

Ref: No.GM-P/Cont-Hospitals/SKT/20

Tender Fee Rs. 3000.00

**INVITATION TO TENDERS AND INSTRUCTIONS TO TENDERERS**

M/s. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Subject: Pre -Qualification of Hospitals, Laboratories and Diagnostic Centers, Special Units like Orthopedic, Dental, Eye Care, Dialysis Units on PIA Approved Panel at Sialkot.**

Dear Sirs,

**PURPOSE:**

- ❖ The purpose of this selection of Hospitals/Units/Labs/Diagnostic Centers is to facilitate PIACL employees, families & their parents who will require secondary & tertiary Healthcare services.

**SCOPE:**

- ❖ This intended arrangements will be made at following \*station(s) according to the agreed upon terms and condition mentioned in the agreement.

i. Sialkot

**OBLIGATIONS**

- ❖ The selected Hospitals/Units/Labs/Diagnostic Centers will be responsible to render/provide the services etc to employees and their families of the PIACL at locations as selected/specified by PIACL.
- ❖ Hospitals are required to continue their services without any interruption on 24 hours basis, seven days a week including all public holidays.
- ❖ This arrangement will be continued as per the mentioned terms/duration in the agreement.
- ❖ Arrangement can be cancelled by either of the party on (90) ninety days' notice.

**SUBMISSION OF TENDER**

You are required to send your sealed tenders addressed to **GM-Contract Management, Supply Chain Management Department** by **18-01-2021**. The tenders may be dropped in the tender box marked as "Commercial Purchases" placed at the Entrance of Supply Chain Management **latest by 10:30 hours** on the specified date. You may also send your tenders through registered A/D mail addressed to **General**

**Manager Contract Management, Supply Chain Management Department** which must reach before the closing date and time mentioned above. Tenders will be opened at **11:00 hours the same day** in the presence of bidders who wish to attend.

Tenders received after stipulated date & time shall not be considered. The Corporation will not be responsible for postal delays. The decision of General Manager Contract Management in this respect shall be final and binding.

**Bidders are required to submit a Pay Order of Rs.3000/-(Non-Refundable) as tender fees in favour of Pakistan International Airlines along with Proposal.**

Yours truly,  
For PAKISTAN INTERNATIONAL AIRLINES

General Manager Contract Management  
Supply Chain Management PIA Head Office, Karachi.  
Ph: 021 9904 3081, 9904 4216  
Email: gm.cm@piac.aero, contract.administration@piac.aero

For any query, please feel free to contact Deputy CMO Tel : 021-9904-4580  
e-mail : mazhar.soomro@piac.aero

**Note: Proposal must be submit in shape of proper file & complete documents.**

## Pakistan International Airlines

Medical Division PIACL

PIA Head Office Karachi

Tel: 99043277

E-mail: [gm.medicalservices@piac.aero](mailto:gm.medicalservices@piac.aero)

**ANNEXURE "A"**

### **EVALUATION CRITERIA**

#### **Mandatory Requirements**

| S.No. | Description                                                                                                                                                                                                                             | Documents                                 |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1     | All Hospitals/Units/Labs/Diagnostic Centers must be registered with Government Authorities and Regulatory Bodies as per all applicable Laws and Regulations.                                                                            | Registration Certificate                  |
| 2     | NTN certificate / Must be Active Tax Payer / Exemption Letter etc                                                                                                                                                                       | Relevant certificate/ Online verification |
| 3     | If Hospitals/Units/Labs/Diagnostic Centers providing services which require Licenses/registrations; Then this will be the responsibility of Bidder to obtain such registration document or Licenses etc for the entire contract period. | -                                         |
| 4     | Must have geographical presence in required city                                                                                                                                                                                        | Office addresses                          |
| 5     | Hospitals/Units/Labs/Diagnostic Centers must not be black Listed PIA or its subsidiaries or by Government Authorities and Regulatory Bodies.                                                                                            | Records/Affidavit                         |

**N.B: Only those bidders will be considered further who fulfill all (5) mandatory requirements.**

**There are two categories of hospitals ("A" Category and General).**

**All other Units will be considered as Special Category like Laboratories, Dental Unit, Orthopedic, Eyes , Dialysis, ENT etc etc.**

**ANNEXURE "B"**

**General Requirements**

| S. No. | Description                                                                                                                                                                           | Marks                                                                                                                                                   | Documents                              |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1      | Geographical Presence                                                                                                                                                                 | 1 Locations = 5 Marks<br>Max = 10                                                                                                                       | Offices' addresses                     |
| 2      | Professional Staff (relevant category, Qualified Specialists ,MBBS Doctors + D. Pharm + Other Pharmacist and professional staff with Certified Resources)                             | 1 Professional Staff = 2 Marks<br>Max = 15                                                                                                              | Staff List+ CVs of certified resources |
| 3      | Financial Strength (Annual Turnover)                                                                                                                                                  | 0.5 Million = 1 Mark<br>Max = 20                                                                                                                        | Last two years records                 |
| 4      | Number of years in business                                                                                                                                                           | 1 Year = 2 Marks<br>Max = 15                                                                                                                            | Hospital registration certificate      |
| 5      | Similar projects or rendering of services successfully completed in last five years (SLA/PO/Bills More than 1 Million)                                                                | 1 SLAs/POs/Bills = 2 Marks<br>Max = 20                                                                                                                  | SLA/Purchase Orders                    |
| 6      | <b><u>For Hospitals</u></b><br>Equipment/Services<br>MRI , Ventilators<br>Operation Theatre<br>CT Scan, ICU etc                                                                       | 1 MRI = 5 Marks<br>1 CT Scan = 2.5 Marks<br>Ventilators = 2.5 Marks<br>1 O T = 1 Mark<br>1 ICU = 1 Mark<br>1 CCU = 1 Mark<br>1 HDU = 1 Mark<br>Max = 20 | Relevant Documents Required            |
|        | <b><u>For Special Category Labs/Diagnostic Centers, Orthopedic, Eyes, Dental and Dialysis, ENT Units etc</u></b><br>Equipment/Services like<br>Dialysis, Blood Test , Root Canal etc. | 1 Specific Service offered /<br>1 Available Machinery = 4 Marks<br>Max = 20                                                                             | Relevant Documents Required            |

**For General Category Hospital & Special Category**

Minimum Passing Criteria / Qualifying marks = 50% of the total for General / Special Category.

Bidders securing Less than 50% marks will not be entertained further.

**For "A" Category Hospital**

Minimum Passing Criteria / Qualifying marks = 80% of the total for "A" Category **AND** Capability of providing more than 100 beds' occupancy per day.

**ANNEXURE "C"**

**Additional Terms and Conditions**

1. All Hospitals / Units / Labs / Diagnostic Centers administered / managed / owned / controlled by Independent Board of Governance, Trust, Armed Forces and Federal or Provincial Government whether directly or indirectly may also apply.
2. Payment terms are NTD. No advance will be allowed.
3. Hospitals/Units/Labs found below PIACL Standard shall be rejected. Decision of the PIACL management will be final.
4. Hospitals/Units/Labs once approved shall remain Pre-Qualified/valid for three years' period from the date of approval.
5. Any hospital if not selected for "A" category will automatically be considered for General Category.

**ANNEXURE "D"**

**(APPLICATION FORM)**

|                                                                                                                                                                                    |                             |                          |                                 |                          |                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|---------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Hospital/Unit/Lab/Diagnostic Centers Name                                                                                                                                          |                             |                          |                                 |                          |                                                                                                                                     |
| Hospital's Total No of Beds / Maximum Occupancy per day                                                                                                                            |                             |                          |                                 |                          |                                                                                                                                     |
| Tender Reference                                                                                                                                                                   |                             |                          |                                 |                          |                                                                                                                                     |
| Applying for<br>(Tick the right Category)                                                                                                                                          | "A"<br>Category<br>Hospital | <input type="checkbox"/> | General<br>Category<br>Hospital | <input type="checkbox"/> | Specialized<br>Category (like<br>Laboratory/<br>Diagnostic<br>Centers, Eye<br>Clinic, Dental Unit,<br>Dialysis Special<br>Unit etc) |
| NTN No. etc                                                                                                                                                                        |                             |                          |                                 |                          |                                                                                                                                     |
| Date of Formation / Year of Establishment                                                                                                                                          |                             |                          |                                 |                          |                                                                                                                                     |
| Total No. of Employees                                                                                                                                                             |                             |                          |                                 |                          |                                                                                                                                     |
| Total No of Doctors /Pharmacist / Professional Staff                                                                                                                               |                             |                          |                                 |                          |                                                                                                                                     |
| Registered Office Address                                                                                                                                                          |                             |                          |                                 |                          |                                                                                                                                     |
| Branch Offices' Address<br>(Mention operating locations)                                                                                                                           |                             |                          |                                 |                          |                                                                                                                                     |
| <b><i>For Hospitals</i></b><br>Equipment/Services<br>MRI , Ventilators<br>Operation Theatre<br>CT Scan, ICU etc                                                                    |                             |                          |                                 |                          |                                                                                                                                     |
| <b><i>For Special Category Labs/Diagnostic Centers, Orthopedic, Eyes, Dental and Dialysis, ENT Units etc</i></b><br>Equipment/Services like Dialysis, Blood Test , Root Canal etc. |                             |                          |                                 |                          |                                                                                                                                     |
| Similar projects or rendering of services successfully completed in last five years (SLA/PO/Bills More than 2 Million)                                                             |                             |                          |                                 |                          |                                                                                                                                     |
| Email and Website                                                                                                                                                                  |                             |                          |                                 |                          |                                                                                                                                     |
| Phone (Land Lines)                                                                                                                                                                 |                             |                          |                                 |                          |                                                                                                                                     |
| Representatives' Cell Nos.                                                                                                                                                         |                             |                          |                                 |                          |                                                                                                                                     |
| Company's last three years turnover<br>Year wise and Total                                                                                                                         | Year 01                     |                          |                                 |                          |                                                                                                                                     |
|                                                                                                                                                                                    | Year 02                     |                          |                                 |                          |                                                                                                                                     |
|                                                                                                                                                                                    | Year 03                     |                          |                                 |                          |                                                                                                                                     |
|                                                                                                                                                                                    | Total                       |                          |                                 |                          |                                                                                                                                     |

***All Hospitals/Units/Labs/Diagnostic Centers are requested to provide all relevant details.***