

**SHAHEED MOHTARMA BENAZIR BHUTTO TRAUMA CENTRE**

**Ph: 02199215759 Fax: 02199215733**

**BIDDING DOCUMENTS (BDs)**

**SUPPLY OF**

**OTHERS ITEMS**

**AT**

**S.M.B.B. TRAUMA CENTRE – KARACHI**

|  |  |
| --- | --- |
| **COST OF TENDER DOCUMENTS:** | **Rs. 500/= Rupees Five Hundred Only (Non-Refundable)** |
| **TENDER PROCEDURE:** | **Single Stage – One Envelope / SPP Rule 46(1)** |
| **TENDER SELLING DATE :** | **From the date of publishing to 20th May, 2016** |
| **TENDER SUBMISSION DATE AND TIME:** | **On 21st May, 2016 from 9.00 a.m. to 11:00 a.m.** |
| **TENDER SUBMISSION PLACE :** | **Office of the Addl. Medical Superintendent / D.D.O, 1st Floor, S.M.B.B. Trauma Centre, Chand Bibi Road – Karachi** |
| **TENDER OPENING DATE AND TIME :** | **On 21st May, 2016 at 12.00 Noon.** |
| **TENDER OPENING PLACE :** | **1st Floor, S.M.B.B. Trauma Centre, Chand Bibi Road – Karachi** |

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**Note: No tender will be accepted after closing of the Tender box, what so ever reason may be.**

**TERMS AND CONDITIONS**

**FOR THE SUPPLY OF OTHERS ITEMS**

**@ SHAHEED MOHTARMA BENZIR BHUTTO TRAUMA CENTRE - KARACHI**

1. S.M.B.B. Trauma Centre invites sealed bids on **Single Stage One Envelopes Procedure** as per clause 46(1) of Sindh Public Procurement Rules 201 0 (Amended 2013/14) from Interested Bidders for “**Others Items**” mentioned in **Annexure - B**.
2. The date for submission of the Tender is fixed on **21-05-2016 up to 11.00 am.** The Tender should be dropped by hand / mail in stipulated date & time in the office of the Addl. Medical Superintendent / D.D.O., S.M.B.B. Trauma Centre – Karachi. This will be opened before the **S.M.B.B. Trauma Centre Procurement Committee** in office of the Addl. Medical Superintendent / D.D.O., 1st Floor, S.M.B.B. Trauma Centre, Chand Bibi Road – Karachi in presence of the bidders or their authorized representatives who wish to be present on the same date at **12.00 Noon.**
3. The Tender form should be completed by typing in both words and in figures against each item according to our Tender Serial Numbers. **The Tender filled up with hand and showing over writing will not be Entertained / Disqualified.**
4. Pay order of Tender Fee amounting to Rs. 500/- (Non-Refundable) must be attached with offer (In Original). For alternate offer a separate Pay order of Tender Fee amounting to Rs. 500/- (Non-Refundable) shall be submitted, otherwise both offers will be ignored.
5. Offers should be inclusive of all Government Taxes.
6. Copy of NTN / GST certificate should be attached with the tender documents else the bids will not be entertained.
7. The firm will be responsible for supply of **Others Items** at consignee (S.M.B.B. Trauma Centre –Karachi (If it fails the Security Deposit will be forfeited).
8. The purchaser (S.M.B.B. Trauma Centre – Karachi) reserves the right to purchase full or part of the store or ignore / scrap / cancel the tender as per relevant rules of SPPRA-2010 (Amended 2013/14)
9. The Contractors / Suppliers / Manufacturers / Authorized Distributors should attach 2% of total value of the quoted items with bid as **BID SECURITY** in shape of Pay Order / Bank Draft issued from the any scheduled Bank of Pakistan in favor of **Addl. Medical Superintendent / D.D.O., S.M.B.B. Trauma Centre – Karachi.**
10. **PERFORMANCE SECURITY:** The successful bidders will have to deposit the requisite Performance Security Bond in the shape of a Pay Order / Demand Draft or Bank Guarantee at 2 % of the Contract Value. The same will be released after successful completion of contract period.
11. Conditional Tenders against the Government rules / policy will not be entertained.
12. All Government Taxes will be deducted from the bills as per Government Rules.
13. The bid shall comprise in single envelope containing the financial proposal and required information mentioned in the Tender Form.
14. Certificate of the Bank turn over for the last three years, else the bids will not be entertained.
15. The bid will be evaluated on sample / best quality basis provided by the bidders.

## CERTIFICATE

We guarantee to supply the store exactly in accordance with the requirement as specified by the Addl. Medical Superintendent / D.D.O., S.M.B.B. Trauma Centre – Karachi.

Signature of Bidder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Firm with full Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Telephone Ph. Office\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax.\_\_\_\_\_\_\_\_\_\_\_\_ Cell No.\_\_\_\_\_\_\_\_\_\_\_\_\_

**“ANNEXURE – A”**

**ELIGIBILITY CRITERIA FOR EVALUATION OF THE BID (OTHERS ITEMS)**

|  |  |  |
| --- | --- | --- |
| **CRITERIA** | **YES** | **NO** |
| Copy of Registration National Tax Number (NTN), General Sale Tax (GST) (Mandatory) and Certificate of valid Professional Tax |  |  |
| Compliance of Terms and Conditions of the Bidding Documents. |  |  |
| Copy of Undertaking regarding supply of required items within stipulated time |  |  |
| Financial Turn-over for the last three years (05.000 (M) in each year) |  |  |
| Relevant experience / Previous Performance for the last three years (Documentary Evidence should be attached) |  |  |

**NOTE:**

**The offer will not be entertained if the required documents have not been found attached.**

**TERMS AND CONDITIONS ACCEPTANCE CERTIFICATE**

I / we, M/s.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby confirmed that we have carefully read all terms and conditions of the tender and also agreed to abide SPPR-2010 (Amended 2013/14) for procurement of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the validity of the tender.

Signature of Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIMEN FOR AUTHORIZATION LETTER BY MANUFACTURER / IMPORTER FOR THEIR DISTRIBUTOR (for Cylinders)**

I/We, M/s.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize M/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as our authorized Distributor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We give undertaking that if there is any sub-standard spurious, counterfeit, misbranded or contaminated and short supply of item(s) by our Distributor, we will be responsible for the same. We also undertake that we have read and understood the terms and conditions of the tender enquiry.

**Signature of Contractor / Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Firm with full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTRACT FORM**

**THIS AGREEMENT** made the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 2016\_\_\_\_\_ between [name of Procuring Agency] of [country of Procuring agency] (here in after called “the Procuring agency”) of the one part and [name of Supplier] of [city and country of Supplier] (here in after called “the Supplier”) of the other part:

WHEREAS the Procuring agency invited bids for certain goods and ancillary services, viz. [brief description of goods and services] and has accepted a bid by the Supplier for the supply of those goods and services in the sum of [contract price in words and figures] (here in after called “the Contract Price”).

**NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:**

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz:

(a) The Bid Form and the Price Schedule submitted by the Bidder;

(b) The Schedule of Requirements;

(c) The Technical Specifications;

(d) The General Conditions of Contract;

(e) The Special Conditions of Contract; and

(f) The Procuring agency’s Notification of Award.

1. 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 services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
2. The Procuring agency hereby covenants to pay the Supplier in consideration of the provision of the goods and 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 Agreement 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)

Signed, sealed, delivered \_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ the (for the Supplier)

**“ANNEXURE – B”**

**SHAHEED MOHTARMA BENAZIR BHUTTO TRAUMA CENTRE – KARACHI**

**TENDER FOR THE SUPPLY OF OTHER MISC. ITEMS**

**SCHEDULE OF REQUIREMENT & PRICE FOR S.M.B.B. TRAUMA CENTRE – KARACHI**

**OTHERS ITEMS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item #** | **Description** | **Req. Qty.** | | **Unit Price** | **Unit Price** |
| 1 | Surface Cleaner 200 ml Bottle  (Dettol / Max or Equivalent) | 5000 | Nos. | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | Lemon Max Dish Wash Liquid 475ml  or Equivalent | 200 | Nos. | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | Tissue Paper Box of 100 Tissues  (Best Quality) | 500 | Boxes | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 | Tissue Paper Roll of 12 Tissues  (Best Quality) | 1200 | Rolls | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5 | Extension Board 5A (6 sockets)  with 3 Meter wire (Best Quality) | 100 | Boxes | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6 | Electric Call Bell (Buzzer) Best Quality | 100 | Boxes | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 | Tea Cup with Saucers (Ceramic) | 20 | Dozens | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8 | Tea Spoon S/S, Standard Size  (Best Quality) | 20 | Dozens | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9 | Quarter Size Plates (Ceramic) | 20 | Dozens | Rs. \_\_\_\_\_\_\_\_ | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | **Total Amount Rs.** | | | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Note: The required items quality will be approved on sample basis, supplied by the Contractor(s) / Supplier(s) on day before the date of opening else the bid will not be considered.**

**COMPRESSED MEDICAL OXYGEN GAS CYLINDERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items #** | **Description** | **Quantity** | **Quoted** | |
| **Unit Price (Rs.)** | **Total Price (Rs.)** |
| **1** | **Compressed Medical Oxygen Cylinder 48 cft** | **50 Nos.** | **Rs. \_\_\_\_\_\_\_\_\_\_\_** | **Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Brand New Empty Medical Oxygen Cylinder with Valve (Linde tested & maintained with medical color coding) |
| **4** | **Compressed Medical Oxygen Cylinder 240 cft** | **70 Nos.** | **Rs. \_\_\_\_\_\_\_\_\_\_\_** | **Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Brand New Empty Medical Oxygen Cylinder with Valve (Linde tested & maintained with medical color coding) |
| **5** | **Cylinder for Carbon Dioxide (CO2) 240 cft** | **15 Nos.** | **Rs. \_\_\_\_\_\_\_\_\_\_\_** | **Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Brand New Empty Medical Oxygen Cylinder with Valve (Linde tested & maintained with medical color coding) |
|  |  | **Total Amount Rs.** | | **Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Note: Cylinders must be certified from M/s. Linde Pakistan or any other authorized reputable company.**

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| --- |
| **Signature of Contractor / Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name of Firm with full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **E mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Ph. Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Res: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |