin alert.	
FR-DW-06	The portal shall include a personal performance dashboard visible to the doctor showing: consultations per day/week/month, average session duration, patient satisfaction ratings, QA audit scores, and prescription issuance count. This data shall be sourced live from the Telemedicine Platform Core analytics engine.	Doctor Portal

EF3. Telemedicine Platform Core

The Telemedicine Platform Core is the central software system to which all other components connect. It hosts the session engine, EMR engine, e-prescription engine, QR signing engine, user management system, notification engine, and the API gateway through which Pharmacy Software and Kiosk Software communicate. All data of record lives here. No peripheral component (patient app, kiosk, pharmacy portal) may generate authoritative records independently.

EF3.1 Session & Queue Management

Req-ID	Requirement	Category
FR-TC-01	The platform shall manage a real-time patient queue per city, assigning patients to the next available doctor from the active pool using a configurable routing algorithm (round-robin by default, priority routing for escalations). Queue state shall be consistent across all connected clients within 5 seconds of any change.	Session Engine
FR-TC-02	The platform shall support real-time two-way encrypted video and audio sessions between patient and doctor. The video engine must be server-side deployed within Pakistan. Session setup (from patient tap to live video) shall complete within 10 seconds under 4G conditions.	Session Engine
FR-TC-03	All video sessions shall be end-to-end encrypted. The platform architecture must make server-side session recording technically impossible — this must be demonstrated in the system architecture submitted with the technical proposal.	Session Engine
FR-TC-04	The session engine shall support automatic quality adaptation: maintaining video at minimum 240p at 150 kbps, triggering audio-only fallback below 150 kbps, and notifying both parties of mode transitions without session interruption.	Session Engine
FR-TC-05	If no doctor accepts a patient within 10 minutes of queue entry, the platform shall automatically offer the patient a callback option or helpline transfer. The patient shall not be silently dropped. Unaccepted queue entries must be logged with reason code.	Session Engine

EF3.2 EMR

Req. ID	Requirement	Category
FR-EMR-01	The EMR shall enforce structured data entry. Before a consultation record can be closed, the following fields are mandatory: chief complaint, clinical assessment, ICD-10 diagnosis code or equivalent free-text, treatment plan, and disposition (prescription issued / referral issued / no further action). Free-text-only consultation records are not acceptable.	EMR
FR-EMR-02	All EMR records are write-once and append-only. No record shall be deletable by any user including system administrators. Corrections shall be made only via a documented amendment trail that preserves the original entry, amendment content, amending user identity, and amendment timestamp.	EMR
FR-EMR-03	The EMR engine shall maintain a complete, chronological consultation and prescription history per patient, accessible to: (a) the treating doctor (full read access), (b) the patient (full read access to their own records), (c) QA Auditors (full read, no write), (d) call centre agents (read access to consultation summary and active prescriptions only, after caller identity verification).	EMR
FR-EMR-04	Vitals data captured by the Kiosk Software (blood pressure, SpO2, temperature) shall be written to the patient's EMR record by the Telemedicine Platform Core upon receipt from the Kiosk via the Vitals Intake API (FR-KI-03). Vitals shall appear in the doctor's view before the session begins.	EMR — Kiosk Integration

F3.3 e-Prescription Engine

Req. ID	Requirement	Category
FR-RX-01	The e-prescription engine shall generate a fully structured prescription record upon doctor issuance containing: prescription UUID (rx_id), doctor full name, PMDC/PMC registration number, speciality, consultation date and time (UTC), patient full name, patient CNIC (stored encrypted), patient date of birth, medication list (generic name, brand name, dosage, frequency, duration, route, quantity), special instructions, and doctor digital signature.	e-Prescription
FR-RX-02	Upon prescription record creation the engine shall immediately call the QR Signing Engine (F3.4) to generate and embed the signed QR payload. The prescription shall not be visible to the patient in the app, nor available to the pharmacy portal, until QR signing is complete. QR generation shall complete within 30 seconds of prescription issuance.	e-Prescription
FR-RX-03	Every e-prescription shall be valid for exactly 3 calendar days from the issued_at timestamp. At expiry the engine shall automatically set the prescription status to EXPIRED, deactivate the QR code, and push an expiry notification to the patient.	e-Prescription
FR-RX-04	The prescription engine shall enforce a 48-hour expiry warning: a push notification shall be sent to the patient's app 48 hours before any active prescription expires. The notification shall include the medicine list and the nearest partner pharmacy.	e-Prescription
FR-RX-05	The engine shall expose the prescription record as a downloadable, print-ready PDF. The PDF shall include the embedded QR code at minimum 3 cm × 3 cm at standard print size, rendered at minimum 300 dpi equivalent, with QR error correction level M (15%). The PDF shall be generated by the server — no client-side PDF generation is permitted.	e-Prescription

EF4. Call Centre Software Platform

The call centre software platform is the agent-facing interface through which helpline staff handle inbound patient calls. It must be fully integrated with the Telemedicine Platform Core —

agents must be able to access patient records, active prescriptions, and QR status from within the call handling interface without switching applications.

Req. ID	Requirement	Category
FR-CC-01	The call centre software shall provide agents with a unified interface that simultaneously displays: active call controls, patient record (loaded upon verified caller identity), active e-prescriptions with current QR status (ACTIVE / REDEEMED / EXPIRED), consultation history summary, and an action panel for initiating helpline-to-platform escalations. All data shall be pulled live from the Telemedicine Platform Core API.	Call Centre SW
FR-CC-02	Caller identity verification shall be performed within the call centre software by having the agent enter the caller's registered mobile number. The software shall query the Telemedicine Platform Core patient lookup API and surface the matching patient record. Identity verification must complete within 3 seconds of query submission.	Call Centre SW
FR-CC-03	The IVR software shall support call routing in both English and Urdu.	Call Centre SW
FR-CC-04	All inbound calls shall be automatically associated with the verified patient record in the Telemedicine Platform Core. Agents shall be able to create a helpline consultation note.	Call Centre SW
FR-CC-05	The call centre software shall provide real-time supervisor dashboards showing: live queue depth, number of active calls, average current wait time, per-agent status (available / on-call / wrap-up / offline), SLA threshold indicators (green/amber/red), and call abandonment count for the current period. Dashboard data shall refresh every 5 seconds minimum.	Call Centre SW
FR-CC-06	Monthly performance reports shall be auto-generated by the software covering: total call volume, average handling time, average wait time, call abandonment	Call Centre SW

Req. ID	Requirement	Category
	rate, agent utilisation rate, SLA compliance rate, and escalation volume.	

EF6. Kiosk Software

The Kiosk Software is the patient-facing software layer running on physical Telemedicine Kiosk hardware. It must be a full, integrated front-end to the Telemedicine Platform Core — sharing the same patient database, EMR, session engine, QR signing engine, and pharmacy network. A consultation conducted on a kiosk must produce an EMR record and a QR-coded prescription that is immediately redeemable at any partner pharmacy, indistinguishable from one issued via the patient mobile app.

EF6.1 Kiosk Software — Core Requirements

Req. ID	Requirement	Category
FR-KS-01	The Kiosk Software shall communicate with the Telemedicine Platform Core over TLS 1.2 minimum using a KIOSK-role-scoped service account token.	Kiosk SW
FR-KS-02	Patient authentication on the kiosk shall use OTP sent to the patient's registered mobile number. Anonymous kiosk sessions are not permitted. Upon authentication the kiosk software shall retrieve the patient's full profile and EMR summary from the Telemedicine Platform Core.	Kiosk SW
FR-KS-03	The Kiosk Software shall support vitals capture from connected hardware devices. The following integrations are mandatory at the software level: (a) electronic blood pressure cuff — systolic, diastolic, pulse rate, (b) pulse oximeter — SpO2 and pulse rate, (c) contactless thermometer — body temperature in degrees Celsius. Captured readings shall be structured as a vitals payload and transmitted to the Telemedicine Platform Core via the Vitals Intake API (FR-KI-API-01) before the doctor session begins.	Kiosk SW — Vitals Integration
FR-KS-04	The Kiosk Software shall initiate a teleconsultation session with the Telemedicine Platform Core session engine using the same session establishment protocol as the patient app. The doctor's interface shall receive the patient's EMR and vitals automatically before the session is marked as active.	Kiosk SW
FR-KS-05	Upon e-prescription issuance during a kiosk consultation, the Kiosk Software shall: (a) receive the signed QR payload and prescription PDF from the Telemedicine Platform Core prescription engine	Kiosk SW — Pharmacy Integration

Req. ID	Requirement	Category
	(same engine as FR-RX-02), (b) display the QR code on the kiosk screen for patient to photograph, (c) print a physical prescription using the connected thermal or laser printer. The physical printout must meet the same QR quality standards as the PDF (FR-RX-05). The kiosk shall not generate the QR or sign the prescription locally.	
FR-KS-06	The printed prescription from the kiosk shall be redeemable at any partner pharmacy using the pharmacy dispensation software in exactly the same manner as a prescription PDF printed from the patient app. The QR on the kiosk printout and the QR in the patient app are derived from the same rx_id and platform_sig — there is no separate kiosk prescription format.	Kiosk SW — Pharmacy Integration
FR-KS-07	The Kiosk Software shall support remote management: software updates, configuration changes, device health checks, and diagnostics shall be deployable over the network without physical on-site access. The kiosk shall send a heartbeat signal to the remote management console every 60 seconds including: online/offline status, connected vitals device status (each device), printer status (paper level, connectivity), last successful platform sync timestamp.	Kiosk SW
FR-KS-08	All data on the kiosk shall be encrypted at rest using AES-256. No patient EMR data shall be retained on the kiosk hardware beyond the active session — all session data shall be flushed from local storage upon session end. Only device operational data (heartbeat logs, offline queue) may persist locally.	Kiosk SW
FR-KS-09	The Kiosk Software user interface shall support both English and Urdu with full RTL layout for Urdu mode. The interface shall be navigable without prior training — a first-time patient shall be able to complete authentication, vitals capture, and initiate a consultation without staff assistance.	Kiosk SW

F7. Admin & Reporting Dashboard

The Admin Dashboard is the operational nerve centre of the programme. It consolidates live data from all seven software components — the telemedicine platform, pharmacy software, kiosk software, call centre, and all apps — into a single interface accessible to the service provider's operations team and, at a read-only level, to the Procuring Entity.

Req. ID	Requirement	Category
FR-AD-01	The Admin Dashboard shall be a web application accessible via Chrome and Edge (latest 2 versions). Role-based access shall provide the Procuring Entity with a read-only observer view of all programme metrics, logs, and reports. Procuring Entity access shall require MFA.	Admin SW
FR-AD-02	The dashboard shall display real-time programme metrics refreshed every 30 seconds minimum: live consultation queue depth per city, total consultations today, active doctors online, call centre queue depth and agent count, prescriptions issued today, QR redemptions today (full and partial), active anomaly flags, and per-SLA compliance status (RAG).	Admin SW
FR-AD-03	The dashboard shall include a cross-system integration health monitor showing the live status of each API integration: Telemedicine Core ↔ Pharmacy API, Telemedicine Core ↔ Kiosk API, Telemedicine Core ↔ Call Centre, Telemedicine Core ↔ Patient App, Telemedicine Core ↔ Doctor App/Portal. Each integration link shall show last successful call timestamp, current error rate, and average response time.	Admin SW
FR-AD-04	The dashboard shall auto-generate five monthly reports by the 5th working day of the following month: (a) Programme Summary — consultations, prescriptions, QR redemptions, unique patients; (b) SLA Compliance — per-SLA performance vs target, breach count and duration; (c) Clinical Quality — QA audit scores, doctor ratings; (d) Pharmacy Network — redemptions per pharmacy, anomaly flags, partial redemption rate; (e) Kiosk Performance — consultations per kiosk, vitals capture rate, printer	Admin SW

Req. ID	Requirement	Category
	events, offline incidents. All reports shall be available as PDF and CSV exports.	
FR-AD-05	The dashboard shall generate automated SLA breach alerts to the service provider operations team and the Procuring Entity designated contact via email and SMS within 15 minutes of any SLA threshold breach. Alerts shall include: metric name, current value, target value, and breach duration.	Admin SW

Ef8. Software Security Requirements

This section covers software-layer security requirements only. Infrastructure-level security (firewalls, physical access, server hardening) is covered in Section E. The requirements below apply to all seven software components listed in the scope table.

Req. ID	Requirement	Category
NFR-SEC-01	All seven software components shall be designed, developed, and tested against the current OWASP Top 10 (web/API) and OWASP Mobile Security Testing Guide (MSTG) for mobile applications. Evidence of secure SDLC practices, static analysis results, and dynamic testing results shall be submitted with the technical proposal.	Security
NFR-SEC-02	All data in transit between any two software components — patient app, doctor app/portal, kiosk software, pharmacy software, call centre software, admin dashboard, and the Telemedicine Platform Core — shall be encrypted using TLS 1.2 minimum. Certificate pinning shall be implemented in the patient app, doctor app, and kiosk software.	Security
NFR-SEC-03	All patient data stored by any software component — EMR records, e-prescriptions, dispensation records, call annotations — shall be encrypted at rest using AES-256. Encryption keys shall be managed through a dedicated key management service. Hardcoded keys are not permitted.	Security
NFR-SEC-04	Role-Based Access Control (RBAC) shall be enforced across all components. Minimum roles: Patient, General Physician, Specialist, Pharmacist, Call Centre Agent, QA Auditor, Shift Manager, Kiosk Service Account, IT Administrator, Service Provider Admin. Each role shall have the minimum permissions required and no role shall have access beyond its operational scope.	Security
NFR-SEC-05	MFA shall be mandatory for: Doctor App/Portal login, Pharmacy Portal login, Call Centre supervisor login, Admin Dashboard login (all roles including Procuring Entity observer). Patient app login shall use OTP-based verification at minimum.	Security

Req. ID	Requirement	Category
NFR-SEC-06	All seven components shall write immutable, append-only audit logs to the Telemedicine Platform Core audit log service. Logged events shall include at minimum: user identity, action type, target record ID, timestamp (UTC), source IP, and source component. Audit logs shall be retained for 2 years.	Security
NFR-SEC-07	All video consultation sessions shall be end-to-end encrypted.	Security
NFR-SEC-08	A documented software incident response plan shall be in place prior to go-live. The plan shall define critical incident categories, escalation paths, and remediation timelines.	Security
NFR-SEC-09	An independent penetration test (black-box and grey-box) covering all seven components and their integration points shall be conducted before go-live. Annual repeats are mandatory.	Security

F9. Software Performance Requirements

The following performance requirements apply to the software layer. They shall be met under normal operating conditions defined as up to 3x baseline concurrent user load. Load test evidence must be provided in the technical proposal.

Req. ID	Requirement	Category
NFR-PER-01	The Telemedicine Platform Core shall support a minimum of 50,000 concurrent active sessions at launch. The software architecture shall support horizontal scaling to 200,000 concurrent users. Scaling must be achievable within 15 minutes of an auto-scale trigger without manual intervention.	Performance
NFR-PER-02	Patient app home screen and QR prescription display shall load within 3 seconds on 4G and 8 seconds on 3G. These are cold-start measurements (app not in memory).	Performance

Req. ID	Requirement	Category
NFR-PER-03	Teleconsultation session setup time — from patient tap to live video with doctor — shall not exceed 60 seconds under 4G conditions, excluding queue wait time.	Performance
NFR-PER-04	Video end-to-end latency shall not exceed 300 milliseconds under 4G conditions. Audio latency shall not exceed 150 milliseconds.	Performance
NFR-PER-05	The overall platform uptime shall be 99.9% per month across all software components. Downtime is any period during which consultation, prescription, or pharmacy verification is unavailable to any user. Pre-approved maintenance windows are limited to 4 hours per month between 02:00–06:00 PKT with 72 hours advance notice.	Performance
NFR-PER-06	The mobile app crash rate (unhandled exceptions causing session termination) shall not exceed 0.1% of all sessions on a monthly basis across both platforms.	Performance
NFR-PER-07	Automated database backups shall be performed every 6 hours. Backup operations shall not cause any degradation in API response times or user-facing performance.	Performance

EF10. Software Service Level Agreements

The following SLAs are binding on the service provider from the programme go-live date. All metrics shall be measured by the platform's own monitoring software and reported to the Procuring Entity monthly. SLA breach of any Mandatory metric shall invoke the penalty provisions of the contract.

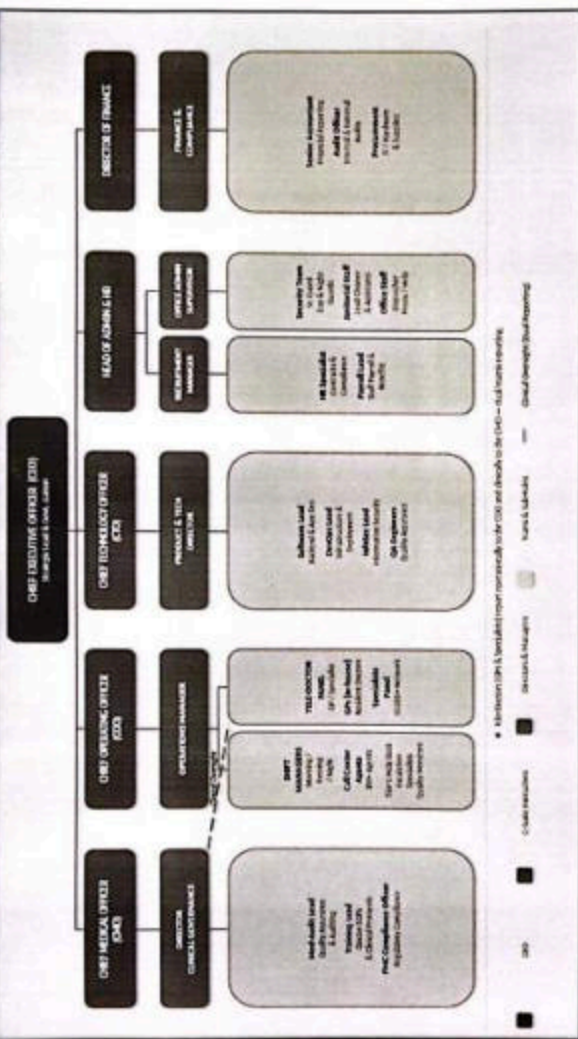
SLA ID	Metric	Target	Measurement Period
SLA-01	Platform Uptime — all software components (consultation, prescription, pharmacy verification, call centre, kiosk)	≥ 99.9% per month	Monthly
SLA-02	Average Doctor Connect Time — queue entry to live doctor session (peak hours 08:00–22:00 PKT)	≤ 3 minutes average	Daily (peak hours)
SLA-03	Video Session Drop Rate — sessions terminated by the platform software (not by patient or doctor)	≤ 2% of sessions	Monthly
SLA-04	e-Prescription & QR Generation Time — consultation end to QR-coded prescription available on patient app and kiosk	≤ 10 minutes	Per consultation
SLA-05	Helpline Call Answer Time — call connection to live agent (peak hours)	≤ 2 minutes average	Daily (peak hours)
SLA-06	Patient App Crash Rate	≤ 0.1% of sessions	Monthly

Appendix A — Acronyms & Definitions

Term	Definition
AES-256	Advanced Encryption Standard with 256-bit key — minimum standard for data-at-rest encryption across all software components
API	Application Programming Interface — the defined contract through which software components communicate
CNIC	Computerised National Identity Card — used for patient identity; stored as SHA-256 hash in QR payloads
ECDSA P-256	Elliptic Curve Digital Signature Algorithm (P-256 curve) — the cryptographic standard used by the QR Signing Engine
EMR	Electronic Medical Records — the structured, tamper-proof clinical record maintained by the Telemedicine Platform Core
expires_at	ISO 8601 UTC timestamp in the QR payload — exactly 168 hours (7 days) after issued_at; prescriptions are rejected after this time
HSM	Hardware Security Module — a tamper-resistant device used to store the QR signing private key
ICD-10	International Classification of Diseases, 10th Revision — used for standardised diagnosis coding in the EMR
issued_at	ISO 8601 UTC timestamp in the QR payload — the exact moment the e-prescription was generated
IVR	Interactive Voice Response — the automated call routing software for the helpline
JWT	JSON Web Token — a compact, digitally signed token used for API authentication; maximum 60-minute validity
MFA	Multi-Factor Authentication — required for all staff-facing software logins
medicine_hash	SHA-256 hash of the canonical medicines array — used by the pharmacy portal to verify prescription integrity without storing full details in the QR
MSG	OWASP Mobile Security Testing Guide — mobile security standard applied to patient app, doctor app, and pharmacy mobile app
OTP	One-Time Password — time-limited code sent to registered mobile number for patient authentication

Term	Definition
OWASP Top 10	Open Web Application Security Project — the authoritative list of critical web and API security vulnerabilities
patient_cnic_hash	SHA-256 hash of the patient's raw CNIC number — included in QR payload for identity verification without exposing the CNIC itself
PARTIAL	Prescription status: some medicines have been dispensed but others remain pending collection at another pharmacy
platform_sig	ECDSA P-256 digital signature of the QR JSON payload — generated by the QR Signing Engine; verified by pharmacy software
PMDC / PMC	Pakistan Medical and Dental Council / Pakistan Medical Commission — the regulatory body whose registration number appears on every prescription
push notification	A software message delivered to the patient app from the Telemedicine Platform Core notification engine without the patient actively using the app
RBAC	Role-Based Access Control — software access permissions defined by user role, enforced by the Telemedicine Platform Core
REDEEMED	Prescription status: all prescribed medicines have been fully dispensed
RTL	Right-to-Left — text rendering direction required for Urdu script in all software interfaces
rx_id	Prescription identifier — UUID v4 generated by the Telemedicine Platform Core at prescription creation; primary key for all pharmacy lookups
SHA-256	Secure Hash Algorithm (256-bit) — used to hash CNIC numbers and medicines arrays in the QR payload
SSE	Server-Sent Events — a push technology used for real-time dashboard updates
TLS 1.2	Transport Layer Security version 1.2 — minimum encryption standard for all software-to-software communication
UUID v4	Universally Unique Identifier version 4 — randomly generated; used as rx_id to ensure globally unique prescription identifiers
VAPT	Vulnerability Assessment and Penetration Testing — mandatory pre-launch security assessment of all software components
WebSocket	A protocol for persistent, bidirectional communication — used for real-time queue and dashboard updates

ORGANISATIONAL CHART – FULL RESPONDING BRANCH



Information Systems & Technology Support (reporting to the CEO and directly to the CTO) – full time resource
 Finance & Compliance
 Human Resources
 Clinical Support (Lead Reporting)

BOQs

MARKETING

BILL OF QUANTITIES (BOQ)

Component 2: Advertising, Marketing & Communications / National Telemedicine Programme / Contract
 Duration: 24 Months (Phase 1 Starting: 21 Months)

S.No	Description of Work / Deliverable	Specification / Notes	Unit	Quantity
SECTION A: DIGITAL INFRASTRUCTURE SETUP				
A1 — Website & Digital Channels				
A1.1	Official Telemedicine Pakistan Website Development	Bilingual (English/Urdu RTL), mobile-responsive, SSL-secured, SEO-optimized, operational within 30 days	Lump Sum	1
A1.2	Website Hosting & Maintenance	Full 24-month contract duration	Months	24
A1.3	Social Media Account Setup & Verification	YouTube, Facebook, Instagram, TikTok, LinkedIn, WhatsApp Channel — verified business accounts	Lump Sum	1
A1.4	Social Media Channel Management	content publishing, community management, comment moderation, analytics reporting — full contract duration	Months	24
SECTION B: PHASE 1 — CREATIVE (Days: 1-90)				
B1 — Creative Deliverables				
B1.1	Creative Static Posters	High-resolution, MoVHS&C approval required	Posters	30
B1.2	Creative Animated DVCs	Animated digital video content	Videos	2
B1.3	Hype-Creating Videos via Content Creators	Produced and published by influencer/content creator talent	Videos	15
B1.4	Timelapse Videos — Kiosk Construction & Platform Dev	Professionally edited, branded, published across digital channels	Lump Sum	1
B1.5	Half-Page Newspaper Advertisements	National English and Urdu dailies	Ads	2
B2 — Television Advertising				

S.No	Description of Work / Deliverable	Specification / Notes	Unit	Quantity
BA.1	Television Airtime	Mainstream national channels, maximum 60 minutes total	Minutes	60
B3 — Podcast & Morning Show Integration				
BA.1	Podcast Interviews	Programme leadership, doctors, health experts, patient advocates — repurposed for digital distribution	Episodes	10
BA.2	Morning Show Integrations	Mainstream national television channels	Integrations	2
SECTION C: PHASE 2 — REVEAL & LAUNCH (Days 31-99)				
C1 — Launch Events				
C1.1	Launch Event — IHITC Islamabad	Full production: stage design, branding. All: guest management, VIP coordination, media facilitation	Event	1
C1.2	Launch Event — NRIFC	Full production: stage design, branding. All: guest management, VIP coordination, media facilitation	Event	1
C1.3	News Media Placements (Launch Events)	Print, broadcast, and digital media outlets	Placements	30
C2 — Influencer Engagement				
C2.1	Social Media Influencer Engagement — Phase 2	Min. 500K followers each, combined estimated reach 30M+	Influencers	15
C2.2	UGC Videos by Influencers/Content Creators	Published on official Telemedicine Pakistan social media channels	Videos	60
C3 — Outdoor Advertising				
C3.1	Billboard Sites — Karachi	Min. 30ft x 50ft, 2-month duration, min. 3 rotating designs, MoNHSR&C	Sites	2
C3.2	Billboard Sites — Islamabad	Min. 30ft x 50ft, 2-month duration, min. 3 rotating designs, MoNHSR&C	Sites	2
C3.3	Billboard Creative Designs	Minimum 3 unique designs across all sites	Designs	3
C4 — Telemedicine Awareness Camps				

S.No	Description of Work / Deliverable	Specification / Notes	Unit	Quantity
C4.1	Awareness Camp Operations	30-day programme across hospitals, schools, universities, public spaces — Islamabad & Karachi. Includes engagement, demos, collateral	Camp Days	30
C4.2	Branded Collateral for Awareness Camps	Flyers, standees, and branded materials per venue	Lump Sum	1
C4.3	Video Recording & Photography — All Camps	Professional crew at every camp; edited highlight reels per venue eye for digital and broadcast use	Lump Sum	1
C5 — Social Media Content Production				
C5.1	Telemedicine Awareness Videos by Doctors	Urdu with English subtitles, branded, optimized for YouTube, Facebook, Instagram Reels, TikTok	Videos	45
C5.2	AI-Generated General Wellness & Health Awareness Videos	Bilingual, branded with National Telemedicine Programme identity	Videos	20
C6 — Creative Deliverables				
C6.1	Creative Static Posters	High resolution, MoNHSR&C approval required	Posters	60
C6.2	Creative Animated DVCs	Animated digital video content	Videos	10
C6.3	Shoot-Based DVCs	Cinema-grade equipment, full production team, MoNHSR&C approval required	Videos	10
C6.4	Road Survey Videos	On-ground coverage across programme areas	Videos	60
C6.5	Patient Success / Testimonial Story Videos	Real patient stories, professionally produced	Videos	15
C6.6	BTS Videos — Backend Operations	Behind-the-scenes of platform operations	Videos	5
C6.7	Half-Page Newspaper Advertisements — Phase 2	National dailies	Ads	2
C7 — Television Advertising				

S.No	Description of Work / Deliverable	Specification / Notes	Unit	Quantity
C7.1	Television Airtime	Mainstream national channels, minimum 120 minutes total	Minutes	120

SECTION D: PHASE 3 — POST-LAUNCH SUSTAIN (21 Months)

D1 — Influencer Engagement (Monthly x 21)

D1.1	Social Media Influencer Engagement	2 influencers/month x 21 months Min. 500K followers each	Influencers	42
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D2 — Social Media Content Production (Monthly x 21)

D2.1	Telemedicine Awareness Videos by Doctors	20 videos/month x 21 months Urdu with English subtitles, branded	Videos	420
D2.2	UGC Videos by Influencers / Content Creators	8 videos/month x 21 months Published on official channels	Videos	168

D3 — Monthly Deliverables (Monthly x 21)

D3.1	Creative Static Posters	30 posters/month x 21 months MoNHSR&C approval required	Posters	630
D3.2	Road Survey Videos	15 videos/month x 21 months	Videos	315
D3.3	Patient Success / Testimonial Story Videos	4 videos/month x 21 months Professionally produced	Videos	84

SECTION E: MEDIA PRODUCTION TEAM (Full Contract)

E1	Creative Director	12+ years experience Integrated campaign leadership	Lump Sum	1
E2	Video Director	6+ years directing TVCs & documentaries	Lump Sum	1
E3	Art Director	9+ years agency experience	Lump Sum	1
E4	Senior Visualizer	5+ years, senior/lead capacity	Lump Sum	1
E5	Visualizer	3+ years in creative agency environment	Lump Sum	1
E6	Director of Photography (DOP)	10+ years commercials/documentaries, cinema-grade equipment	Lump Sum	1

S.No	Description of Work / Deliverable	Specification / Notes	Unit	Quantity
E7	Script Writer	3+ years, Bilingual Urdu/English, public service campaign experience	Lump Sum	1

FINAL CHECKLIST FOR BIDDERS:

- Technical Proposal submitted separately
- Financial Proposal submitted separately
- Bid Security attached
- Workshop ownership proof attached
- Site visit certificate attached
- Compliance sheet attached
- NTN, STRN, and ATL status verified
- Manufacturer Authorization (if applicable)
- All documents signed and stamped

Project Title:

"HIRING FOR THE SERVICES FOR DESIGN, DEVELOPMENT, DEPLOYMENT, IMPLEMENTATION & OPERATIONS OF TELEMEDICINE SERVICES" UNDER THE MINISTRY OF NATIONAL HEALTH SERVICES, REGULATIONS & COORDINATION

Bill of Quantity

Project Reference: 29/01/2016 TELEMEDICINE

Date of Issue:

Date:

Preamble:

This Bill of Quantities shall be read in conjunction with the tender drawings, specifications, and conditions of contract. All items are deemed to include all necessary materials, labour, plant, equipment, transportation, supervision, testing, and

incidentals required to deliver the works complete and functional, unless otherwise stated. Rates shall be all-inclusive. Quantities are provisional and subject to measurement upon completion based on actual work done.

Unit: Abbreviation

NOS: Numbers

SQFT: Square Foot

RFT: Running Foot

JOB: Job (Lump Sum)

PART 1: SERVICES FOR, SYSTEM DESIGN & OPERATIONAL FRAMEWORK

Item No.	Description of Works (In Accordance with Specifications)	Unit	Quantity
1.1	Development of Comprehensive Policy Framework for TELEMEDICINE SERVICES including governance model, escalation hierarchy, service levels, and compliance requirements	JOB	1
1.2	Design of Operational Workflows defining roles, responsibilities, complaint lifecycle, turnaround times (TATs), and escalation protocols	JOB	1
1.3	Development of Penalty & Reward Framework for service providers, facilities, and internal stakeholders	JOB	1
1.4	Preparation of Training Framework covering MoNHSR&C staff, call center personnel, facility focal persons, and health officers	JOB	1
1.5	Legal & Regulatory Compliance Assessment including PPRA, data protection, cybersecurity, and applicable health laws	JOB	1
1.6	Development of Continuous Improvement & System Enhancement Plan including KPIs, audits, and feedback loops	JOB	1
1.7	Feasibility, planning, and roadmap for national-level rollout of TELEMEDICINE SERVICES	JOB	1

PART 2: CIVIL, ELECTRICAL, AC & FACILITY RENOVATION WORKS

Sr. No.	DESCRIPTION	QTY	UNIT	RATE	AMOUNT
A	CIVIL , PAINT , GLASS, MARBLE , PLUMBING , TILES WORKS , MS STEEL , ETC				
1	SUPPLY AND FIXING MASONRY WALL 6" BLOCK AND 1" PLASTER BOTH SIDES.	SFT	1500		
2	MASONRY WALL DISMANTLING AND DEBRIS MOVE OUT SIDE .	NOS	1		
3	SEWERAGE EXISTING LINES DISMANTLE AND REPLACE 4" PIPE WITH MATERIAL AND LABOUR COMPLETER FITINGS ETC	RFT	800		
4	WATER PROOFING ON ROOF WITH MATERIAL AND LABOUR	SFT	19750		
5	REPAIRING OF ROOF PARAFET WALLS WITH MATERIAL AND LABOUR ETC	SFT	4000		
6	SUPPLY AND FIXING NEW TILE FLOORING 2 * 2 PORCELAIN TILE FULL BODY (CHINA , TIME CERAMICS)WITH MATERIAL TILE BOND ETC AND LABOUR.	SFT	4500		
7	SUPPLY AND FIXING OF BATHROOM DOUBLE BIB COCK TAP (IRFAN , FAISAL) .	NOS	18		
8	SUPPLY AND FIXING OF MUSLIM SHOWERS (MASTER , IRFAN) .	NOS	18		
9	SUPPLY AND FIXING BATHROOM COMMODES AND WC ONE PIECE (DURR , PORTA) .	NOS	18		
10	SUPPLY AND FIXING OF BATHROOM TEA COCKS TAP (IRFAN , FAISAL)	NOS	36		
11	SUPPLY AND FIXING OF BAISIN MIXTURE TAP (IRFAN , FAISAL)	NOS	18		

12	SUPPLY AND FIXING NEW BATHROOMS TILES 16 * 16 CERAMIC (TIME CERAMICS) ALSO DISMANTLING TILE OF ALL EXISTING BATHROOMS WITH NEW COMPLETE PIPE FITTINGS PPR (MINHAS) CEMENT , BOND WITH MATERIAL AND LABOUR	NOS	18		
13	SUPPLY AND FIXING MS MAIN GATE SIZE 23 FT * 12 FT 16 GUAGE STEEL APOXY PAINT WITH MATERIAL AND LABOUR	SFT	276		
14	SUPPLY AND FIXING ROLLER BLINDS WITH MATERIAL AND LABOUR .	SFT	1000		
15	SUPPLY AND FIXING 2 *2 FALSE CEILING WITH G.I SUSPENTION SYSTEM WITH MATERIAL AND LABOUR .	SFT	7000		
16	DISMANTLING AND REMOVE DEBRIS OF ALL EXISTING ROOF CEILING .	SFT	5000		
17	SUPPLY AND FIXING PLANTERS AS PER DESIGN 20" DIA TO BE IN S.S SHEET WITH INDOOR PLANTS COMPLETE MATERIAL AND LABOUR .	NOS	50		
18	SUPPLY AND FIXING OF NATURAL GRASS WITH FERTILIZER COMPLETE MATERIAL AND LABOUR.	SFT	3000		
19	SUPPLY AND FIXING OUTDOOR PLANTS WITH FERTILIZER COMPLETE MATERIAL AND LABOUR .	NOS	500		
20	SUPPLY AND FIXING ALUMINIUM NEW WINDOWS WITH 5MM MIRROR COMPLETE MATERIAL AND LABOUR .	SFT	1000		
21	INSTALLATION OF BORENG SYSTEM WITH ELECTRIC SUBMERSIBLE PUMP	JOB	1		

22	SUPPLY AND CONSTRUCTION OF MAIN GATE CEMENT RAMP WITH MATERIAL AND LABOUR 23 * 12 FT	SFT	450		
23	SUPPLY AND REPAIRING OF BOUNDRY WALLS PLASTER WITH MATERIAL AND LABOUR INTERNAL AND EXTERNAL (CEMENT , RAITI ETC)	SFT	6500		
24	PROVIDING AND APPLY TWO COATS OF WEATHER SHEILD ON BOUNDRY WALLS INTERNAL + EXTERNAL	SFT	23500		
25	SUPPLY AND REPAIRING OF GENERATOR ROOM PLASTER WITH MATERIAL AND LABOUR (CEMENT , RAITI ETC)	SFT	1125		
26	PROVIDING AND APPLY TWO COATS OF MATT FINISH IN GENERATOR ROOM	SFT	2100		
27	SUPPLY AND FIXING MS GENERATOR GATE + ELECTRIC ROOM GATE 16 GUAGE STEEL APOXY PAINT WITH MATERIAL AND LABOUR	SFT	160		
28	SUPPLY AND REPAIRING OF BUILDING OUTER WALLS AND COLUMNS PLASTER WITH MATERIAL AND LABOUR (CEMENT , RAITI ETC)	SFT	3500		
29	PROVIDING AND APPLY TWO COATS OF WEATHER SHEILD ON BUILDING OUTER WALLS AND COLUMNS	SFT	20600		
30	PROVIDING AND FIXING MAIN ENTRANCE 12MM GLASS WITH SPIDER FITTINGS AND DOORS COMPLETE WITH MATERIAL AND LABOUR	SFT	480		
31	PROVIDING AND APPLY TWO COATS OF MATT FINISH INDOOR BUILDING COLOUR WITH MATERIAL AND LABOUR	SFT	25000		

32	PROVIDING AND APPLY WITH MACHINE MARBLE CHIP FLOOR POLISHING WITH CHEMICALS INDOOR BUILDING	SFT	4800		
33	PROVIDING AND FIXING KITCHEN COUNTER MARBLE SLAB WITH CABINETS ALL ACCESSORIES COMPLETE IN ALL RESPECT	SFT	120		
34	PROVIDING AND FIXING 12MM GLASS DOORS WITH HARDWARE AND ACCESSORIES COMPLETE IN ALL RESPECT	SFT	600		
35	PROVIDING AND APPLY WITH MACHINE MARBLE STEPS POLISHING WITH CHEMICALS INDOOR BUILDING	JOB	1		
36	SUPPLY AND REPAIRING OF MARBLE STEPS INDOOR BUILDING COMPLETE IN ALL RESPECT	JOB	1		
37	SUPPLY AND FIXING UPVC DOORS COMPLETE WITH ALL RESPECT SIZE 30" * 84"	NOS	50		
38	PROVIDING AND FIXING OF SS STAIRS RAILING WITH 12MM GLASS INDOOR BUILDING COMPLETE IN ALL RESPECT	RFT	150		
TOTAL AMOUNT CIVIL , PAINT , GLASS, MARBLE , PLUMBING , TILES WORKS , MS STEEL , ETC					
B	CARPENTER + FURNITURE WORKS				
39	SUPPLY AND FIXING WALL PANELING AS PER DESIGN WITH THE USE OF MDF WITH SOLID WOOD PLY AND FINISH WITH POLISH WITH MATERIAL AND LABOUR .	SFT	2000		
40	SUPPLY AND FIXING CABINET 18" DEPTH LAMINATED MDF (ALNOOR TACTILE) WITH ALL HARDWARE ACCESSORIES COMPLETE WITH MATERIAL AND LABOUR.	SFT	2000		

41	SUPPLY AND FIXING WORK STATIONS LAMINATED MDF TOP 4' * 2' AND 14 GAUGE MS FRAME INCLUDING MOBILE BOX WITH SOFT BOARD ON WORK STATIONS WITH COMPLETE HARDWARE AND MATERIAL .	NOS	100		
42	SUPPLY NEST TABLE	NOS	20		
43	SUPPLY AND FIXING EXECUTIVE TABLE POLISH FINISH AS PER DESIGN 8 * 30 FT WITH MATERIAL AND LABOUR.	NOS	6		
44	SUPPLY HYDRUALIC CHAIR FOR WORK STATION (BOSS OR CHARISTER)	NOS	160		
45	SUPPLY HYDRAULIC CHAIR FOR MANAGER (BOSS OR CHARISTER)	NOS	25		
46	SUPPLY SOFA SITTING WITH CENTER TABLE AS PER DESIGN FOR 30 PERSONS .	NOS	1		
47	SUPPLY AND FIXING DOOR LOCKS .	NOS	49		
48	SUPPLY CANTEEN CHAIRS (BOSS OR EQUIVALENT)	NOS	160		
49	SUPPLY CANTEEN TABLESMARBLE TOP WITH MS STEEL FRAME FOR 4 PERSONS (BOSS OR EQUIVALENT)	NOS	50		
50	SUPPLY FOR PERSON OUTDOOR TABLE WITH CHAIR AND SUN SHADE	NOS	1		
51	SUPPLY 2 SITTER SOFA LEATHER FINISH	NOS	20		
52	SUPPLY AND REPAIRING OF OLD WOODEN DOORS WITH POLISH AND HARDWARE ACCESSORIES COMPLETE IN ALL RESPECT	NOS	72		
TOTAL AMOUNT CARPENTER + FURNITURE WORKS					
c	ELECTRIC + NETWORKING + APPLIANCES+UPS +GENERATOR	-	-	-	-

53	SUPPLY AND FIXING UNITED CABELS 7/44 99.9% COPPER	COIL	60		
54	SUPPLY AND FIXING UNITED CABLES 7/64 99.9% COPPER	COIL	40		
55	SUPPLY AND FIXING UNITED CABLES 7/36 99.9% COPPER	COIL	15		
56	SUPPLY AND FIXING UNITED CABLES 3/29 99.9% COPPER	COIL	50		
57	SUPPLY AND FIXING UNITED CABLES 7/29 99.9% COPPER	COIL	20		
58	SUPPLY ELECTRIC TAPE RED AND BLACK COLOUR .	ROLL	10		
59	SUPPLY ELECTRIC SWITCH BOARD (CHINA , ORANGE)	NOS	300		
60	SUPPLY TAI CLIP	BOX	5		
61	SUPPLY COPPER PIPE ¼	COIL	10		
62	SUPPLY COPPER PIPE ½	COIL	10		
63	SUPPLY COPPER PIPE 5/8	COIL	4		
64	SUPPLY AND FIXING DB BOX 16 GUAGE SHEET WITH COMPLETE BREAKERS (SCHINDIER) ETC	NOS	6		
65	SUPPLY PVC CONDUIT PIPE ¼	NOS	50		
66	CHANGE OVER	NOS	8		
67	SUPPLY MAIN DB AND REPAIR PROVISIONAL DBS	JOB	1		
68	SUPPLY AND FIXING 20 CCTV CAMERAS NIGHT VISION 60 HOURS BACKUP COMPLETE WITH ALL RESPECT .	JOB	1		

69	<p>PROVIDING AND FIXING OF COMPLETE NETWORKING INFRASTRUCTURE FOR CALL CENTER WORKSTATION ON PER PERSON BASIS THIS INCLUDES , LAYING OF CAT-6 UTP CABLE FROM THEIR SERVER ROOM TO THE RESPECTIVE AGENTS DESK AVERAGE LENGTH 30 METERS , TERMINATION OF CABLE AT BOTH ENDS WITH PROPER RJ - 45 CONNECTORS , INSTALLATION OF ONE DUAL FACEPLATE WITH BACK BOX ON THE TABLE (1 * NETWORK PORT +1 * TELEPHONE PORT) , INSTALLATION OF I/O MODULES (1 FOR DATA 1 FOR VOICE) , PATCH PANEL TERMINATION AT THE SERVER / NETWORK RACK , PROVIDING 1 * PATCH CORD (3FT) FOR WORKSTATION AND 1 * PATCH CORD (5FT) FOR SERVER ROOM INSIDE,LABELING AND TESTING OF THE COMPLETE LINE WITH NETWORK TESTER, TELEPHONE CABEL LAYING FROM PBX / SERVER ROOM TO USER DESK PROPERLY CONCEALED OR IN SURFACE CASING AS PER SITE CONDITION, ALL NECESSARY ACCESSORIES AND CONSUMABLE INCLUDED (CASING, CLIPS, CONNECTORS,TIES ETC), COMPLETE JOB INCLUDING MATERIAL , LABOUR AND TESTING ON PER PERSON BASIS.</p>	NOS	110		
70	SUPPLY FRIDGE (KENWOOD, DAWLANCE , HAEIR)	NOS	1		
71	SUPPLY MICROWAVE (KAENWOOD , DAWLANCE)	NOS	2		
72	SUPPLY DEEP FREEZER (KENWOOD , DAWLANCE)	NOS	1		
73	SUPPLY WATER DISPENSER (KENWOOD , HAEIR)	NOS	6		

74	SUPPLY STOVE LARGE TWO	NOS	2		
75	STOVE REPAIRING WORK	JOB	1		
76	SUPPLY AND FIXING 2' * 2' LED LIGHT	NOS	250		
77	SUPPLY AND FIXING CEILING FAN	NOS	50		
78	SUPPLY AND FIXING MAIN BACK LIGHT LOGO	NOS	2		
79	SUPPLY AND FIXING DIGITAL SIGNAGE	NOS	4		
80	SUPPLY AND FIXING PROJECTOR WITH SCREEN	NOS	1		
81	SUPPLY AND FIXING BIO METRIC ATTENDANCE SYSTEM	NOS	1		
82	SUPPLY AND FIXING CARD TAP DOOR ENTRANCE	NOS	1		
83	SUPPLY AND INSTALLATION OF 150 KVA NEW CUMMINS DIESEL GENERATOR	NOS	1		
84	SUPPLY AND FIXING FIRE EXTINGUISHER	NOS	18		
85	SUPPLY AND FIXING ROB LIGHT (100 METER)	ROLL	10		
86	SUPPLY AND FIXING SERVER ROOM RACKS	NOS	2		
87	SUPPLY AND INSTALLATION OF UPS COMPLETE SET UP 5KVA WITH ALL ACCESSORIES AND BATTERY BACKUP	NOS	15		
88	SUPPLY AND INSTALLATION OF COMMERCIAL PRINTERS	NOS	6		
89	SUPPLY LARGE DUSTBINS	NOS	20		
90	SUPPLY SS SMOKING BINS	NOS	3		
91	SUPPLY LIQUID SOAP CONTAINERS	NOS	15		
92	SUPPLY BROOM	NOS	10		

93	SUPPLY AND FIXING OF THUMB PRINT ATTENDANCE MACHINES	NOS	2	
94	SUPPLY ELECTRIC KETTLES	NOS	7	
95	SUPPLY AND INSTALLATION OF NEW AC SPLIT 1.5 TON (KENWOOD)	NOS	15	
96	SUPPLY AND INSTALLATION OF NEW AC SPLIT 1 TON (KENWOOD)	NOS	11	
97	SUPPLY AND INSTALLATION OF NEW AC SPLIT 4 TON (KENWOOD)	NOS	4	
98	SUPPLY AND INSTALLATION OF FANCY LIGHTS FOR LOBBY AND HALL ROOF	NOS	44	
99	PROVIDING AND FIXING GENERATOR 50MM WIRE 4 CORE	METER	20	
100	PROVIDING AND FIXING GENERATOR 50MM WIRE 4 CORE FOR EARTHING	METER	20	
	<u>TOTAL AMOUNT ELECTRIC + NETWORKING + APPLIANCES+UPS++GENERATOR</u>			

D. Miscellaneous Works

Item No.	Description	Unit	Quantity
2.37	Any unforeseen or additional works as approved by MoNHSR&C	JOB	1

PART 3: SYSTEM OPERATIONS, TRAINING & AWARENESS

Item No.	Description	Unit	Quantity
3.1	Operation & maintenance of Telemedicine Services including helpdesk, DR setup, backups	JOB	1
3.2	24/7 monitoring, reporting, dashboards, and escalation management	JOB	1
3.3	Training of MoNHSR&C staff, call center personnel, facility focal persons	JOB	1

3.4	Preparation of user manuals, SOPs, and technical documentation	JOB	1
3.5	Awareness campaign of Telemedicine in Karachi and Islamabad	JOB	1
3.6	Periodic audits, maintenance, and system upgrades	JOB	1

Notes

1. All works shall comply with applicable Government rules, PPRA regulations, and safety standards.
2. The Service provider shall execute the assignment on a **turnkey basis**.
3. All assets, systems, data, and documentation produced shall be the **property of MoNHSR&C**.
4. This BOQ is subject to the terms and conditions of the main contract
 - **Report & EPA NOC** – as part of feasibility and PC-I.

Kiosk

#	Item Description	Specification / Notes	Category	Unit	Qty
1	BP Apparatus (Digital)	OMRON / A&D brand preferred; upper arm automatic; with memory function	Medical Equipment	Unit	30
2	Thermometer (Digital/Infrared)	Non-contact infrared forehead thermometer, FDA/CE certified	Medical Equipment	Unit	60
3	Glucometer	With 50 test strips included; lancets included; glucometer brand: Accu-Chek or Contour	Medical Equipment	Unit	30
4	Oximeter (Pulse Oximeter)	Fingertip pulse oximeter; SpO2 + pulse rate display; CE/FDA approved	Medical Equipment	Unit	30

#	Item Description	Specification / Notes	Category	Unit	Qty
5	Weighting & Height Machine	Digital combo (stadiometer + scale); capacity 200kg; accuracy ±100g; floor-standing	Medical Equipment	Unit	30
6	Stethoscope	Littmann Classic II or equivalent; dual-head; standard tubing	Medical Equipment	Unit	30
7	Lab Coat	White cotton-goly blend; embroidered Oladoc logo; sizes as per telehealth workers	Medical Equipment	Unit	60
8	Rapid Test Kits (Starter Pack)	Basic panel: Blood Group / Malaria / HBsAg / Pregnancy; 10 units per test type (consumable — reorder monthly)	Medical Equipment	Pack	30
9	Laptop	Intel Core i5 (12th Gen); 8GB RAM; 256GB SSD; Windows 11 Pro; includes MS Office; webcam built-in or external	IT & AV Equipment	Unit	30
10	Headphone / Headset	Over-ear wired USB headset with noise-cancelling mic; USB plug-and-play; adjustable headband; padded ear cushions; omni/uni-directional mic; suitable for video consultations; Recommended: A4Tech FH200U / HU-7P or equivalent available in Pakistan market	IT & AV Equipment	Unit	30
11	External Webcam (For Consultation)	Full HD 1080p; 30fps; USB plug-and-play; wide-angle lens; noise-cancelling mic; Logitech C920 or equivalent	IT & AV Equipment	Unit	30
12	32" Smart Android LED TV	32" FHD Smart LED; Android OS; HDMI + USB + WiFi + Bluetooth; Samsung / TCL / Hisense; for patient-facing display	IT & AV Equipment	Unit	30
12	Prescription Printer	Thermal/laser A4 printer; minimum 20ppm; USB + WiFi enabled; HP LaserJet / Epson preferred	IT & AV Equipment	Unit	30
13	Attendance Machine (Biometric)	Fingerprint + RFID card; TCP/IP connectivity; Zkteco or equivalent; includes software	IT & AV Equipment	Unit	30

#	Item Description	Specification / Notes	Category	Unit	Qty
14	UPS / Power Backup	1000VA / 500W line-interactive UPS; minimum 30-min backup for laptop + printer + LED	IT & AV Equipment	Unit	30
15	4G Data Device / Internet Connection	4G LTE router/dongle; minimum 50 Mbps download; dual-SIM preferred; Telenor/jazz enterprise SIM	Connectivity	Unit	30
16	Monthly Data Plan (Estimated — 3 months)	Enterprise unlimited / 50GB+ plan; for primary + backup connectivity	Connectivity	Month	30
17	CCTV Camera (Indoor)	2MP Full HD IP camera; night vision; wide-angle; for patient area monitoring; with DVR/NVR or cloud storage	Security & Monitoring	Unit	30
18	DVR / NVR Storage Unit	4-channel DVR; 1TB HDD included; H.265 compression; remote viewing via mobile app	Security & Monitoring	Unit	30
19	Kiosk Stand / Enclosure	Custom-fabricated; lockable enclosure for equipment security; cable management; Oladoc branding panels; powder-coated steel	Furniture	Unit	30
20	Smart Sofa (Patient Seating)	1-seater fabric sofa; ergonomic; easy-clean upholstery; Oladoc branded colour scheme	Furniture	Unit	30
21	Small Chairs (Staff Seating)	Ergonomic office/task chair; adjustable height; lumbar support; fabric seat	Furniture	Unit	60
22	Small Work Table (Staff)	120x60cm workstation table; MDF or steel frame; cable management hole; for laptop + printer placement	Furniture	Unit	30
23	Kiosk Telehealth Worker Uniform	Scrubs or formal uniform set; Oladoc logo embroidery; 2 sets per worker (4 total)	Uniform & Consumables	Unit	120
24	Printer Paper A4 (Starter)	80gsm A4 paper; 5 reams; for prescription printing	Uniforms & Consumables	Ream	150

#	Item Description	Specification / Notes	Category	Unit	Qty
25	Sanitisation & PPE Kit	Hand sanitiser x1; surgical gloves (box of 100); face masks (box of 50); surface disinfectant spray x2	Uniforms & Consumables	Kit	30
26	Installation & Cable Management	Professional installation of CCTV, LED, power points, cable routing within kiosk enclosure	Installation	LS	30
27	IT Setup & Configuration	Laptop OS setup; printer config; CCTV software; attendance machine enrollment; WiFi/internet configuration	Installation	LS	30

Tele Health Worker

1	BP Apparatus (Digital)	OMRON / A&D brand preferred; upper arm automatic; with memory function	Medical Equipment	Unit	90
2	Thermometer (Digital/Infrared)	Non-contact infrared forehead thermometer; FDA/CE certified	Medical Equipment	Unit	180
3	Glucometer	With 50 test strips included; lancets included; glucometer brand: Accu-Chek or Contour	Medical Equipment	Unit	90
4	Oximeter (Pulse Oximeter)	Fingertip pulse oximeter; SpO2 + pulse rate display; CE/FDA approved	Medical Equipment	Unit	90
5	Weighting & Height Machine	Digital combo (scales + scale); capacity 200kg; accuracy $\pm 100g$; floor-standing	Medical Equipment	Unit	90
6	Stethoscope	Littmann Classic III or equivalent; dual-head; standard tubing	Medical Equipment	Unit	90

8	Rapid Test Kits (Starter Pack)	Basic panel: Blood Group / Malaria / HbsAg / Pregnancy; 10 units per test type (consumable – reorder monthly)	Medical Equipment	Pack	90
15	4G Data Device / Internet Connection	4G LTE router/dongle; minimum 50 Mbps download; dual-SIM preferred; Telenor/Jazz enterprise SIM	Connectivity	Unit	130
16	Monthly Data Plan (Estimated – 3 months)	Enterprise unlimited / 50GB+ plan; for primary + backup connectivity	Connectivity	Month	130
23	Telehealth Worker Uniform	Scrubs or formal uniform set; Oladoc logo embroidery; 2 sets per worker (4 total)	Uniforms & Consumables	Unit	180
25	Sanitisation & PPE Kit	Hand sanitiser xl; surgical gloves (box of 100); face masks (box of 50); surface disinfectant spray x2	Uniforms & Consumables	Kit	90
28	Electric Bike CD 70	Honda CD 70 or equivalent; 70cc engine; company-registered; fuel-efficient; for outdoor health worker field visits	Bikes & Rider Equipment	Unit	90
29	Helmet	Full-face or half-face safety helmet; ECE 22.06 certified; Oladoc branded sticker/logo; one per rider	Bikes & Rider Equipment	Unit	90
30	Raincoat	Waterproof polyester raincoat; full-body coverage; high-visibility yellow/orange; one per rider	Bikes & Rider Equipment	Unit	90
31	Delivery Box	Hard-shell rear carrier box; lockable; minimum 30L capacity; mountable on bike rack; for medical kit & document transport	Bikes & Rider Equipment	Unit	90
32	Mobile / Tab Device	Android smartphone minimum 4GB RAM / 64GB storage; 4G LTE; minimum 4000mAh battery; for Oladoc app + GPS + patient data entry	Bikes & Rider Equipment	Unit	90
33	GPS Tracker	Real-time 4G GPS tracker; vehicle-mounted; geo-fencing + live location; web/app dashboard; SIM-enabled	Bikes & Rider Equipment	Unit	90

BOQ – Software Telemedicine

Project Objectives		Key Specifications & Metrics	
A. TELECONSULTATION & DIGITAL HEALTH PLATFORM – CORE SOFTWARE			
A.1	Patient-Facing Mobile Application (Android & iOS)	Published on Google Play & Apple App Store; bilingual EN/UR; RTL; HD video consult; 2G/3G adaptive	Application
A.2	Doctor-Facing Consultation Portal	EMR access during consult; e-Prescription with QR; drug reference DB; availability & referral modules	Web
A.3	Electronic Medical Records (EMR) System	Unique MRN per patient; AES-256 at rest; TLS 1.2+ in transit; e-Prescriptions; 5-yr retention	System
A.4	e-Prescription Module	PDF delivery via app & WhatsApp; single-use redemption enforcement; fraud/anomaly detection	Module
A.5	WhatsApp Business API Integration	e-Prescription, consultation summaries & notifications; EN/UR templates; costs borne by SP	Integration
A.6	Call Center Telephony System (IVR & PBX)	Min 1,800 simultaneous calls; IVR EN/UR; avg answer time ≤30 sec	System
A.7	Customer Relationship Management (CRM) System	Integrated with patient management system & EMR; linked to call center telephony	System
A.8	AI-Powered Voice Note Module	AI voice notes for patient messages via helpline; multilingual (English, Urdu)	Module
A.9	Rating, Feedback & Complaint Management System	5-point rating per consult; complaint tickets; escalation workflows; resolution ≤72 hrs standard / ≤24 hrs critical	Module
A.10	Centralized Administrative Dashboard	Real-time consultation volumes; kiosk utilization; call center metrics; patient satisfaction	Application
B. KIOSK SOFTWARE & INTERCONNECTIVITY			
B.1	Telemedicine Kiosk Software Interface	EN/UR with RTL; patient registration via mobile; video consult; queue management	Kiosk Instances
B.2	Kiosk-Central Platform Integration Layer	Real-time sync with EMR, e-Prescriptions, vital signs data & test results across all 30 kiosks	Integration
C. PHARMACY & INVENTORY MANAGEMENT SOFTWARE			
C.1	Pharmacy Management Software (PMS)	e-Prescription verification via QR; single-use redemption; dispensation audit trail	Outlet Licenses

C.2	Centralized Inventory Management System (IMS)	Real-time stock across warehouses + pharmacies; PEFO rotation; auto-reorder alerts; batch/expiry tracking	System
C.3	Delivery Tracking System	Next-day delivery tracking; digital proof of delivery; rider management	System
D. TELE HEALTH WORKER (THW) APPLICATION			
D.1	Tele Health Worker Mobile Application	Real-time connection to central platform; patient registration; vital signs upload; rapid test result entry	Device Licenses
E. INFRASTRUCTURE & SERVER SOFTWARE			
E.1	Virtualization Platform	Supports 50,000 concurrent users at launch; scalable to 150,000; RAID; redundant NICs & PSUs	License
E.2	Database Management System (DBMS)	High-performance; automated backup every 6 hrs; daily full backup; weekly offsite replication; 5-yr retention	License
E.3	Disaster Recovery & Replication Software	Continuous replication to DR site >200 km from primary; min 1 DR drill per year	License
E.4	End-to-End Video Encryption	E2E encrypted video consultations; TLS 1.2+; AES-256; video latency <300ms; drop rate <2%	License

Hardware Infrastructure Requirements

The successful bidder shall be responsible for the **procurement, ownership, installation, operation, and maintenance of all hardware infrastructure required for the Teleconsultation and Digital Health Platform**. The Procuring Entity shall **not provide any hardware or datacenter infrastructure**.

All infrastructure must be designed to ensure **high availability, scalability, security, and uninterrupted service delivery** for nationwide telemedicine operations.

1. Datacenter Infrastructure Requirements

Req-ID	Requirement Description	Priority
HW-01	The Service Provider shall host all production servers, databases, and infrastructure within its own physical datacenter facility located within Pakistan.	Mandatory
HW-02	The datacenter must meet Tier-III classification (or equivalent) ensuring redundancy, fault tolerance, and high availability.	
HW-03	The datacenter shall provide N+1 redundancy for all critical infrastructure components , including power, cooling, and network connectivity.	
HW-04	The facility must include redundant UPS systems and diesel generator backup capable of sustaining full operations for at least 72 hours during power outages .	
HW-05	The datacenter shall maintain multi-layered physical security controls , including biometric or card-based access control, CCTV surveillance, and visitor logs.	

2. Server Infrastructure Requirements

Req. ID	Requirement Description
HW-06	The server infrastructure must support minimum 50,000 concurrent users at launch , with scalable architecture to accommodate future growth.
HW-07	All production servers must implement hardware-level redundancy , including RAID storage, redundant NICs, and redundant power supplies.
HW-08	Storage infrastructure must support high-performance databases, EMR systems, and consultation records , ensuring secure and reliable patient data storage.
HW-09	The bidder shall provide detailed server configuration specifications , including CPU capacity, memory, storage, virtualization platform, and clustering architecture.

3. Network Infrastructure Requirements

Req. ID	Requirement Description
HW-10	All networking equipment (routers, switches, firewalls) shall be enterprise-grade hardware from recognized vendors .
HW-11	Firmware and operating systems of all networking devices must be vendor-supported and regularly updated .
HW-12	Network infrastructure must support secure connectivity for teleconsultation services including video calls, EMR access, and call center operations .
HW-13	End-of-life hardware shall be replaced proactively prior to deployment and during the contract period .

4. Disaster Recovery (DR) Infrastructure

Req. ID	Requirement Description
HW-14	The Service Provider shall maintain a separate Disaster Recovery (DR) datacenter environment located in a geographically different location within Pakistan.
HW-15	The DR site must support defined Recovery Time Objective (RTO) and Recovery Point Objective (RPO) requirements for the platform.
HW-16	Replication mechanisms must ensure continuous synchronization of patient data, EMR, and operational databases between primary and DR sites.

5. Hardware Documentation & Audit

Req. ID	Requirement Description
HW-17	The Service Provider shall submit a complete Hardware Infrastructure Specification Document as part of the technical proposal.
HW-18	Documentation must include server configurations, storage architecture, network topology diagrams, and datacenter locations .
HW-19	The Procuring Entity reserves the right to conduct physical or remote audits of the datacenter and hardware infrastructure during the contract period.

6. Minimum Hardware Documentation to be Submitted in Technical Proposal

The bidder must submit the following documentation as part of the **Technical Proposal**:

1. Datacenter architecture diagram
2. Server infrastructure specifications
3. Storage architecture and data backup design
4. Network topology and security architecture
5. Disaster recovery site design
6. Datacenter Tier certification or equivalent documentation
7. Physical security controls of datacenter
8. Hardware scalability plan for future expansion

7. Hardware Performance Objectives

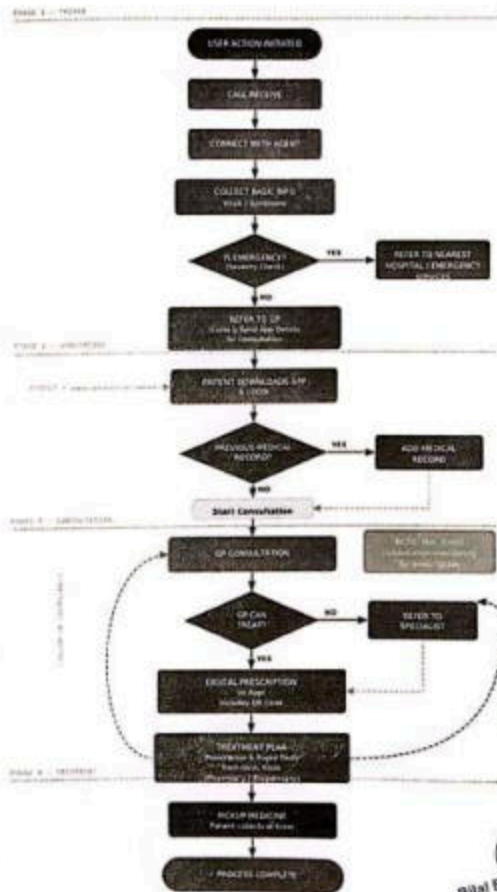
The hardware infrastructure must support the following operational requirements:

- **50,000+ concurrent users at launch**
- **High availability architecture**
- **24/7 teleconsultation operations**
- **Video consultation platform**
- **Electronic Medical Records (EMR) system**
- **Call center telephony systems**
- **Prescription and pharmacy integration modules**

Technical Requirements

Standard Operating Procedure and Clinical Workflow:

● Start / End ● Process Step ● Decision ● Treatment / Output ● Referral / Emergency — Follow Up Loop



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