MOBILE HEALTH UNITS

(PREQUALIFICATION DOCUMENTS)

(FINANCIAL YEAR 2016-17)

GOVERNMENT OF THE PUNJAB
PRIMARY & SECONDARY HEALTHCARE DEPARTMENT
INVITATION FOR PRE QUALIFICATION OF 
SOLEAGENTS/ PARTNERS OF MANUFACTURERS OF 
MOBILE HEALTH UNITS

1. Primary & Secondary Healthcare Department, Government of the Punjab invites sealed proposals for pre-qualification from sole agents/ Partners of manufacturers having established credentials in terms of Technical, Engineering, Performance, Financial and Managerial for the purchase and operation of Mobile Health Units (Qty:20) during financial year 2016-2017 for various districts.

2. A complete set of the Prequalification Documents in English can be downloaded from the official websites of the Punjab Procurement Regulatory Authority [www.ppra.punjab.gov.pk]. Further information can be obtained from the office of the Additional Secretary (Admin) Government of the Punjab, Primary & Secondary Healthcare Department at the address mentioned below. The interested applicant shall pay a non-refundable prequalification fee of PKR 15,000/- (Rupees Fifteen Thousand only) in any branch of National Bank of Pakistan (Head of Accounts: C02871- Health Others) and attach the original receipt along with its application for prequalification.

3. Sealed proposals for pre-qualification are required to be brought in person by the authorized representative of the interested firms on or before 28.10.2016 (Friday) at 11.00 a.m. positively in the office of Additional Secretary (Development), Government of the Punjab, Primary & Secondary Healthcare Department, 1-Birdwood Road, Lahore.

4. The proposal for pre-qualification received till the stipulated date & time shall be opened on the same day at 11.30 a.m. in the presence of authorized representative of the firms who choose to attend.

5. Punjab Procurement Rules 2014 will be followed.

6. Only the prequalified firms will be issued the Tender Documents for onward Purchase Process.

(Dr Faisal Zahoor)  
Additional Secretary (Development)  
Government of the Punjab  
Primary & Secondary Healthcare Department  
(Phone No. +92 42- 99205839)
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GENERAL INSTRUCTIONS

A. General

1. Scope of Applications

   1.1 In connection with the Invitation for Prequalification, the Procuring Agency, issues this Prequalification Document to applicants interested in bidding for supply of Mobile Health Units to be used in different districts of the Punjab.

2. Corrupt Practice

   2.1 (a) In pursuance of this policy, the following terms are defined:
      (i) “Corrupt practice” is the offering, giving, receiving or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;
      (ii) “Fraudulent practice” is 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;
      (iii) “Collusive practice” is an arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party;
      (iv) “Coercive practice” is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party;
      (v) “Obstructive practice” is deliberately destroying, falsifying, altering or concealing of evidence material to the investigation or making false statements to investigators in order to materially impede a Bank investigation into allegations of a corrupt, fraudulent, coercive or collusive practice; and/or threatening, harassing or intimidating any party to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation; or

   (b) the Procuring Agency will reject a proposal for award if it determines that the bidder recommended for award has, directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive or obstructive practices in competing for the contract in question;

   (c) the Procuring Agency will sanction a firm or individual, including declaring ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it, at
any time, determines that the firm has, directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive or obstructive practices in competing for, or in
(d) Procuring Agency will have the right to require that a provision be included in bidding documents requiring bidders, suppliers and manufacturers and their agents to permit the Procuring Agency to inspect their accounts and records and other documents relating to the bid submission and contract performance and to have them audited by auditors appointed by the Purchaser;

3. Eligible Applicants

3.1 An Applicant can be a private, or public entity, or any combination of public or private entities; sole agents/ Partners of foreign manufacturers.

3.2 Firms of a country may be excluded from bidding if as a matter of law or official regulation, the Government of Pakistan prohibits commercial relations with that country or for other reasons.

3.3 A firm declared disqualified / blacklisted by any of the private/public sector organization in Pakistan shall be ineligible to bid for a contract during the period of embargo.

3.4 Applicants and all parties constituting the Applicant shall not have a conflict of interest. Applicants shall be considered to have a conflict of interest, if they participated as a consultant in the preparation of the technical specifications of the goods that are the subject of this prequalification. Where a firm, or a firm from the same economic or financial group, in addition to consulting, also has the capability to manufacture or supply goods or to construct works, that firm, or a firm from the same economic or financial group, cannot normally be a supplier of goods or works, if it provided consulting services for the contract corresponding to this prequalification, unless it can be demonstrated that there is not a significant degree of common ownership, influence or control.

3.5 The applicants must submit the product (foreign) as per reference list of manufacturer, annexed or their equivalent.

B. Contents of the Prequalification Document

4. Sections of Prequalification Document

4.1 The document for prequalification of Applicants (hereinafter -“prequalification document”) consists all the sections indicated below, and should be read in conjunction with any of addendum if issued.
Pre-Qualification of Mobile Health Units

- Section I General Instructions
- Section II Qualification Criteria and Requirements
- Section III Application Form
- Section IV Evaluation Criteria

4.2 The “Invitation for Prequalification Applications” issued by the Procuring Agency is the part of the prequalification document. A sample form is provided as an attachment to this Prequalification Document.

4.3 The Procuring Agency accepts no responsibility for the completeness of the prequalification document and its addenda unless the original receipt of the bank deposit slip is attached with the documents.

4.4 The Applicant is expected to examine all instructions, forms, and terms in the Prequalification Document and to furnish all information or documentation required by the Prequalification Document.

5. Clarification of Prequalification Document

5.1 A prospective Applicant requiring any clarification of the Prequalification Document shall contact the Procuring Agency in writing. The Procuring Agency will respond in writing to any request for clarification provided that such request is received no later than fifteen (15) days prior to the deadline for submission of applications. The Procuring Agency shall forward copies of its response to all applicants who have acquired the prequalification document directly from the Procuring Agency including a description of the inquiry but without identifying its source. Should the Procuring Agency deem it necessary to amend the prequalification document as a result of a clarification it shall do under intimation to all the applicants who have obtained the prequalification documents.

6. Amendment of Prequalification Document

6.1 At any time prior to the deadline for submission of applications, the Procuring Agency may amend the Prequalification Document by issuing addenda.

6.2 Any addendum issued shall be part of the Prequalification Document and shall be communicated in writing to all who have obtained the prequalification document from the Procuring Agency.

6.3 To give prospective Applicants reasonable time to take an addendum into account in preparing their applications, the Procuring Agency may, at its discretion, extend the deadline for the submission of applications.
### C. Preparation of Application

<table>
<thead>
<tr>
<th>Section</th>
<th>Paragraph</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7. Cost of Applications</strong></td>
<td>7.1</td>
<td>The Applicant shall bear all costs associated with the preparation and submission of its application. The Procuring Agency will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the prequalification process.</td>
</tr>
<tr>
<td><strong>8. Language of Application</strong></td>
<td>8.1</td>
<td>The application as well as all correspondence and documents relating to the prequalification exchanged by the Applicant and the Procuring Agency, shall be written in the English language. Supporting documents and printed literature that are part of the application may be in another language, provided they are accompanied by an accurate translation of the relevant passages in the English language, in which case, for purposes of interpretation of the application, the translation shall govern. All such documents should be signed and stamped by the applicant.</td>
</tr>
<tr>
<td><strong>9. Documents Comprising the Application</strong></td>
<td>9.1</td>
<td>The application shall comprise the following; (a) Application Submission Form; (b) documentary evidence establishing the Applicant’s eligibility to prequalify; (c) documentary evidence establishing the Applicant’s qualifications; and (d) any other document required as specified in the documents (e) Supplier’s Declaration (f) Manufacturer’s Declaration</td>
</tr>
<tr>
<td><strong>10. Application Submission Form</strong></td>
<td>10.1</td>
<td>The Applicant shall prepare an Application using the form provided in the documents. This Form must be completed without any alteration to its format.</td>
</tr>
<tr>
<td><strong>11. Documents Establishing the Eligibility of the Applicant</strong></td>
<td>11.1</td>
<td>To establish its eligibility, the Applicant shall complete the Declarations for the Supplier and Principal firm/manufacturer along with other documents mentioned in the Pre-Qualification Form.</td>
</tr>
<tr>
<td><strong>12. Documents Establishing the Qualifications of the Applicant</strong></td>
<td>12.1</td>
<td>To establish its qualifications to perform the contract in accordance with concerned Sections, Qualification Criteria and Requirements, the Applicant shall provide the information requested as evidence to comply with the criteria.</td>
</tr>
</tbody>
</table>
13. Signing of the Application

13.1 The application shall be typed or written in indelible ink and shall be signed by a person duly authorized to sign on behalf of the Applicant.

D. Submission of Application

14. Sealing and Identification of Applications

14.1 The Applicant shall enclose the original application in a sealed envelope that shall:
   (a) bear the name and address of the Applicant;
   (b) be addressed to the Procuring Agency; and
   (c) bear the specific identification of this prequalification process indicated in the documents.

15. Deadline for Submission of Applications

15.1 Applicants will submit their applications by hand. Applications shall be received by the Primary & Secondary Healthcare Department at the address and no later than the deadline indicated in the Invitation for Prequalification.

15.2 The Procuring Agency may, at its discretion, extend the deadline for the submission of applications by amending the Prequalification Document in which case all rights and obligations of the Procuring Agency and the Applicants subject to the previous deadline shall thereafter be subject to the deadline as extended.

16. Late Applications

16.1 Any application received by the Procuring Agency after the deadline for submission of applications will not be entertained.

17. Opening of Applications

17.1 The Procuring Agency shall open all Applications at the date, time and place as specified. Late Applications shall not be accepted.

17.2 Procuring Agency shall prepare a record of the opening of applications that shall include the name and other details of the Applicant.

E. Procedures for Evaluation of Applications

18. Confidentiality

18.1 Information relating to the evaluation of applications, and recommendation for prequalification, shall not be disclosed to Applicants or any other persons not officially concerned.
with such process until the notification of prequalification is made to all Applicants.

18.2 From the deadline for submission of applications to the time of notification of the results of the prequalification, any Applicant that wishes to contact the Procuring Agency on any matter related to the prequalification process, may do so but only in writing.

19. Clarification of Applications

19.1 To assist in the evaluation of applications, the Procuring Agency may, at its discretion, ask any Applicant for a clarification of its application which shall be submitted within a stated reasonable period of time. Any request for clarification and all clarifications shall be in writing.

19.2 If an Applicant does not provide clarifications of the information requested by the deadline, the application shall be evaluated based on the information and documents available at the time of evaluation of the application.

20. Responsiveness of Applications

20.1 All applications not responsive to the requirements of the prequalification document shall be rejected.

F. Evaluation of Applications and Prequalification of Applicants

21. Evaluation of Applications

21.1 The Procuring Agency shall use the factors, criteria, and requirements defined in Evaluation Criteria and Requirements to evaluate the qualifications of the Applicants.

21.2 Physical Verification of data contained in the application may be conducted by an Inspection Team. The firm will not be considered, if found variation between submitted data and on grounds reality.

22. Procuring Agency's Right to Accept or Reject Applications

22.1 The Procuring Agency reserves the right to accept or reject all the applications, and to annul the prequalification process, without thereby incurring any liability to Applicants as per PPRA 2014.

22.2 After pre-qualification, the Department may review the pre-qualification of any firm on some serious complaints and terminate the status, if proved.

23. Prequalification of Applicants

23.1 The Applicants whose applications have met the specified requirements will, to the exclusion of all others, be prequalified by the Procuring Agency.
### 24. Notification of Prequalification

24.1 Once the Procuring Agency has completed the evaluation of the applications it shall notify all Applicants in writing indicating their status as to qualified or ineligible.

24.2 The pre-qualification shall be awarded on individual item basis with manufacturer which are contained in the attached list of equipment.

### 25. Invitation to Bid

25.1 After notification of the results of the prequalification, the Procuring Agency shall initiate the procurement process and issue the Bidding Documents to the pre-qualified firms for further process of purchase.

### 26. Arbitration

26.1 Additional Chief Secretary, Government of the Punjab will be the Arbitrator. The decision of the Arbitrator will be final and binding on the applicant applying for prequalification.
Annex I

SCOPE OF SUPPLY

1. TRUCK HEAD / CHASIS / ENGINE-
   Chassis Length 12 FT approximately, Mobile Unit compartment with partitions for required
   functional areas.
   Engine Type: Diesel Engine EURO II, 4 x2 Stroke, 4-Cylinder, Vertical in, Overhead valves,
   Water cooled direct injection naturally

2. MEDICAL EQUIPMENT;
   Furniture, fixtures, facilities, General Clinical Examination equipment & for Gynae Obs,
   Laboratory, Ultrasound, ECG, Vaccine refrigerator, etc.

3. MISC EQUIPMENT
   Generator, UPS, Air conditioner, Utilities, Laptop, Public Address system & intercom.

OPERATION OF MOBILE UNIT

4. OPERATIONS MANAGEMENT & STAFFING based on a focus for PHC activities.

5. OPERATIONS, REPAIR & MAINTENANCE OF MOBILE UNIT & RELATED EQUIPMENT.

6. MAKING REGULAR ROUNDS IN EACH DISTRICT AS PER PROVIDED SCHEDULE.

7. RECORDING & REPORTING, COVERAGE & PATIENT DATA.
PREQUALIFICATION FORM

PRE-QUALIFICATION OF FIRM / SOLE AGENT

Product applied for: MOBILE HEALTH UNITS

Name of firm _____________________________________________________________

Address ________________________________________________________________

Phone________________________ Fax _________________________________

E-mail________________________ URL http://www.___________________________

Type of firm: ☐ Sole Proprietor ☐ Partner Ship ☐ Limited

Other________ Date of establishment ________________________________

List of Board of Directors, Partners, Key Management Personnel (both Technical, Sales &Management - include position, professional qualification, experience).

____________________________________________________________________

Total area of the firm premises _________________ ☐ Owned ☐ Rented

Total no. of Employees: Technical_______________ Non – Technical _______________

National Tax Number________________________ Date________________________

General Tax Number________________________ Date________________________

Registrations / Prequalification with other departments: __________________________

____________________________________________________________________

Detail of Head / Branch Office / Workshop (s):

Address: ______________________________

Phone________________________ Fax _________________________________

Address: ______________________________

Phone________________________ Fax _________________________________

Annual business turnover, last 3 years (Rs.)_______________________________

Annual Income tax paid, last 3 years (Rs.) ________________________________
## Main Contracts during last three years:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of Item</th>
<th>Name of Manufacturer</th>
<th>Quantity</th>
<th>Year</th>
<th>Institution</th>
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## Sales / Marketing Staff:

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<th>Name</th>
<th>Designation / Responsibility</th>
<th>Qualification</th>
<th>Total Experience</th>
<th>Experience with Current Firm</th>
<th>Training Detail (Local &amp;abroad)</th>
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## Technical Staff:

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<th>Name</th>
<th>Designation / Responsibility</th>
<th>Qualification</th>
<th>Total Experience</th>
<th>Experience with Current Firm</th>
<th>Training Detail (Local &amp;abroad)</th>
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No of Years of experience of Operational Management of Mobile Health Units:______

## Qualified and Trained Doctors for Operation of Mobile Health Units:

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<tr>
<th>Name</th>
<th>Designation / Responsibility</th>
<th>Qualification</th>
<th>Total Experience</th>
<th>Experience with Current Firm</th>
<th>Training Detail (Local &amp;abroad)</th>
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## Qualified and Trained Paramedical/ Nurse staff for Operation of Mobile Health Units:

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<th>Name</th>
<th>Designation / Responsibility</th>
<th>Qualification</th>
<th>Total Experience</th>
<th>Experience with Current Firm</th>
<th>Training Detail (Local &amp;abroad)</th>
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</table>
If the firm has no experience of Operational Management of Mobile Health Unit then the firm should enter into a joint venture with a medical facility/hospital providing OPD facility to at least 200 patients per day. Following details of the Medical Facility/Hospital should be provided.

Name of Hospital/Medical Facility: _________________________________________
Address ______________________________________________________________
Phone _________________________________ Fax __________________________
E-mail _________________________________ URL http://www.__________________
Date of establishment __________
Type of Medical Facilities at the Hospital:__________________________________
Number of OPD Patients per day (Average of last one year): ________________

<table>
<thead>
<tr>
<th>Qualified and Trained Doctors:</th>
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<tbody>
<tr>
<td>Name</td>
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</table>

<table>
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<tr>
<th>Qualified and Trained Paramedical/ Nurse staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
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</tbody>
</table>

Detail of Automobile Workshop (s):
Address: ______________________________________________________________
Phone _________________________________ Fax __________________________

Detail of Medical Equipment/MHU Workshop (s):
Address: ______________________________________________________________
Phone _________________________________ Fax __________________________
Major Testing / Calibration / Repair Tools (for specific product) 
______________________________________________________________

Arbitration History (if any): ________________________________________

Name & Capacity of the Authorized Contact Person: ______________________
Signature of the Authorized Contact Person: ____________________________

Date: ___________________________ Stamp of the Firm: ____________________

DOCUMENTS TO BE ATTACHED (COPIES):

a) Organizational Chart showing chain of command.

b) Valid Sole agency agreement(s) preferably attested by the Embassy Concerned

c) NTN Certificate and GST Certificate

d) Registration / Pre-qualification with other departments.

e) ISO 9001:2008 certificate, if available.

f) References from existing Customers.

g) Other documents as a proof to comply with the qualification criteria and requirements.

h) Copies of Quality Certificate(s).

NOTE: The Original “MANUFACTURER DECLARATION” as per annex III, must be available during physical inspection/ verification of the sole agent.
Annex III
SUPPLIER DECLARATION
(on letter head of the applicant)

To

Dated: ______________

The Secretary
Government of the Punjab
Primary & Secondary Healthcare Department

I declare that:

- I am authorized to represent the Firm specified in this prequalification application as the "Firm" for the purpose of prequalification of Mobile Health Units.
- I am the Sole distributor/agent/partner of M/s [name of the principal(s)] for the last [numbers] years.
- All the information provided in this application is current and correct and the firm has no reservations with the Pre-Qualification Documents.
- This application contains all the information as is prescribed in the Prequalification Document.
- The Firm will abide by all the rules and regulations, formulated by the government of Punjab, Primary & Secondary Healthcare Department.
- The firm will notify you of all changes and variations to the Product / its manufacturing status.
- The firm has not been declared ineligible/blacklisted by any Government/ Semi Government Department or Private Organization.
- If the Firm does not abide by the above stated Declaration then the Government of Punjab has every right to Blacklist the Firm as per rules.

Name of the Firm: ____________________________

Name & capacity of the Authorized Contact Person: _________________________

Signature of the Authorized Contact Person: __________________________

Date: _________________________ Stamp of the Firm: _________________________
MANUFACTURER DECLARATION
(on letter head of the manufacturer)

To Dated:____________________

The Secretary
Government of the Punjab
Primary & Secondary Healthcare Department

I declare that:

- I am authorized to represent the Firm __________________________ as the "Manufacturer" for the purpose of prequalification of Mobile Health Units as per following details:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the equipment</th>
<th>Production Country</th>
<th>Production Capacity</th>
<th>Quality Standard Compliance</th>
</tr>
</thead>
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</table>

Note: Please attach the Certificates of Quality Standards' compliance issued by the notified bodies.

- M/s [name of the existing distributor] is our Sole distributor/agent/partner for the last [numbers] years.

- The Firm will abide by all the rules and regulations, formulated by the Government of the Punjab, Primary & Secondary Healthcare Department, Pakistan in connection with this tender.

- Confirmation that our Sole distributor/agent/partner has the requisite technical personnel and tools required to service/maintain the MHU project.

- The firm will notify all changes and variations to the Product/its manufacturing status/change of Sole distributor/agent/partner.

- The firm will execute the project jointly with our Local Agent [name of the agent].

- The firm confirms the availability of spare parts for at least 10 years

- The firm takes the responsibility to fulfill all warranty & service contract related commitments, by themselves or through another supplier/distributor/partner in case existing is changed.

- The firm has not been declared ineligible/blacklisted by any Government/Semi Government Department or Private organization.

- All the information provided in pursuance with this declaration is current and correct.

Name and Capacity of the Authorized Contact Person: __________________________

Signature of the Authorized Contact Person: __________________________

Date:_________________________ Stamp of the Firm: __________________________

(Note: This form will be filled for main equipment, if coming from different source)
EVALUATION / QUALIFICATION CRITERIA and requirements

This section contains evaluation criteria, and information required for the pre-qualification of the Mobile Health Units and operational management.

Most of information required has been specified in the pre qualification form for suppliers, however detailed information about the manufacturer of mobile units should also be provided. This should include details about Mobile health units sold internationally & locally in the last 5 years. Further information about the financial standing, repute of the firm and information about the identification of the relevant contact person in its organization for all administrative & technical issues locally should also be provided.

The firm has to comply with the following parameters, otherwise it will be knocked down and made ineligible for further processing.

<table>
<thead>
<tr>
<th>SR. NO.</th>
<th>EVALUATION PARAMETERS</th>
<th>COMPLIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre-qualification fee</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2</td>
<td>Valid NTN</td>
<td>Yes / No</td>
</tr>
<tr>
<td>3</td>
<td>Valid GST Registration</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4</td>
<td>Valid Sole Agency Certificate of manufacturer</td>
<td>Yes / No</td>
</tr>
<tr>
<td>5</td>
<td>Minimum five years manufacturing history of Mobile Health Unit of the manufacturer of similar nature.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>6</td>
<td>Compliance of international quality certification of European/ Japanese/ USA in respect of Truck head, Fabrication of truck chassis and medical equipment. (attach certificates)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>7</td>
<td>Minimum three year business history of Mobile Health Unit / Similar nature Medical Equipment / provision of clinical OPD services.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>8</td>
<td>After sales service arrangements for Prime Mover +Trailer + Equipment + Operations management ( give detail arrangements/ strategy)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>9</td>
<td>Support Structure relevant to the scope of project</td>
<td>Yes / No</td>
</tr>
<tr>
<td>10</td>
<td>Submission of complete application form</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
### Annex-V

<table>
<thead>
<tr>
<th></th>
<th>Submission of manufacturers’ Declaration Form</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Submission of Supplier Declaration Form</td>
<td>Yes / No</td>
</tr>
<tr>
<td>12.</td>
<td>Brochure &amp; technical description of MHU / Medical equipment</td>
<td>Yes / No</td>
</tr>
<tr>
<td>13.</td>
<td>Satisfactory past performance of the sole agent for execution of after sales services for the last three years (attach certificates)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>14.</td>
<td>PNRA Registration Certificate; if applicable</td>
<td>Yes / No</td>
</tr>
<tr>
<td>15.</td>
<td>Remarks:</td>
<td>(Eligible/ Not Eligible)</td>
</tr>
</tbody>
</table>