TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, NMU. MULTAN.F.Y 2022-23 PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022 . NAME OF THE EQUIPMENT: Sr.01 **Patient Monitors** QUANTITY 5 KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S Human Health M/S Saarf Medical Sr. No **Evaluation Parameters** M/S Vital Care Solution 1. Yes Yes Complete Package/Tender Yes Yes 2. Yes Original Receipt of Tender Yes Yes Yes 3. NTN & GST Registration Yes Yes Yes Minimum trained staff Yes Yes (1 Engineer & 2 Technician) for each equipment Yes Yes Availability of relevant Tools and Testing / Yes Yes 5. Calibration Equipment. Yes Yes Yes Satisfactory Past Performance 6. Yes Yes (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Yes Yes 7. Authorization of manufacturer Yes Yes Yes Original Equipment Manufacturer Certificate 8. Certificate from the Manufacturer about the after Yes Yes Yes sales services through agent or itself (In case 9. specifically demanded in the specifications) Yes Certificate for installation as per international Yes Yes standard, by the manufacturer. Yes Yes Yes After Sale Services execution plan, by the applicant 11. Yes Yes Training Compliance as per clause 41. 12 Yes Yes Yes Workshop Facility in Lahore. 13. Bank Guarantee Bank Guarantee attached instead of Yes attached instead of Bid Security CDR 14. Yes Yes Bid Validity 15. Yes Yes Yes Delivery Period 16 Yes Yes Compliance of Warranty as per tender 17 Minimum one (FDA/CE/MHLW/Other relevant (in Yes Yes Yes case of non-medical equipment or accessory)) 18. Yes Yes Technical Specifications as per Requirement 19 KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) Yes/No Yes/No Yes/No CATEGORY POINTS DESCRIPTION SR. NO Yes BIDDER EXPERIENCE (Biomedical business) QUOTED PRODUCT EXPERIENCE documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted product). Yes Yes PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period. Yes Yes Yes Aland

public/public-private sector institution of sim	n any		
capacity		Yes	Yes
ECHNICAL STAFF Relevant documents imployment/offer acceptance letter, Training	e.g., Yes	Yes	Yes Yes Yes
Engineer	Yes	Yes	
rechnician	Yes	Yes	
FINANCIAL CAPACITY of the bidder.	Yes	Yes	Yes
will provide requisite documents i.e., Federal B	dder oard V	Yes	Yes
CERTIFICATIONS			
ISO 9001/13485	Yes	Yes	Yes
Dual Certification (CE/FDA/MHLW)	Yes	Yes	Yes
The State of the S	NOCK DOWN CRITERIA		
	Control of the Contro		
SPECIFICAT	ION COMPLIANCE /EVALUA	TION PARAMETERS	
Firm	M/S Saarf Medical Solution	M/S Vital Care	M/S Human Health care
Equipment	Patient	Monitors	
rand	Axcent Medical GermanyCetus x 15	Advance Inst	Sign. Scope
mber	Cetus x 15	PM 2000 XL PRO	Sign. Scope -15
	Germany	USA	Lithuania (Eurape)
	Germany	USA	Lithuania (Eurape)
ce with defined	Yes	Yes	Yes
ion Compliance			
rise:	Yes	Yes	Yes
ions:			Zilan
Eligibility of	Yes	Yes	Yes
Eligibility of Firm:	Not Eligible	Yes	Not Eligible
'S:	Non-Responsive	Responsive	Non-Responsive
	Annual Turnover of last financial year (The birdle provide requisite documents i.e., Federal Birdle Revenue document showing the an urnover/sale of the firm.). In PKR CERTIFICATIONS SO 9001/13485 Dual Certification CE/FDA/MHLW) H (All evaluation parameters of Manufacturer of Origin ce with defined andards HHLW) ion Compliance ise: ligibility of Firm:	Axcent Medical Germany Germany Manufacturer of Manufacturer of Manufacturer of Manufacturer of Origin ce with defined and ards ce with defined and ards of Compliance ise: ligibility of Firm: winnual Turnover of last financial year (The bidder requisite documents i.e., Federal Board of Revenue document showing the annual urnover/sale of the firm.). In PKR Yes Yes Ves KNOCK DOWN CRITERIA PRODUCT EVALUATION (All evaluation parameters defined below are manda SPECIFICATION COMPLIANCE /EVALUA M/S Saarf Medical Solution Patient Axcent Medical GermanyCetus x 15 Germany of Origin ce with defined and and ards Cettus x 15 One Compliance ise: Yes Not Eligibility of Firm:	Avance Inst Bequipment Advance Inst Brim Bequipment Advance Inst Brim Advance Inst Brim Advance Inst Brim Bri

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022.

NAME OF THE EQUIPMENT: Sr.02 Bed Head Unit for medical gases with outlet

QUANTITY 20

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

Sr. No.	Evaluation Parameters	M/S Total Technology	M/S Human Health ca
1.	Complete Package/Tender	Yes	Yes
2.	Original Receipt of Tender	Yes	Yes
		Yes	Yes
3.	NTN & GST Registration	Yes	Yes
4.	Minimum trained staff (1 Engineer & 2 Technician) for each equipment	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes
	Satisfactory Past Performance	Yes	NO
6.	(Minimum three-year relevant experience)	Yes	110
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes
12.	Training Compliance as per clause 41.	Yes	Yes
13.	Workshop Facility in Lahore.	Yes	Yes
14.	Bid Security	Yes	Bank Guarantee attached instead of CDR
15.	Bid Validity	Yes	Yes
16.	Delivery Period	Yes	Yes
17.	Compliance of Warranty as per tender	Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	Yes
19.	Technical Specifications as per Requirement	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/ No	Yes/ No
1.	BIDDER EXPERIENCE (Biomedical business)	Yes	Yes

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		SOLUTION OF THE RES		M/S Human Health care
r. No.	SPECIFICA			M/S Human Health care
r. No.	SPECIFICA	TION COMPLIANCE /	EVALUATION PARAM	ETERS
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		SOUR BLOCK BOOK AND AND	NO TO AVERTURE OF	M/S Human Health care
		M	/S Total Technology	TATAL TANGETHE
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		Bed Head Un	it for medical gases v	with outlet
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ame of ake/ B odel Nu	Equipment rand	Bed Head Un	LM MEDICAL Srl OKI Easy 2.0 Itlay	Cliniqon LTD MGS-CL 101 UK
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ame of ake/ B odel Number of the suntry of t	rand amber of Manufacturer of Origin ace with defined andards MHLW)	Bed Head Un	LM MEDICAL Srl OKI Easy 2.0 Itlay Itlay	Cliniqon LTD MGS-CL 101 UK Turkey
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ame of ake/ B odel Nu untry untry untry sta/CE/Nucleate uncer we cificate thrical luct:	Equipment rand amber of Manufacturer of Origin ace with defined andards MHLW) cion Compliance rise: ions: Eligibility of	Bed Head Un	it for medical gases of LM MEDICAL Srl OKI Easy 2.0 Itlay Itlay Yes Yes Yes	Cliniqon LTD MGS-CL 101 UK Turkey Yes No
ame of bake/ B	Equipment rand amber of Manufacturer of Origin ace with defined andards MHLW) cion Compliance rise: ions: Eligibility of Eligibility of Firm:	Bed Head Un	it for medical gases of LM MEDICAL Srl OKI Easy 2.0 Itlay Itlay Yes Yes Yes	Cliniqon LTD MGS-CL 101 UK Turkey Yes No

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER:	IPL.No.11620 Dated:11-11-2022 .
NAME OF THE EQUIPMENT:	Sr.03 Oxygen Flow Meter
QUANTITY	40

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

Sr. No.	Evaluation Parameters	M/S Total Technology	M/S Human Health care
1.	Complete Package/Tender	Yes	Yes
2.	Original Receipt of Tender	Yes	Yes
3.	NTN & GST Registration	Yes	Yes
	Minimum trained staff	Yes	Yes
4.	(1 Engineer & 2 Technician) for each equipment	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes
	Satisfactory Past Performance	Yes	No
6.	(Minimum three-year relevant experience)	Yes	NO
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes
12.	Training Compliance as per clause 41.	Yes	Yes
13.	Workshop Facility in Lahore.	Yes	Yes
14.	Bid Security	Yes	Bank Guarnttee attached istead of CDR
15.	Bid Validity	Yes	Yes
16.	Delivery Period	Yes	Yes
17.	Compliance of Warranty as per tender	Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	Yes
19.	Technical Specifications as per Requirement	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION CATEGORY POINTS		Yes/ No	Yes/ No	
1.	BIDDER EXPERIENCE (Biomedical business)	Yes	yes	
2.	QUOTED PRODUCT EXPERIENCE (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted product).		Yes	No	

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4.	TROUNION BRADE B.	Yes	No	
	TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training, experience letter need to be attached for each entry.	Yes	Yes	
1	Engineer	Yes	Yes	
-	Technician	Yes	Yes	
1	FINANCIAL CAPACITY of the bidder.			
I	Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR	Yes	Yes	
(CERTIFICATIONS			
6.	ISO 9001/13485	Yes	Yes	
	Dual Certification (CE/FDA/MHLW)	Yes	Yes	
	KNOCK DOW	N CRITERIA		
	PRODUCT EV	VALUATION		
	(All evaluation parameters defined be	low are mandatory for complia	ance.)	
Sr. No.	SPECIFICATION COMPLIAN	NCE /EVALUATION PARAME	TERS	
Name of F	Pirm Pirm	M/S Total Technology	M/S Human Health care	
Name of E	Equipment	Oxygen Flow Meter		
Make/ Bra	and	Flow meter SRL Cliniqon HC LTD		
Model Nur	nber	Easywed CH 200	MGS- CL 401	
Country of	f Manufacturer	Itlay	UK	
Country of	f Origin	Itlay	UK	
Compliance uality sta FDA/CE/M		Yes	Yes	
pecificati eatures w	STORE FRANCISCO CONTRACTOR	Yes	Yes	
-	Eligibility of	Yes	No	
echnical l	Eligibility of Firm:	Yes	Not Eligible	
ID STATU	is:	Responsive	Non- Responsive	

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN,F,Y 2022-23 PACKAGE/TENDER NUMBER: IPL,No.11620 Dated:11-11-2022. NAME OF THE EQUIPMENT: QUANTITY IO KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

Sr.	No.	Evaluation Parameters	M/S Hospicare	M/S Human Health Care	M/S Medical Equipment System	
,		Complete Package/Tender	Yes	Yes	Yes	
1.	-	Original Receipt of Tender	Yes	Yes	Yes	
2.	_		Yes	Yes	Yes	
3.	_	NTN & GST Registration Minimum trained staff	Yes	Yes	Yes	
4.	- 1	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes	
5.	1	Availability of relevant Tools and Testing / Calibration	Yes	Yes	Yes	
_		Satisfactory Past Performance	Yes	Yes	Yes	
6.		Minimum three-year relevant experience)	Yes	Yes	Yes	
7.	Valid legally enforceable Exclusive / Sole Authorization of Ves Yes		Yes	Yes		
	-	riginal Equipment Manufacturer Certificate	Yes	Yes	Yes	
	Ce	ertificate from the Manufacturer about the after sales services rough agent or itself (In case specifically demanded in the ecifications)	Yes	Yes	Yes	
		Certificate for installation as per international standard, by the manufacturer.		Yes	Yes	Yes
	Afte	er Sale Services execution plan, by the applicant	Yes	Yes	Yes	
	+	ining Compliance as per clause 41.	Yes	Yes	Yes	
	-	rkshop Facility in Lahore.	Yes	Yes	Yes	
	\vdash	Security	Yes	Bank Guarntee attached istead of CDR	Yes	
		4001504050	Yes	Yes	Yes	
		Validity	Yes	Yes	Yes	
-		very Period	Yes	Yes	Yes	
1	Minim	pliance of Warranty as per tender num one (FDA/CE/MHLW/Other relevant (in case of non- al equipment or accessory)) Certificate	/MHLW/Other relevant (in case of non-		Yes	
+		ical Specifications as per Requirement	Yes	TCI/Equivlent technique is included in standard specification but offered only in optional and in brochure of product there is no technique	Yes	

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

			THE RESERVE OF THE PARTY OF THE	SECTION AND PROPERTY.
DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No
BIDDER EXPERIENCE (Biomedical business)		Yes	Yes	Yes
mentary eviden	rs clearly indicating Brand	Yes	Yes	Yes
PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period.		Yes	Yes	Yes
cate (issued by Hea /public sector ins	ad of Institutions) from any titution of similar capacity	Yes	Yes	Yes
	red PRODUCT mentary eviden es/purchase orde with the summary PERFORMANCE order) w.r.t que ed within prescribe	DER EXPERIENCE (Biomedical business) TED PRODUCT EXPERIENCE (Verification of the bidder (execution of the bidder (execution of the bidder) with the summary of quoted product).	DER EXPERIENCE (Biomedical business) TED PRODUCT EXPERIENCE (Verification of very discovery dis	TED PRODUCT EXPERIENCE (Verifuentary evidences like commercial with the summary of quoted product). PERFORMANCE of the bidder (execution of order) w.r.t quoted product i.e., goods ed within prescribed delivery period.

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	ECHNICAL STAFF Relevant documents of imployment/offer acceptance letter, Traini experience letter need to be attached for entry.	in a	Yes	Yes
10	ngineer	Yes	Yes	Yes
T	echnician	Yes	Yes	Yes
Annual Turnover of last financial swill provide requisite documents in	nnual Turnover of last financial year (The bid fil provide requisite documents i.e., Federal Bo Revenue document showing the ann arnover/sale of the firm.). In PKR	ard	Yes	Yes
c.	ISO 9001/13485 Dual Certification (CE/FDA/MHLW)	Yes (CE)	Yes(CE)	Yes (CE)
	K	NOCK DOWN CRITE	RIA	
	PI	RODUCT EVALUATI	ON	
	(All evaluation parameter	ers defined below are ma	andatory for compliance.)	
No.	SPECIFICATION	ON COMPLIANCE /EVA	LUATION PARAMETERS	
ne of Fi	rm .	M/S Hospicare	M/S Human Health Care	M/S Medical Equipment System
Name of Equipment		Syringe Pump	with Docking System	
ke/ Braz	nd	B.Braun	MEDICINOS GIJA UAB	Fresense kabi
iel Num	ber	perfusor Space	Medifusion sp.	Agilia SP tiva
Country of Manufacturer		Germany	Lithunia	Germany
ntry of	Origin	Germany	europe	Germany
pliance lity stan /CE/MH		CE	CE	CE
ures wis		Yes	.TCI/Equivlent technique is included in standard specification but offered only in optional and in brochure of product there is no technique	Yes
	ligibility of	Yes	No No	Yes
uct: nical El	ligibility of Firm:	Yes	Not Eligible	Yes
STATUS		Responsive	Non -Responsive	Responsive
		+		
		#	4	

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022 .

NAME OF THE EQUIPMENT: Sr.05 Vacuum Regulator (venturi)

QUANTITY 20

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

Sr. No.	Evaluat	on Parameters	M/S Total Technolog	gy M/S Human Health care
1.	Complete Package/Ter	oder	Yes	Yes
2.	Original Receipt of Tender		Yes	Yes
3.	NTN & GST Registration		Yes	Yes
	Minimum trained staff		Yes	Yes
4.	(1 Engineer & 2 Technician) for each equipment		Yes	Yes
5.	Availability of relevant Calibration Equipment		Yes	Yes
	Satisfactory Past Performance		Yes	No
6.	(Minimum three-year relevant experience)		Yes	NO
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer		Yes	Yes
8.	Original Equipment Ma	nufacturer Certificate	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)		Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.		Yes	Yes
11.	After Sale Services exec	ution plan, by the applicant	Yes	Yes
12.	Training Compliance as	per clause 41.	Yes	Yes
13.	Workshop Facility in La	hore.	Yes	Yes
14.	Bid Security		Yes	Bank Guarnttee attached instea of CDR
15.	Bid Validity		Yes	Yes
16.	Delivery Period		Yes	Yes
17.	Compliance of Warranty	as per tender	Yes	Yes
18.	Minimum one (FDA/CE/ case of non-medical equi Certificate	MHLW/Other relevant (in pment or accessory))	CE	CE
19.	Technical Specifications		Yes	Yes
	KNOCK DO	WN CRITERIA(COM	MERICAL EVAL	UATION)
R. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No
1. E	BIDDER EXPERIENCE (Siomedical business)	Yes	Yes

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2.	documentary evid invoices/purchase or	T EXPERIENCE lences like comm ders clearly indicating ary of quoted product).	(Veri nercial Brand	Yes	No supply order attached for any govt institue for this brand
3.	PAST PERFORMANC supply order) w.r.t supplied within presc	EE of the bidder (execut quoted product i.e., ribed delivery period.	tion of goods	Yes	No
	public/public-privat	Head of Institutions) fro e sector institution of si capacity	m any milar	Yes	No
	TECHNICAL STAFF employment/offer s	Relevant documents	e.g.,	Yes	Yes
4.	Engineer			Yes	Yes
	Technician			Yes	Yes
	FINANCIAL CAPACIT	Y of the bidder.			
5.	Annual Turnover of la will provide requisite of Revenue docum turnover/sale of the fi		bidder Board annual	Vec	Yes
	CERTIFICATIONS				
6.		9001/13485		Yes	Yes
	Dual Certificat	tion (CE/FDA/MHLW)		Yes	Yes
		KNOCK D	own	CRITERIA	
		PRODUC	T EV	ALUATION	
	(All evalu	ation parameters define	ed belo	w are mandatory for co	ompliance.)
Sr. No.		SPECIFICATION COM	PLIANC	CE /EVALUATION PAI	RAMETERS
		The state of the state of the state of			
Name of	Firm			M/S Total Technology	M/S Human Health care
	Firm Equipment			M/S Total Technology Vacuum Regulator (v	
ame of	Equipment				
iame of	Equipment rand			Vacuum Regulator (v	enturi)
iame of linke/ Br	Equipment rand			Vacuum Regulator (v	enturi) CliniQon HC LTD
Name of Make/ Brifodel Nu	Equipment rand mber			Vacuum Regulator (version Flowmeter Easyair 1000	enturi) CliniQon HC LTD MGS-CL 401
fame of lake / Br Iodel Nu ountry country country country state	Equipment and mber of Manufacturer of Origin ce with defined andards			Vacuum Regulator (version Flowmeter Easyair 1000	enturi) CliniQon HC LTD MGS-CL 401 UK
Mame of Make/ Br Make/ Br Model Nu Country	Equipment rand mber of Manufacturer of Origin ce with defined andards HLW tion Compliance rise:			Vacuum Regulator (v Flowmeter Easyair 1000 Japan	CliniQon HC LTD MGS-CL 401 UK TURKEY
Mame of Make/ Br Make/ Br Model Nu Country	Equipment rand mber of Manufacturer of Origin ce with defined andards HLW tion Compliance rise:			Vacuum Regulator (version Flowmeter Easyair 1000 Japan CE	enturi) CliniQon HC LTD MGS-CL 401 UK TURKEY CE
Make/ Br Model Nu Country co	Equipment and mber of Manufacturer of Origin ce with defined andards HLW) cion Compliance rise: ions:			Vacuum Regulator (version Flowmeter Easyair 1000 Japan CE Yes	CliniQon HC LTD MGS-CL 401 UK TURKEY CE No

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL No.11620 Dated:11-11-2022. NUMBER NAME OF THE Sr.06. Infusion Pump with Docking System EQUIPMENT: QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S Midefleat Br. No. Evaluation Parameters M/S Hospicare M/S Human Health Care Equipment System Complete Package/Tender Yes Original Receipt of Tender Yes Yes Yes 3. NTN & OST Registration Yes Yes Yes Yes Minimum trained staff Yes Yes [1 Engineer & 2 Technician] for each equipment Yes Yes Yes Availability of relevant Tools and Testing / 3 Yes Yes Yes Satisfactory Past Performance Yes Yes Yes 6. Yes Yes Yes Valid legally enforceable Exclusive / Sole 7, Yes Yes Yes Authorization of manufacturer Original Equipment Manufacturer Certificate Yes Yes Yes Certificate from the Manufacturer about the after 9. sales services through agent or itself (In case Yes Yes Yes specifically demanded in the specifications Certificate for installation as per international 10. Yes Yes Yes standard, by the manufacturer 11. After Sale Services execution plan, by the applican Yes Yes 12. Training Compliance as per clause 41 Yes Yes Yes 13. Workshop Facility in Lahore Yes Yes Yes Bank Guarntee attached instead 14. Bid Security Yes Yes of CDR Bid Validity 15 Yes Yes Yes Compliance of Warranty as per tender Yes Yes Yes Minimum one (FDA/CE/MHLW/Other relevant (in 18. ase of non-medical equipment or accessory)) CE CE CE Technical Specifications as per Requirement 19. Yes yes Yes KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) DESCRIPTION CATEGORY POINTS Yes/No Yes/No Yes/No SR. NO BIDDER EXPERIENCE (Biomedical business) 1. Yes Yes Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted Yes Yes Yes PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period. Yes Yes Yes Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar Yes Yes Yes capacity

3.

employment/offer	acceptance letter. Training		Yes	Yes
Engineer		Yes	Yes	Yes
Technician		Yes	Yes	Yes
FINANCIAL CAPACI	TY of the bidder.			
will provide requisite of Revenue docur	documents i.e., Federal Board		Yes	Yes
CERTIFICATIONS		Yes	Yes	Yes
		Yes	Yes	Yes
Dual Certifica	ation (CE/FDA/MHLW)	Yes	Yes	Yes
	KNOC	CK DOWN CRITER	RIA	
	THE RESERVE THE PARTY OF THE PA			
	SPECIFICATION O	COMPLIANCE /EVAL	UATION PARAMETERS	
Firm		M/S Hospicare	M/S Human Health Care	M/S Mdedical Equipment System
Equipment		Infusion Pump	with Docking System	
and		B Braun	MEDICINOS GIJA UAB	Fresenics kbi infusion
250/2012		Infusomat com	MEDIFUSION IP	Infusia Vp7s
		Germany	LITHUNIA (EUROPE)	Germany
		Germany	LITHUNIA (EUROPE)	Germany
endards HLW)	No inter-	CE	CE	CE
ons:		Yes	Yes	Yes
		Yes	Yes	Yes
ligibility of Firm:		Yes	Not Eligible	yes
1 :		Responsive	Non-Responsive	Responsive
				#
			H	**
	employment/offer experience letter rentry. Engineer Technician FINANCIAL CAPACI Annual Turnover of will provide requisite of Revenue docuturnover/sale of the letter of	employment/offer acceptance letter, Training, experience letter need to be attached for each entry. Engineer Technician FINANCIAL CAPACITY of the bidder. Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR CERTIFICATIONS ISO 9001/13485 Dual Certification (CE/FDA/MHLW) KNOO (All evaluation parameters specification of the experiment of Manufacturer of Origin the with defined undards HLW) on Compliance last: Cligibility of Firm:	Engineer Technician Yes FINANCIAL CAPACITY of the bidder. Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR CERTIFICATIONS Yes ISO 9001/13485 Yes Dual Certification (CE/FDA/MHLW) Yes KNOCK DOWN CRITEI PRODUCT EVALUATION (All evaluation parameters defined below are many specification COMPLIANCE / EVALUATION Firm M/S Hospicare Equipment Infusion Pump and B Braun mber Infusionat com of Manufacturer Germany forigin Germany the with defined indureds the with defined indured indureds the with defined indured in	employment/offer acceptance letter, Training, experience letter need to be attached for each entry. Engineer Technician Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE EQUIPMENT: QUANTITY Sr.07 Suction machine

140	KNOCK DOWN CRITERIA	
[All evaluation	parameters defined below and	

Sz. No.	Evaluation Parameters	M/S Sigma	mandatory for compliance)		
1.	Complete Package/Tender	Ven		M/S Vital Care	
2.	Original Receipt of Tender	Yes	Yes	Yes	
3.	NTN & OST Registration	Yes	Yes		
	Minimum trained staff	Yes	Yes	Yes	
4.	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes	
5.	Availability of salaring a	Yes	Yes	Yes	
3,	Availability of relevant Tools and Testing / Calibration Equipment.	Yes		Yes	
6.	Satisfactory Past Performance		Yes	Yes	
	(Minimum three-year relevant experience)	Yes	Yes	Yes	
7.	Valid legally as ferror to	Yes	Yes	Yes	
8.	or mainutacturer	Yes	Yes		
-	Original Equipment Manufacturer Certificate	Yes		Yes	
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes	
10.	Certificate for installation as per international standard, by the manufacturer.		Yes	Yes	
11.		Yes	Yes	Yes	
	After Sale Services execution plan, by the applicant	Yes			
12,	Training Compliance as per clause 41.	Ver	Yes	Yes	
13.	Workshop Facility in Lahore.	Yes	Yes	Yes	
14.	Bid Security	Yes	Yes	Yes	
15.	Bid Validity	Yes	Bank Guarntee attached instead		
16.	Delivery Period	Yes	of CDR	Yes	
17.		Yes	Yes Yes	Yes	
_	Compliance of Warranty as per tender	Yes		Yes	
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)		Yes	Yes	
		Yes	Yes	Yes	
19.	Technical Specifications as per Requirement	Yes		105	
1000			RICAL EVALUATION	Yes	

OCK DOWN CRITERIA(COMMERICAL EVALUATION)

R. NO	DESCRIPTION	CATEGORY -	, something.	AL EVALUATION)		
		CATEGORY POINTS	Yes/No	Yes/No	Yes/No	
1,	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes		
2,	QUOTED PRODUCT EX Years] (Verifiable docum	CPERIENCE (Since Last 3 nentary evidences like			Yes	
	indicating Brand along product).	ating Brand along with the		Yes	Yes	
3,	PAST PERFORMANCE supply order) w.r.t quot supplied within prescrib	of the bidder (execution of ed product i.e., goods sed delivery period.	Yes	Yes		
	Certificate (issued by Ma	cad of Institutions) from any			Yes	
	capacity	ctor institution of similar	Yes	Yes	Yes	

4.	TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training, experience letter need to be attached for each entry.		Yes	Yes
1	Engineer	Yes	Yes	Yes
	Technician	Yes	Yes	Yes
	FINANCIAL CAPACITY of the bidder.			
5.	Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR		Yes	Yes
	CERTIFICATIONS	Yes	Yes	Yes
6.	180 9001/13485	Yes	Yes	Yes
	Dual Certification (CE/FDA/MHLW)	Yes	Yes	Yes
	KNO	OCK DOWN CRITERI	A .	
	PRO	ODUCT EVALUATION	N	
	(All evaluation parameter			
r. No	specification	N COMPLIANCE / EVALU	ATION PARAMETERS	
lame	of Firm	M/S Sigma	M/S Human Health Care	M/S Vital Care
ame	of Equipment	Sucti	on machine	
lake,	/ Brand	cami Ttlay	MEDICINOS GIJA UAB	UAB HERSILS
lode	d Number	New Hospivac 400 full PSUZ	Prime 50	eurovac h-40
Count	try of Manufacturer	ITLAY	Lithunia Europe	Spain
_	try of Origin	ITLAY	Lithunia	Spain
rDA/	pliance with defined ty standards CE/MHLW)	Yes	Yes	Yes
eatu	ification Compliance res wise: ifications:	Yes	Yes	Yes
ech:	nical Eligibility of act:	Yes	Yes	Yes
echi	nical Eligibility of Firm:	Yes	Not Eligible	Yes
BID S	STATUS:	Responsive	Non-Responsive	Responsive
	X m			

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN,F,Y 2022-23

PACKAGE/TENDER NUMBER:	IPL.No.11620 Dated:11-11-2022 .	
NAME OF THE EQUIPMENT:	Sr.9 Defibrillator	
QUANTITY	1	

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

Sr. No.	Evaluation Parameters	M/S Mdedical Equipment System	M/S HI-MOD Technology	M/S BIO- TECH
1.	Complete Package/Tender	Yes	Yes	Yes
2.	Original Receipt of Tender	Yes	Yes	Yes
3.	NTN & GST Registration	Yes	Yes	Yes
4.	Minimum trained staff	Yes	Yes	Yes
*	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes
6.	Satisfactory Past Performance	Yes	Yes	Yes
	(Minimum three-year relevant experience)	Yes	Yes	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Both HI-MOD and Bio-tech attached exculsive authrization of same manufacturer	Both HI-MOD and Bio-tech attached exculsive authrization of same manufacturer
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes	Yes
12.	Training Compliance as per clause 41.	Yes	Yes	Yes
13.	Workshop Facility in Lahore.	Yes	Yes	Yes
14.	Bid Security	Yes	Yes	Yes
15.	Bid Validity	Yes	Yes	Yes
16.	Delivery Period	Yes	Yes	Yes
17.	Compliance of Warranty as per tender	Yes	Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	Yes	Yes
19.	Technical Specifications as per Requirement	Yes	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes
2.	QUOTED PRODUCT EX documentary evidences invoices/purchase order along with the summary	like commercial es clearly indicating Brand	Yes	Yes	Yes
	PAST PERFORMANCE of supply order) w.r.t quote supplied within prescrib		Yes	Yes	Yes

X

Sylvania

	TECHNICAL STAFF Relevant do- employment/offer acceptance le- experience letter need to be atta	ter, Training,	Yes	Yes	Yes
4.	eatry.		West	Yes	Yes
	Engineer		Yes	Yes	Yes
	Technician		res		
5.	Annual Turnover of last financial will provide requisite documents is of Revenue document showir turnover/sale of the firm.). In PKR	year (The bidder	Yes	Yes	Yes
	CERTIFICATIONS	72.7	Yes	Yes	Yes
6.	ISO 9001/13485		Yes	Yes	Yes
	Dual Certification (CE/FD/	(/MHLW)	Yes	Yes	Yes
-		KNO	CK DOWN CRITE	RIA	
		PRO	DUCT EVALUAT	ON	
	(All ev	aluation parameters	defined below are m	andatory for compliance.)	
Sr. No.		SPECIFICATION	COMPLIANCE / EVA	LUATION PARAMETERS	
ame o	f Firm		M/S Mdedical Equipment System	M/S HI-MOD Technology	M/S BIO- TECH
ame o	f Equipment		D	efibrillator	
fake/ l	Brand		ZOLL	Innomed Medical	Inomed Medical
Iodel N	iumber		M-2	Cardio AED	Cardio AED
ountry	of Manufacturer		USA	Hungry	Hungry
ountry	of Origin		USA	Hungry	Hungry
omplia	nce with defined		FDA	CE	CE
pecific atures			Yes	Yes	Yes
	ations: al Eligibility of		Yes	Not Eligible	Not Eligible
oduct:			Yes	Not Eligible	Not Eligible
Chine	The state of the s	70000 T	Responsive	Non-Responsive	Non Responsive
*	M (
+				4	

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL, No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE Sr. 10. Nebulizer ultrasonic EQUIPMENT: QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S Human Health Care Sr. No Evaluation Parameters M/S MEDIMPEX Yes Complete Package/Tender Yes 2. Original Receipt of Tender Yes Yes 3. NTN & GST Registration Yes Yes Minimum trained staff Yes Yes (1 Engineer & 2 Technician) for each equipment Yes Yes Availability of relevant Tools and Testing / Calibration 5. Yes Yes Satisfactory Past Performance Yes Yes 6. (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Authorization of 7. Yes Yes manufacturer 8. Original Equipment Manufacturer Certificate Yes Certificate from the Manufacturer about the after sales 9. services through agent or itself (In case specifically demanded in the specifications) Yes Certificate for installation as per international standard, 10. Yes by the manufacturer. 11. After Sale Services execution plan, by the applicant Yes Yes Training Compliance as per clause 41. 12. Yes Yes 13. Workshop Facility in Lahore Yes 14. Bid Security Bank guarnttee attached instead Yes of CDR Bid Validity 15 Yes Yes 16. Delivery Period Yes Yes 17. Compliance of Warranty as per tender Yes Yes Minimum one (FDA/CE/MHLW/Other relevant (in case of 18. Yes non-medical equipment or accessory)) Certificate Yes 19. Technical Specifications as per Requirement Yes KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) SR. NO DESCRIPTION CATEGORY POINTS Yes/ No Yes /No BIDDER EXPERIENCE (Biomedical business) Yes Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along Yes with the summary of quoted product).

,	S		F	
A		٨		
STAT	US:		Responsive	Non-Responsive
chnical	Eligibility of Firm:		Yes	Not Eligible
duct:	- Inglituity of		Yes	NOT Eligible
	l Eligibility of			
ecifica	wise:		Yes	NOT as per BOQ
DA/CE/ ecifica	MHLW)		Yes	Yes
	nce with defined		Voc	
ountry	of Origin		ITLAY	ITLAY
ountry	of Manufacturer		ITLAY	ITLAY
lodel N	umber		Frinsnedical EN 13348	MULTIPLE MODELS
fake/ I	Brand		Tonolisrl	DELTA P
ame o	f Equipment	Central	Oxygen Supply System	for 20 beds
lame o	f Firm		M/S Total Technonlgy	M/S Human Health Care
Sr. No.		SPECIFICATION COMPLIA	NCE /EVALUATION PARAI	METERS
	(All eva	luation parameters defined be	low are mandatory for com	pliance.)
		PRODUCT E	310 - Paristra de Maria (1980)	
		KNOCK DOW		ies
	Dual Certificat	ion (CE/FDA/MHLW)	Yes	Yes
6.		9001/13485	Yes	Yes
	will provide requisite of	ocuments i.e., Federal Board	Yes	Yes
5.	Annual Turnover of la	st financial year (The hidder		YES
	FINANCIAL CAPACITY	V of the hills	Yes	Yes
	Technician		Yes	Yes
4.	employment/offer ad Engineer	cceptance letter, Training,	Yes	Yes
	public/public-private	lead of Institutions) from any sector institution of similar apacity Relevant documents e.g.,	Yes	NO
3.	supply order) w.r.t supplied within prescr		Yes	No
2.	documentary evide invoices/purchase ord along with the summa	nces like commercial		No

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACRAGE/TENDER
NUMBER:

NAME OF THE
EQUIPMENT:
QUANTITY

IPL.No.11620 Dated:11-11-2022.

Sr. 11.. Central Oxygen Supply System for 20 beds
EQUIPMENT:

1

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

St. No.	Evaluation Parameters	M/S Total Technonlgy	M/S Human Health Care
1.	Complete Package/Tender	Yes	Yes
2.	Original Receipt of Tender	Yes	Yes
3.	NTN & GST Registration	Yes	Yes
U.	Minimum trained staff	Yes	Yes
4.	(1 Engineer & 2 Technician) for each equipment	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes
6.	Satisfactory Past Performance	Yes	said firm have no experience o quoted product
	(Minimum three-year relevant experience)	Yes	NO
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes
12.	Training Compliance as per clause 41.	Yes	Yes
13.	Workshop Facility in Lahore.	Yes	Yes
14.	Bid Security	Yes	Bank guarnttee attached instead of CDR
15.	Bid Validity	Yes	Yes
16.	Delivery Period	Yes	Yes
17.	Compliance of Warranty as per tender	Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	CE
19.	Technical Specifications as per Requirement	Yes	offer is not as per BOQ

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No
1. E	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes

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& AF

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	STATUS:	Responsive	Non-Responsive
-	hnical Eligibility of Firm:	Yes	Not Eligible
Tecl	hnical Eligibility of	Yes	NOT Eligible
feat	cification Compliance ures wise:	Yes	NOT as per BOQ
qual (FDA	npliance with defined lity standards ./CE/MHLW)	Yes	Yes
Cou	ntry of Origin	ITLAY	ITLAY
Cou	ntry of Manufacturer	ITLAY	ITLAY
Mod	el Number	Frinsnedical E 13348	N MULTIPLE MODELS
Mak	e/ Brand	Tonolisrl	DELTA P
Nam	e of Equipment	Central Oxygen Supply S	ystem for 20 beds
Sr. N	e of Firm	M/S Total Technon	
		parameters defined below are mandatory for FICATION COMPLIANCE /EVALUATION	THE RESERVE THE PARTY OF THE PA
		PRODUCT EVALUATION	
	1 2	KNOCK DOWN CRITERIA	
100	Dual Certification (CE/	FDA/MHLW) Yes	Yes
6.	ISO 9001/13-	85 Yes	Yes
	CERTIFICATIONS	Yes	Yes
5.	Annual Turnover of last finance will provide requisite document of Revenue document sho turnover/sale of the firm.). In P	s i.e., Federal Board wing the annual	Yes
	FINANCIAL CAPACITY of the b	dder.	YES
	Technician	Yes	Yes
l	Engineer	Yes	Yes
	TECHNICAL STAFF Relevant employment/offer acceptance	documents e.g., Yes	Yes
	Certificate (issued by Head of In- public/public-private sector in	titutions) from any	NO
	PAST PERFORMANCE of the b supply order) w.t.t quoted p supplied within prescribed delive	oduct i.e., goods Yes	No
-	documentary evidences h invoices/purchase orders clearly along with the summary of quote	ke commercial Yes indicating Brand I product).	No

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER. PACKAGE/TENDER NUMBER: IPL_No.11620 Dated:11-11-2022 . NAME OF THE EQUIPMENT: QUANTITY Sr. 12 Patient Stretcher with side bars & Oxygen cylinder KNOCK DOWN CRITERIA

St. No.	Evaluation Parameters	M/S Eastern Medical	M/S Mdedical Equipment System	M/S Saarf Medical	G-MED	M/S Human Health
1.	Complete Package/Tender	Yea	Yes			Care
2.	Original Seceipt of Tender	Yes		Yes	Yes	Yes
3.	NTN & GST Registration	Yes	Yes	Yes	Yes	Yes
4	Minimum trained staff	Yes	Yes	Yes	Yes	Yes
	(1 Engineer & 2 Technician) for each equipment		Yes	Yes	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes	Yes	Yes
2	Satisfactory Past Performance		Yes	Yes	Yes	Yes
6.	(Minimum three-year relevant experience)	Yes	Yes	Yes	No	No
7.	Valid legally enforceable Protection to a	Yes	Yes	Yes	No	No
8.	Authoritation of manufacturer	Yes	Yes	Yes	Yes	Yes
0.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes		-
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes	Yes	Yes	
12.	Training Compliance as per clause 41.	Yes	Yes	Yes	Yea	Yes
13.	Workshop Facility in Lahore.	Yes	Yes	Yes		Yes
14.	Bid Security	Yes	yes	Bank guarnttee attached instead of CDR	Yes	Bank guarnttee
15.	Bid Validity	Yes	Yes			CDR
16.	Delivery Period	Yes	Yes	Yes Yes	Yes	Yes
17.	Compliance of Warranty as per tender	Yes	Yes		Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	MHLW	Yes	Yes Yes	Yes	Yes
19.	Technical Specifications as per Requirement	Yes	12/-12 trendelenburg/reverse Trendelenburge required	Yes	Yes	12/-12 trendelenburg/rever se Trendelenburge

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

		The state of the s					
SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes	Yes	Yes
2.	documentary evidences	rs clearly indication fame 4	Yes	No	Yes	Yes	No
	PAST PERFORMANCE supply order) w.r.t quot supplied within prescrii	of the bidder (execution of ted product i.e., goods bed delivery period.	Yes	No	Yes	Yes	No
	Certificate (issued by He any public/public-priva similar capacity	ead of Institutions) from ate sector institution of	Yes	No	Yes	Yes	
	TECHNICAL STAFF Rel employment/offer accep experience letter need t entry.	stance letter Training	Yes	Yes	Yes	Yes	No Yes
	Engineer		Yes	Yea	Yes	Yes	
	Technician		Yes	Yes	Yes		Yes
	FINANCIAL CAPACITY	of the bidder.			100	Yes	Yes









6	W						Sn.
STATUS			Responsive	Non-Responsive	Non.Responsive	Responsive	Non-Responsive
hnical E	ligibility of Firm:		Yes	NOT Eligible	NOT Eligible	yes	NOT Eligible
chnical E	ligibility of	WHE SEED THE	Yes	No	Yes	yes	NOT Eligible
ecification			Yes	12/-12 trendelenburg/reverse Trendelenburge required	Yes	yes	12/-12 trendelenburg/rever se Trendelenburge required
ompliance ality sta			CE	No	CE	CE	CE
ountry of	Origin	1 7	spain	Japan	Czech Rebulic	Poland	UK
ountry o	f Manufacturer		Spain	Japan	Czech Rebulic	Poland	UK
lodel Nu	mber		Transmed	pk8031B	Sprint 100	Spark wp-02	GRACE TRANSPORT 900
fake/ Br			Medisa/ Medical	Paramount	Linet	Famed	CLINIQON HC LTD
Name of	Equipment		Medical	Equipment System			
			M/S Eastern	M/S Mdedical	M/S Saarf Medical	M/S G- Med	M/S Human Health Care
Sr. No.		(Аш ем		COMPLIANCE /EVALUATION			
				DUCT EVALUATION defined below are mandatory to	for compliance.)		
				CK DOWN CRITERIA			
	Dual Certifica	tion (CE/FDA/MHLW)	Yes	Yes	Yes	Yes	Yes
6.		9001/13485	Yes	Yes	Yes	Yes	Yes
	of Revenue docum turnover/sale of the f	nent showing the annual firm.). In PKR	Yes	Yes	Yes	Yes	Yes
5.	will provide requisite	ast financial year (The bidder documents i.e., Federal Board	Ven	Yes	Yes	Yes	Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F.Y 2022-23 PACKAGE/TENDER IPL, No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE Sr.13 X Ray illuminators EQUIPMENT: QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) Sr. No. Evaluation Parameters M/S Orient Medical Complete Package/Tender Yes 2 Original Receipt of Tender Yes 3. NTN & GST Registration Yes Yes 4. (1 Engineer & 2 Technician) for each equipment Yes Availability of relevant Tools and Testing / Calibration Equipment. Yes Satisfactory Past Performance Yes 6. (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Authorization of Yes Original Equipment Manufacturer Certificate 8 Yes Certificate from the Manufacturer about the after sales services 9. through agent or itself (In case specifically demanded in the Yes Certificate for installation as per international standard, by the 10. manufacturer. After Sale Services execution plan, by the applicant 11. Yes 12. Training Compliance as per clause 41. Yes 13 Workshop Facility in Lahore. 14 Bid Security Yes 15 Bid Validity 16 Delivery Period Yes 17. Compliance of Warranty as per tender Minimum one (FDA/CE/MHLW/Other relevant (in case of non-18. medical equipment or accessory)) Certificate Yes 19. Technical Specifications as per Requirement Yes KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) SR. NO DESCRIPTION CATEGORY POINTS Yes/No BIDDER EXPERIENCE (Biomedical business) 1. Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted Yes

	PAST PERFORMANCE of the wit quoted product i.e., good period.	s supplied within p	prescribed delivery	Yes
	Certificate (issued by Head of private sector in a	Institutional from a	my public/public- apacity	Yes
	TECHNICAL STAFF Relevan acceptance letter, Training, for each entry.	nt documents e.g., experience letter n	employment/offer seed to be attached	Yes
4.	Engineer			Yes
Technician FINANCIAL CAPACITY of the bidder. 5. Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm). In PKR CERTIFICATIONS Technician CERTIFICATIONS Technician Yes Solution (CE/FDA/MHLW) Yes KNOCK DOWN CRITERIA PRODUCT EVALUATION (All evaluation parameters defined below are mandatory for compliance.) Sr. No. SPECIFICATION COMPLIANCE /EVALUATION PARAMETERS Name of Firm M/S Mdedical Equipment Name of Equipment X Ray illuminators Make/ Brand Orient Model Number		Yes		
	FINANCIAL CAPACITY of t	he bidder.		
5.	requisite documents i.e.,	Federal Board of	Revenue document	Yes
	CERTIFICATIONS			Yes
1	6.	ISO 9001/13485		Yes
	Dual Cert	ification (CE/FDA/N	MHLW)	Yes
		KNOCK	DOWN CRITERIA	
-	100 67 75	PRODU	CT EVALUATION	
+	Sr. No. SPECIFICATION		fined below are mandato	ry for compliance.)
1			MPLIANCE /EVALUAT	ION PARAMETERS
				M/S Mdedical Equipment System
	Name of Equipment	4-1	X Ray ill	uminators
	Make/ Brand			Orient
				Orient
	Country of Manufacturer			pak
	Country of Origin			Pak
	Compliance with defined quality standards (FDA/CE/MHLW)			CE
	Specification Compliance features wise:			
	Specifications: Technical Eligibility of Product:			yes
	Technical Eligibility of Firm	a:		yes
	BID STATUS:			Yes
				Responsive
				A.

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 IPL.No.11620 Dated:11-11-2022 . PACKAGE/TENDER NUMBER: Sr. 14 Pulse oximeter NAME OF THE EQUIPMENT: QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S Human Health M/S Hospicare M/S Saarf Medical Evaluation Parameters Sr. No Yes Yes Complete Package/Tender Yes Yes Yes Original Receipt of Tender Yes Yes Yes NTN & OST Registration Yes Yes Yes Minimum trained staff Yes Yes (1 Engineer & 2 Technician) for each equipment Availability of relevant Tools and Testing / Yes Yes Calibration Equipment. Yes Yes 6. Yes Yes Yes (Minimum three-year relevant experience) Valid legally enforceable Exclusive / Sole Yes Yes Yes Authorization of manufacturer Yes Yes Yes Original Equipment Manufacturer Certificate 8. Certificate from the Manufacturer about the after Yes Yes sales services through agent or itself (In case 9. specifically demanded in the specifications Certificate for installation as per international Yes Yes 10. standard, by the manufacturer Yes Yes After Sale Services execution plan, by the applicant Yes 11. Training Compliance as per clause 41. Yes Yes Workshop Facility in Lahore. Yes 13. Bank guarnttee Bank guarnttee attached instead of CDR attached instead of Bid Security CDR Yes Bid Validity 15. Yes Delivery Period 16. Compliance of Warranty as per tender Yes Yes Yes Minimum one (FDA/CE/MHLW/Other relevant (in Yes 18 case of non-medical equipment or accessory)) Yes Yes The quoted product is Technical Specifications as per Requirement 19. vital sign monitor not Yes Yes a Pulse oximeter KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) CATEGORY POINTS Yes/No Yes/No Yes/No SR. NO DESCRIPTION BIDDER EXPERIENCE (Biomedical business) Yes Yes Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly Yes Yes Yes indicating Brand along with the summary of quoted product). PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods Yes Yes Yes supplied within prescribed delivery period.

TECHNICAL STAFF Relevant	tution of similar	Yes	Yes	Yes
employment/offer acceptance experience letter need to be a entry.	letter, Training,	Yes	Yes	Yes
Engineer		Yes	Yes	Yes
Technician		Yes	Yes	Yes
FINANCIAL CAPACITY of the b	idder.	Yes	Yes	Yes
Annual Turnover of last finance will provide requisite document of Revenue document shall turnover/sale of the firm.). In I	its i.e., Federal Board	Yes	Yes	Yes
CERTIFICATIONS ISO 9001/13485				
Dual Certification (CE/FDA/MHLW)	LETA ELSI	Yes	Yes	Yes
(CO) FOR / MRLW)	KNOC	Yes CK DOWN CRITERIA	Yes	Yes
		DUCT EVALUATION		
Sr. No.		defined below are mandator	y for compliance.)	
		COMPLIANCE /EVALUATION		PER SECURIOR STATE
Name of Firm		M/S Saarf Medical	M/S Hospicare	M/S Human Health
Name of Equipment		Pulse o	ximeter	care
Make/ Brand		axecent Medical		
Model Number		germany	Masimo	SIGNSCOPE 5
Country of Manufacturer		PAVO	RAD-97	Medicinos Gija UA
Country of Origin		Germany	USA	Lithunania (Europ
Compliance with defined quality standards (FDA/CE/MHLW)		Germany	USA	Lithunania (Euro
Specification Compliance features wise:		Yes	Yes	Yes
Specifications:		The quoted product is vital sign monitor not a Pulse oximeter	Yes	Yes
Technical Eligibility of				
Technical Eligibility of Product:		Not Eligble	Yes	
Technical Eligibility of Product: Technical Eligibility of Firm:		Not Eligble	Yes	Yes
Technical Eligibility of Product:			Yes	Yes Not Eligb

AME OF THE QUIPMENT: UANTITY	Sr. 15 Pendi				
A SAME AND A SAME AND ADDRESS OF THE PARTY O		atrics Ventils	tor		
	3				
		KNOCK	DOWN CRITERIA		
	(All evaluation par	rameters defin	ned below are man	datory for compliance)	
r. No.	Evaluation Parameters		M/S Vital Care	M/S Digonies	M/S Eastern Medica
1. Complete	Package/Tender		Yes	Yes	Yes
2. Original R	eceipt of Tender		Yes	Yes	Yes
	Γ Registration		Yes	Yes	Yes
4.	trained staff		Yes	Yes	Yes
	r & 2 Technician) for each equ		Yes	Yes	Yes
 Availabilit Calibratio 	of relevant Tools and Testing Equipment.	3/	Yes	Yes	Yes
	y Past Performance		Yes	Yes	Yes
(Minimum	three-year relevant experience		Yes	Yes	Yes
7. Valid legal	y enforceable Exclusive / Sol ion of manufacturer	e	Yes	Yes	
	quipment Manufacturer Certi	Sonte		168	Yes
Certificate	from the Manufacturer about	1 th 0 -	Yes	Yes	Yes
specifically	ces through agent or itself (In demanded in the specification	case ons)	Yes	Yes	Yes
standard,	for installation as per interna by the manufacturer.		Yes	Yes	Yes
1. After Sale	Services execution plan, by the	he applicant	Yes	Yes	Yes
2. Training C	ompliance as per clause 41.	Reserved to	Yes	Yes	
 Workshop 	Facility in Lahore.		Yes		Yes
4. Bid Securit	у		Yes	Yes	Yes
5. Bid Validity			Yes	Yes	Yes
. Delivery Pe	riod		Yes	Yes	Yes
Compliance	of Warranty as per tender		Yes	Yes	Yes
Minimum o	ne (FDA/CE/MHLW/Other medical equipment or acce	relevant (in ssory))	Yes	Yes	Yes
Certificate	pecifications as per Require			Yes	Yes
, i communa			Yes	Yes	Yes
	KNOCK DOV	WN CRITE	RIA(COMMERI	CAL EVALUATION	
NO DESCR	IPTION CATEGOR		Yes/No	Yes/No	Yes/N
BIDDER E	CPERIENCE (Biomedical bu	siness)	Yes	Yes	Yes
documenta invoices/pr	PRODUCT EXPERIENCE ry evidences like trchase orders clearly indi- the summary of quoted prod-	commercial	Yes	yes	yes
supply or supplied w	FORMANCE of the bidder der) w.r.t quoted product ithin prescribed delivery per	t i.e., goods riod.	Yes	yes	yes
public/p	(issued by Head of Institution ablic-private sector institution capacity	on of similar	Yes	No	No
employm	AL STAFF Relevant doc ent/offer acceptance letter	uments e.g., r, Training,	Yes	Yes	Yes

Technical Name of Firm Name of Firm Name of Firm Name of Equipment Name of Firm Nam		neer	Yes	Yes	Yes
FINANCIAL CAPACITY of the bidder. Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm, In PKR CERTIFICATIONS Yes Yes Yes Yes Yes Yes Yes Ye	Tech	nnician			
Annual Turnover of last financial year (The bidder will provide requisite documents Le., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR CERTIFICATIONS Yes Yes Yes Yes Yes Yes Yes Ye	FIN	ANCIAL CAPACITY of the hidden	ies	Tes	Yes
Section Sect	Anr will of	nual Turnover of last financial year (The bidder provide requisite documents i.e., Federal Board Revenue document showing the convert	Yes	Yes	Yes
Second S	C	ERTIFICATIONS	Yes	Yes	Yes
KNOCK DOWN CRITERIA PRODUCT EVALUATION [All evaluation parameters defined below are mandatory for compilance.] Sr. No. SPECIFICATION COMPLIANCE / EVALUATION PARAMETERS Name of Firm M/S Vital Care M/S Digonics M/S Eastern M/S Digonics M/S Digonics M/S Digonics M/S Digonics M/S Digonics M/S Digonics M/S Eastern M/S Digonics M/S Dig	5.	ISO 9001/13485	Yes		
PRODUCT EVALUATION [All evaluation parameters defined below are mandatory for compliance.] Sr. No. SPECIFICATION COMPLIANCE /EVALUATION PARAMETERS Name of Firm M/S Vital Care M/S Digonics M/S Eastern M/S Digonics M/S Digonics M/S Eastern M/S Digonics M/S Digonics M/S Eastern M/S Digonics M/S Digoni		Dual Certification (CE/FDA/MHLW)	Yes	Yes	Yes
All evaluation parameters defined below are mandatory for compliance.) St. No. SPECIFICATION COMPLIANCE / EVALUATION PARAMETERS		KNOC	K DOWN CRITERI	A	
Sr. No. SPECIFICATION COMPLIANCE / EVALUATION PARAMETERS M/S Vital Care M/S Digonics M/S Eastern M Name of Equipment Pendiatrics Ventilator Make/ Brand Techme Corpration Model Number Neuoment Grophnet Servo 1 Inspiration 71 Country of Manufacturer USA Swedon USA Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specification Compliance features wise: Specifications: Technical Eligibility of Product: Yes Yes Yes Yes Yes Yes Yes Ye		PROI	DUCT EVALUATION	N	
Name of Firm M/S Vital Care M/S Digonics M/S Eastern M Name of Equipment Peadiatrics Ventilator Make/ Brand Techme Corpration Neuoment Grophnet Servo 1 Inspiration 7i Country of Manufacturer USA Swedon USA Country of Origin USA Swedon USA Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Firm: Yes Yes Yes Yes Yes Yes Yes Ye		(All evaluation parameters	defined below are mane	datory for compliance.)	
Name of Equipment Peadiatrics Ventilator Make/ Brand Techme Corpration Neuoment Grophnet Servo 1 Inspiration 71 Country of Manufacturer USA Swedon USA Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Firm: Yes Peanwards Yes Yes Yes Yes Yes Yes Yes Y	Sr. No.	SPECIFICATION	COMPLIANCE /EVALU	JATION PARAMETERS	
Make/ Brand Techme Corpration Geting sweden event medical formulation of the product of the p	Name o	of Firm	M/S Vital Care	M/S Digonies	M/S Eastern Medica
Model Number Neuoment Grophnet Servo 1 Inspiration 7i Country of Manufacturer USA Swedon USA Country of Origin USA Swedon USA Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Product: Yes Yes Yes Yes Yes Yes Yes Ye	Name	of Equipment	Peadia	trics Ventilator	
Country of Manufacturer USA Swedon USA Country of Origin USA Swedon USA Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Product: Yes Yes Yes Yes Yes Yes Yes Ye	Make	/ Brand	Techme Corpration	Geting sweden	event medical USA
Country of Origin USA Swedon USA Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Product: Technical Eligibility of Firm: Yes Yes Yes Yes Yes Yes Yes Ye	_		Neuoment Grophne	t Servo 1	Inspiration 7i
Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Product: Technical Eligibility of Firm: Yes Yes Yes Yes Yes Yes Yes Ye			USA	Swedon	USA
quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Product: Yes Yes Yes Yes Yes Yes Yes Ye	-		USA	Swedon	USA
Specifications: Technical Eligibility of Product: Technical Eligibility of Firm: Yes Yes Yes Yes Yes Yes Yes Technical Eligibility of Firm: Yes Yes Yes Yes	(FDA	Lity standards A/CE/MHLW)	FDA	Yes	Yes
Product: Yes Yes Yes Yes Yes Yes Yes Yes Yes	Spe	cifications:	Yes	Yes	Yes
BID STATUS:	Pro	chnical Eligibility of oduct:	Yes	Yes	Yes
BID STATUS:	Те	chnical Eligibility of Firm:	Yes	Yes	Yes
Responsive	BI	D STATUS:	Responsive	NEW PROPERTY OF THE PARTY OF TH	CONTRACTOR DESCRIPTION
		& a			

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F,Y 2022-23

PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 .

NAME OF THE Sr. 16 ECG Machine with 12 channels EQUIPMENT:

QUANTITY 2

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

10.		Evaluation Parameters	M/S Shirazi	M/S Hospicare	M/S Accumen
-	Come	olete Package/Tender	Yes	Yes	Yes
		inal Receipt of Tender	Yes	Yes	Yes
_	-		Yes	Yes	Yes
	-	N & GST Registration	Yes	Yes	Yes
	-	Engineer & 2 Technician) for each equipment	Yes	Yes	Yes
5.		ailability of relevant Tools and Testing / Calibration	Yes	Yes	Yes
3.	_	uipment.	Yes	Yes	Yes
6.	-	disfactory Past Performance dinimum three-year relevant experience)	Yes	Yes	Yes
7.	V	falid legally enforceable Exclusive / Sole Authorization of	Yes	Yes	yes
8.		Original Equipment Manufacturer Certificate	Yes	Yes	yes
9.	1	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	yes
10		Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	yes
1	1.	After Sale Services execution plan, by the applicant	Yes	Yes	yes
1	d.		Yes	Yes	Yes
L	12.	Training Compliance as per clause 41.	Yes	Yes	Yes
	13.	Workshop Facility in Lahore.	Yes	Yes	Yes
Г	14.	Bid Security	Yes	Yes	Yes
	15.	Bid Validity	Yes	Yes	Yes
	16.	Delivery Period	Yes	Yes	Yes
T	17.	Compliance of Warranty as per tender			CE
1	18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of medical equipment or accessory)) Certificate	non- Yes	Yes	
-		Paragrament	Yes	Yes MERICAL EVALUATION	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

	K	NOCK DOWN CRITER	COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	Yes/No	Yes/No
R. NO	DESCRIPTION	CATEGORY POINTS	Yes/No		Yes
45,22	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	, ites
1.	QUOTED PRODUCT	EXPERIENCE (Since Last 3 ocumentary evidences like	Yes	Yes	yes
2.	indicating Brand alon product).	g with the summary of quotes	Yes	Yes	Yes
	supply order	ce of the bidder (execution of quoted product i.e., goods cribed delivery period.	ies	Yes	Yes
3.	Certificate (issued b	y Head of Institutions) from any ate sector institution of similar capacity F Relevant documents e.g., acceptance letter, Training,	Yes	Yes	Yes

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		+ w T	Yes	Yes
4.	Engineer	Yes	Yes	Yes
	Technician	Yes	763	
	FINANCIAL CAPACITY of the bidder.			
5.	Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR	Yes	Yes	Yes
	CERTIFICATIONS			
6.	ISO 9001/13485	Yes	Yes	Yes
	Dual Certification (CE/FDA/MHLW)			
		K DOWN CRITERIA		
	(All evaluation parameters de			
Sr. No.			ATION PARAMETERS	
Name o		M/S Shirazi	M/S Hospicare	Accumen
Name o	of Equipment	ECG Machine	with 12 channels	
Make/	Brand	G E USA	Cardioline	IG Medica
Model N	lumber	Mac-5	ECG-200	EKG Serie
Country	of Manufacturer	USA	ITLAY	UK
Country	of Origin	China	ITLAY	UK
(FDA/CE/		FDA	CE	CE
Specification Specification		Yes	Yes	yes
Technica Product:	al Eligibility of	Yes	Yes	
Technica	d Eligibility of Firm:	Yes		yes
BID STAT	rus:	No programme and the	Yes	yes
		Responsive	Responsive	Respon

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022 .

NAME OF THE EQUIPMENT: Sr. 17. ICU Motorized Bed (5 Function) for QUANTITY 8

NAME OF THE Sr. 17. ICU Motorized Bed (5 Function) for Burn Pediatric Patients with bed side Cabinet Over Bed Table and sofa chair EQUIPMENT:

KNOCK DOWN CRITERIA

		446 0000000				*****
Str. No.	Evaluation Parameters	M/S Miledical Equipment System	M/S Saarf Medical	M/S G- Med	M/S Eastern Medical	50/5 Human Health Care
4.	Complete Package/Tepday	Yes	Yes	Yes	Yes	Yes
0	Original Receipt of Tender	Yes	Yes	Yes	Yes	Yes
3.	NTN & OST Registration	Yes	Yes	Yes	Yes	Yes
4	Minimum trained staff	Yes	Yes	Yes	Yes	Yes
	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes	Yes	Yes
8.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes	Yes	Yes
6.	Satisfactory Past Performance	Yes	Yes	No experience of the	Yes	NO
	(Minimum three-year relevant experience)	Yes	Yes	Yes	Yes	NO
7.	Valid legally enforceable Exclusive / Bole Authorization of manufacturer	Yen	Yes	Yes	Yes	Yes
В.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (in case specifically demanded in the specifications)	Yes	Yes	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes	Yes	Yes	Yes
12.	Training Compliance as per clause 41.	Yes	Yes	Yes	Yes	Yes
13,	Workshop Facility in Lahore.	Yes	Yes	Yes	Yes	Yes
4. 1	Bid Security	Yes	Bank Guarantee attached instead of CDR	Yes	Yes	Bank Guarantee attached instead o CDR
_	Bid Validity	Yes	Yes	Yes	Yes	Yes
6. I	Delivery Period	Yes	Yes	Yes	Yes	Yes
_	Compliance of Warranty as per tender	Yes	Yes	Yes	Yes	Yes
D. L	dinimum one (FDA/CE/MHLW/Other relevant (in ase of non-medical equipment or accessory)) certificate	yes	Yes	Yes	Yes	Yes
). Te	echnical Specifications as per Requirement	Yes	Yes	Yes	Yes	Yes

KNOCK DOWN CRITERIA/COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No			
		PARENEW PRESENT	R. C.	Tes/No	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE (Biomedical business)		Yes	Yes	Yes	Yes	Yes
2	QUOTED PRODUCT documentary evider invoices/purchase orde along with the summary	nces like commercial ers clearly indicating Brand	Yes	Yes	Yes	Yes	Yes
3.	supply order) w.r.t qu supplied within prescrib		Yes	yes	NO Experience or supply order attached in bid of the quoted product	Yes	NO Experience or supply order attached in bid of the quoted product
	Certificate (issued by I any public sector insti	lead of Institutions) from tution of similar capacity	Yes	Yes	Yes	Yes	Yes
	TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training,		Yes	Yes	Yes	Yes	Yes
. 1	Engineer		Yes	Yes	Yes	Yes	Yes
1	rechnician .		Yes	Yes	Yes	Yes	Yes
,	INANCIAL CAPACITY of	f the bidder.					
of	ill provide requisite docu	financial year (The bidder aments i.e., Federal Board showing the annual i. In PKR	Yes	Yes	Yes	Yes	Yes
CI	ERTIFICATIONS		Yes	Yes	Yes	Yes	Yes

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				Yes	Yes
180 9001/13485	Yes	Yes	Yes	Yes	Yes
6. Dual Certification (CE/FDA/	/MHLW) Yes	Yes	Yes	165	
	KNOC	K DOWN CRITERIA			
	PROD	DUCT EVALUATION			
	(All evaluation parameters	defined below are mandatory for o	ompliance.)	THE REAL PROPERTY.	
Sr. No.	SPECIFICATION	COMPLIANCE / EVALUATION PA	RAMETERS		
Same of Firm	M/S Mdedical Equipment	M/S Saarf Medical	M/S G- Med	M/S Eastern Medical	M/S Human Health Care
Name of Equipment	System ICU Motorized Bed (5 Function	a) for Burn Pediatric Patients wi	th bed side Cabinet Ove	r Bed Table and sofa o	heir
	Paramount	Linet	Formed	Medisa	Cliniqen HC LTD
Make/ Brand	Paga and and and and and and and and and an		Teddy	Galaxy II	Grace HC-400
fodel Number	CA-54380x	Eleganzaz		Spain	UK
Country of Manufacturer	Japan	Czech Rebulic	poland	Spain	Turkey
Country of Origin		Czech Rebulic	poland	Spans	
Compliance with defined quality standards 7DA/CZ/MHLW)	MHLW	CE	CE	CE	CE
Specification Compliance	Yes	Yes	Yes	Yes	yes
Specifications:				V	Not Eligible
Technical Eligibility of Product:	Yes	Yes	yes	Yes	
Technical Eligibility of Firm:	Yes	Not Eligible	yes	Yes	Not Eligible
BID STATUS:	Responsive	Non. Responsive	Responsive	Responsive	Non-Respons

No.

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UMBER:	TEND	EB	The second second	620 Dated:	2236	AL & LAB EQUI MULTAN.F.Y 20	11-23		
AME OF			r. 18 Fo		Burn Pe	diatric Parisson	bed side Cab	pinet,	
QUANTI	TY		12	ocu soia, ai	ia Over	Bed Table .		THE STATE OF	
			14	KNOCK DO	OWN CE				
		(All eval)	nation nam	I I I I I I I I I I I I I I I I I I I	OWN CH	GTERIA			
		The state of	radon para	ameters define	ed below	are mandatory for co	mpliance)		
Sr. No.				rs	M/S Mdec	dical Equipment System	M/S Saa	rf Medical	
1.		ete Package/Ten				Yes			
3.		al Receipt of Ter				Yes		l'és .	
-	Minin	GST Registrati	on			Yes		Yes	
4.				cian) for each equipment Tools and Testing / Transce Trelevant experience) One Exclusive / Sole Ufacturer Manufacturer About the after the agent or itself (in case and in the specifications) Islation as per international anufacturer. execution plan, by the applican ce as per clause 41. in Lahore. TOA/CE/MHLW/Other relevant lical equipment or accessory) Affications as per Requirement KNOCK DOWN CRIT		Yes		Yes	
5.	AVBI	ability of relevan		ch equipment		Yes		Yes	
-		Inimum trained staff Engineer & 2 Technician) for each equipment valiability of relevant Tools and Testing / Alibration Equipment. Satisfactory Past Performance (Minimum three-year relevant experience) Valid legally enforceable Exclusive / Sole Authorization of manufacturer Original Equipment Manufacturer Certificate Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications) Certificate for installation as per international standard, by the manufacturer. After Sale Services execution plan, by the applied Training Compliance as per clause 41. Workshop Facility in Lahore. Bid Security	Yes			Yes			
6.	Sati	stactory Past Pe	formance		1	Yes		Yes	
7.	. A.97	Minimum three-year relevant experience) Valid legally enforceable Exclusive / Sole Authorization of manufacturer Original Equipment Manufacturer Certificate Certificate from the Manufacturer about the after sales services through agent or itself (in case specifically demanded in the specifications)	Yes			Yes			
-			egally enforceable Exclusive / Sole rization of manufacturer all Equipment Manufacturer Certificate ficate from the Manufacturer about the after services through agent or itself (in case ifically demanded in the specifications)				Yes		
8	-	iginal Equipmer	ment Manufacturer Certificate In the Manufacturer about the after through agent or itself (in case manded in the specifications)		Yes			Yes	
	9.	ertificate from th	e Manufactu	acturer Certificate Yes Acturer about the after at or itself (in case te specifications) Yes			Yes		
	10	pecifically deman	ided in the sp	nseil (in case pecifications)		Yes		Yes	
			- waterale	1.		Yes		Yes	
	12,	Training Compli	ance as per a	laure de	y the applicant Yes Yes 41. Yes Yes Yes Yes Yes			Yes	
	13.	Workshop Facil	ity in Labore	HEUSE 41.					
	14.		y as country;						
	15.					yes	Bank Guara	ntee attached instead	
	16.	Delivery Perior				Yes		of CDR	
	17.			Der too i		Yes		Yes	
	18.	Minimum on	(PP)			Yes		Yes	
	19.	Certificate		or accessory	9	Yes		Yes	
	-	- cennical Sp				yes			
	-		KNOC	K DOWN CF	RITERIA	COMMEDICAL		Yes	
	SR.	NO DESCR	UPTION	CATEGORY P	OINTS		ALUATION)		
						Yes/No		Yes/No	
	1.			(Biomedical busin		Yes		Yes	
	3	indicating product).	al invoices Brand along	EXPERIENCE (Si ocumentary evid /purchase orde g with the summa	ences like its clearly ry of quoter	Y Yes		No	
		PAST P: supply supplied	erformanc order) w.r.t within presc	E of the bidder of quoted product ribed delivery peri	execution i.e., good iod.	of ds Yes		No	
	×	PAST PI supply supplied	ERFORMANC order) w.r.t within presc	E of the bidder quoted product ribed delivery per	execution i.e., good iod.	fel	W	250	

capacity	litution of similar	Yes	No
employment/offer acceptance	letter. Training	Yes	Yes
Engineer		Yes	Yes
Technician		Yes	Yes
FINANCIAL CAPACITY of the t	oldder.		
of Revenue document sh	ts i.e., Federal Board	Yes	Yes
CERTIFICATIONS		Yes	Yes
		Yes	Yes
Duai Certification (C	S/FDA/MHLW)	Yes	Yes
		4 (C. S. 10.) (C. S. 10.) (C. S. 10.) (C. S. 10.)	
(AN			
	Service Control of the Control of th	4	
	SPECIFICATION CO	MPLIANCE /EVALUATION PARAMET	rers
me of Firm		M/S Mdedical Equipment System	M/S Saarf Medical
ame of Equipment	Fowler Bed for B	urn Pediatric Patients with be bed/ sofa, and Over Bed T	d side Cabinet, Attenda able .
Make/ Brand	77	Paramount Bed	Linet
Model Number		Pa99295c	praktikaz
		Japan	Czesh
57 - A-CAMAGA		Japan	Czesh
(FDA/CE/MHLW)		MHLW	CE
Specifications:		Yes	yes
Product:		Yes	Yes
Technical Eligibility of Firm:		Yes	Not Eligible
BID STATUS:		Responsive	Non. Responsive
X			
	Capacity ECHNICAL STAFF Relevant imployment/offer acceptance experience letter need to be entry. Engineer Technician FINANCIAL CAPACITY of the band of Revenue document of Revenue document shall turnover/sale of the firm.). In the complete terms of the firm. In the complete terms of the firm. CERTIFICATIONS ISO 9001/1 Dual Certification (City of the complete terms of the firm) of the complete terms of the firm of the complete terms of the complete term	ECHNICAL STAFF Relevant documents e.g., imployment/offer acceptance letter, Training, experience letter need to be attached for each entry. Engineer Technician FINANCIAL CAPACITY of the bidder. Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.]. In PKR CERTIFICATIONS ISO 9001/13485 Dual Certification (CE/FDA/MHLW) KNOCK PRODU (All evaluation parameters del No. SPECIFICATION COmme of Firm ame of Equipment Fowler Bed for B Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (PDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Firm:	ECHNICAL STAFF Relevant documents e.g., mployment/offer acceptance letter, Training experience letter need to be attached for each neutron. Engineer Technician Technician FINANCIAL CAPACITY of the bidder. Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR CERTIFICATIONS ISO 9001/13485 Yes THOUCT EVALUATION (All evaluation parameters defined below are mandatory for compliants). SPECIFICATION COMPLIANCE / EVALUATION PARAMET MS MS Medical Equipment System MS Medeical Equipment Fowler Bed for Burn Pediatric Patients with be bed/sofa, and Over Bed Town of Manufacturer Country of Manufacturer Country of Manufacturer Country of Origin Compliance with defined quality standards (PDA/CE/MHLW) Specification Compliance features wise: Specification Compliance features wise: Yes Technical Eligibility of Pirm: Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 . NUMBER NAME OF THE Sr. 19 Infant warmer EQUIPMENT QUANTITY KNOCK DOWN CRITERIA [All evaluation parameters defined below are mandatory for compliance] Br. No. Evaluation Parameters M/S Homan Health M/S Saarf Medical M/S Mdedical Equipment System M/S Teal Technology Care omplete Package/Tender Yes Yes Yes 0 Original Receipt of Tender Yes Yes Yes NTN & OST Registration Yes Yes Yes Rate beniert muminib à. 1 Engineer & 2 Technician) for each equipment Yes Yes Yes Availability of relevant Tools and Testing / Calibration Equipment Yes Yes Yes Yes Satisfactory Past Performance Yes Yes Yes [Minimum three-year relevant experience] Yes Yes Yes No Valid legally enforceable Exclusive / Sole Authorization of manufacturer Yes Yes Yes Original Equipment Manufacturer Certificate Yes Yes Certificate from the Manufacturer about the after sales services through agent or itself (In case Yes specifically demanded in the specifications) Certificate for installation as per international standard, by the manufacturer. Yes Yes Yes 11 After Sale Services execution plan, by the applican Yes Yes Yes Training Compliance as per clause 41. 10 Yes Yes Yes 13. Workshop Facility in Lahore. Yes Yes 14. Bid Security Bank Guarantee Bank Guarantee Yes Yes ed instead of CDR CDR 15 Bid Validity Yes Yes Delivery Period Yes Yes Compliance of Warranty as per tender Yes Yes Yes Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate 18. Yes Yes Yes Yes 19. Technical Specifications as per Requirement yes KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) SR. NO DESCRIPTION CATEGORY POINTS Yes/No Yes/No Yes/No BIDDER EXPERIENCE (Biomedical business) Yes Yes Yes QUOTED PRODUCT EXPERIENCE (Since Last Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted 2. Yes product). PAST PERFORMANCE of the bidder (execution supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period. Yes 3. Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar Yes yes capacity TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training, experience letter need to be attached for each Yes Yes Yes Engineer Yes Yes Technician Yes

Annual Turnover of last financial year (The bidder will pressible decuments the., Federal Boart of Revenue document showing the annual unrovery allow of the firm.). In PKM CERTIFICATIONS Yes Yes Yes Yes Yes Yes Yes Ye	yes	yes	yes	yes		FINANCIAL CAPACITY of the	- 1
ISO 9001/13485 Dual Certification (CE/FDA/MHLW) Yes y	yes	yes	Yes	Yes	ments i.e., Federal Board	of Revenue document s turnover/sale of the firm.). Ir	.
Dual Certification (CE/FDA/MHLW) Yes Yes Yes Yes Yes Yes Yes Ye			Ven	Yes			
KNOCK DOWN CRITERIA PRODUCT EVALUATION (All evaluation parameters defined below are mandatory for compliance.) SPECIFICATION COMPLIANCE /EVALUATION PARAMETERS Ame of Firm M/S Saarf Medical M/S Medical Equipment System M/S Toal Technology M/S Hum M/S Toal Technology M/S Hum COBAMS Atoms Infant Sunflour TSE Clinique Country of Manufacturer LR90 Infant Sunflowr NATHLLY RW ZSS COUNTRY of Origin Compliance with defined GDA/CF, MRILW) COMPLIANCE PRODUCT EVALUATION M/S Medical Equipment System M/S Toal Technology M/S Hum COBAMS Atoms Infant Sunflour TSE Clinique Country of Manufacturer LR90 Infant Sunflowr NATHLLY RW ZSS COUNTRY of Manufacturer Country of Origin Compliance with defined GDA/CF, MRILW) Specifications Yes Yes Yes Yes Yes Yes Not-Eligible Yes Not-Eligible Yes Not-Responsive Responsive	yes	yes		Yes			kc .
KNOCK DOWN CRITERIA PRODUCT EVALUATION [All evaluation parameters defined below are mandatory for compliance.] SPECIFICATION COMPLIANCE /EVALUATION PARAMETERS ame of Equipment M/S Saarf Medical M/S Medical Equipment System M/S Toal Technology M/S Hum Compliance System Country of Manufacturer LR90 Infant Sunflour NATHLLY RW ZS. Country of Origin Compliance with defined quality standards Rully Compliance System Country of Mills Specifications Yes Yes Yes Yes Yes Yes Note System Responsive Responsive	yes	yes		Yes	(CE/FDA/MHLW)	cerancadon (C	_
RADIUST EVALUATION All evaluation parameters defined below are mandatory for compliance.] Compliance	yes	yes		KNOCK DOWN			
SPECIFICATION COMPLIANCE / EVALUATION PARAMETERS Ame of Firm M/S Saarf Medical M/S Madedical Equipment System M/S Toal Technology M/S Hum M/S Manufacturer Country of Manufacturer Country of Manufacturer Country of Origin Compliance with defined quality standards POACCE/MILLY Specifications Yes Yes Yes Yes Yes Yes Not-Eligible Yes Not-Responsive Responsive			ALUATION	PRODUCT EV			
Ame of Firm M/S Saarf Medical M/S Mdedical Equipment System M/S Toal Technology M/S Hum Compliance Compliance with defined quality standards quality s			w are mandatory for	rameters defined bel-	(All evaluation p		r. No.
Ame of Equipment Ame of Equipment M/S Saarf Medical Infant Warmer COBAMS Atoms Infant Sunflour TSE Clinique Country of Manufacturer LR90 Infant Sunflowr NATHLLY RW CZESH REBULIC COUNTRY of Origin Compliance with defined quality standards QUALICY MILLIN Specifications: Yes Yes Yes Yes Yes Yes Yes Not-Eligible Non-Responsive Responsive Responsive			CE /EVALUATION DATE:	ICATION COMPLIAN	SPECI		
Infant Warmer COBAMS Atoms Infant Sunflour TSE clinique Model Number Country of Manufacturer LR90 Infant Sunflowr NATHLLY RW ZS. Country of Origin Itlay CZESH REBULIC TURNING TOTAL CZESH REBULIC						of Firm	ame (
COBAMS Atoms infant Sunflour TSE clinique Country of Manufacturer LR90 Infant Sunflowr NATHLLY RW ZS. Country of Origin Itlay CZESH REBULIC Using the Authors of Manufacturer Country of Origin Itlay CZESH REBULIC Using the Authors of CZESH REBULIC Using the A	ology M/S Human Health	M/S Toal Technology		M/S Saarf Medical			
Country of Manufacturer LR90 Infant Sunflowr NATHLLY RW 25- Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Firm: Yes Yes Yes Yes Yes Not-Eligible Yes Yes Not-Responsive Responsive Responsive	Care		Infant Warmer			Brand	lake/
Country of Manufacturer LR90 Infant Sunflow NATHLLY RW ZS. Country of Origin Compliance with defined duality standards (FDA/CE/MHLW) Specification Compliance features wise: Yes Yes CE Technical Eligibility of Firm: Yes Yes Yes YES Not-Eligible Yes Not-Eligible Responsive Responsive			Atoms Infant Span	COBAMS	The second	Number	Model
Country of Origin Compliance with defined guality standards (FDA/CE/MHLW) Specification Compliance Yes Yes CE Specifications: Technical Eligibility of Firm: Yes Yes Yes Yes Yes Not-Eligible Yes Yes Not-Responsive Responsive Responsive	cliniqon HC LTD	TSE		LR90		try of Manufacturer	Coun
Compliance with defined quality standards (PDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Firm: Yes Yes Yes Yes Yes Yes Yes Ye	THE STATE OF THE S	NATHLLY PW	Infant Sunflow				
CZESH REBULIC TURN	ZS-600					plia	Com
Icetures wise: Specifications: Yes Yes Yes Yes Yes Yes Yes Yes Yes Technical Eligibility of Product: Yes Yes Yes Yes Yes Not-Eligible Yes Non-Responsive Responsive Responsive Responsive	UK				-	/CE/MHLWA	(FDA)
Technical Eligibility of Product: Technical Eligibility of Firm: Yes Yes Yes Yes Yes Not-Eligible Yes Non.Responsive Responsive Responsive	ULIC TURKEY		Yes	Yes			
Technical Eligibility of Firm: Yes Yes Not-Eligible Yes Non.Responsive Responsive Responsive	CE	CE		Yes		anical mu	Tech
BID STATUS: Not-Eligible Yes Non.Responsive Responsive Responsive		YES	yes	Yes		hnical Eligibility	Tec
Non.Responsive Responsive Responsive	yes		Yes		The state of the s	STATUS	BID
Non.Responsive Responsive Responsive	Not-Eligible	YES	Yes	Not-Eligible		11108;	
Responsi		YES	I ZUKENIKA PE	Non.Responsive			
W Non-1	Not-Eligible	Resnort	Responsive				
	Non-Responsive	-Pottaine					
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TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 .

NAME OF THE EQUIPMENT: Sr. 20 Neonatal Incubators
QUANTITY 2

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

r. No.	Evaluation Parameters N	/S Human Health Care	M/S Total Technology	M/S Mdedical Equipment System	M/S Saarf Medical
L	Complete Package/Tender	Yes	Yes	Yes	Yes
2.	Original Receipt of Tender	Yes	Yes	Yes	Yes
3.	NTN & OST Registration	Yes	Yes	Yes	Yes
	Minimum trained staff	Yes	Yes	Yes	Yes
4.	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yea	Yes	Yes
6.	Satisfactory Past Performance	No	Yes	Yes	Yes
0.	(Minimum three-year relevant experience)	NO	Yes	Yes	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes	Yes
11	After Sale Services execution plan, by the applicant	Yes	Yes	Yes	Yes
12	Training Compliance as per clause 41.	Yes	Yes	Yes	Yes
13	Workshop Facility in Lahore.	Yes	Yes	Yes	Yes
14	4. Bid Security	Bank Guarantee attached instead of CD	yes(Photocopy Attached)	yes(Photocopy Attached)	Bank Guarantee attached instead of CDR
1	5. Bid Validity	Yes	Yes	Yes	Yes
1	6. Delivery Period	Yes	Yes	Yes	Yes
1	Compliance of Warranty as per tender	Yes	Yes	Yes	Yes
1	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	Yes	Yes	Yes
	19. Technical Specifications as per Requirement	Yes	Yes	yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

R. NO	DESCRIPTION	CATEGORY POINTS	Yes / No	Yes/ No	Yes / No	Yes /No
1.	BIDDER EXPERIENCE	5 (Biomedical business)	Yes	Yes	yes	Yes
2.	Years) (Verifiable di commercial invoices	EXPERIENCE (Since Last 3 occumentary evidences like s/purchase orders clearly g with the summary of quoted	No	yes	Yes	Yes
3.	supply order) w.r.t	E of the bidder (execution of quoted product i.e., goods ribed delivery period.	No	yes	Yes	Yes
	Certificate (issued by public/public-priva	Head of Institutions) from any te sector institution of similar capacity	No	yes	Yes	Yes
4.	employment/offer	Relevant documents e.g., acceptance letter, Training, need to be attached for each	Yes	Yes	Yes	Yes

A V

- 1	Engineer				
	Technician	Yes	Yes	Yes	Yes
_	FINANCIAL CAPACITY of the bidder.	Yes	Yes	Yes	Yes
i.	Annual Turnover of last financial year (The bidd will provide requisite documents i.e., Federal Boar of Revenue document showing the annu turnover/sale of the firm.). In PKR	er rd al Yes	Yes	Yes	Yes
	CERTIFICATIONS	Yes	Yes	Yes	Yes
6.	ISO 9001/13485	Yes	Yes	Yes	Yes
	Dual Certification (CE/FDA/MHLW)	Yes	Yes	Yes	Yes
		KNOCK DOW	100 Della		
		PRODUCT E	222-223-224-224-224-2		
	(All evaluat		elow are mandatory for compliance	e.)	
Br. No			INCE /EVALUATION PARAMETER		
Name	of Firm	M/S Human Health Care	M/S Total Technology	M/S Mdedical Equipment System	M/S Saarf
Name	e of Equipment		Neonatal Incubators		
Make	*/ Brand	Cliniqonite	TSE	Atoms	Cobams
Mod	el Number	Lebnestherm LA	Snelly	Air Incui	Cristina sch
Cou	ntry of Manufacturer	2000 UK	Czech Republic	Japan	Itlay
\vdash	intry of Origin	UK	Czech Republic	Japan	Itlay
Cos	mpliance with defined	J.K	Caecai Republic	Unput	
(FD	A/CE/MHLW)	CE	CE	MHLW	CE
fea	ecification Compliance stures wise: ecifications:	yes	yes	Yes	yes
Te	chnical Eligibility of oduct:	Not-Eligible	yes	Yes	Not Eligible
Te	schnical Eligibility of Firm:	Not Eligible	yes	Yes	Not Eligible
	ID STATUS:	Non. Responsive	Responsive	Responsive	Non. Responsive
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TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F. Y 2022-23

PACKAGE/TENDER NUMBER:	IPL-No.11620 Dated:11-11-2022 .
NAME OF THE EQUIPMENT:	Sr. 21 Patient Transfer stretcher trolley cum Bed
QUANTITY	A .

KNOCK DOWN CRITERIA

te. No.	Evaluation Parameters	M/S Eastern Medical	M/S Mdedical Equipment System	M/S Saarf Medical	M/5 G- Med	MS Human Health Care
1.	Complete Package/Tender	Yes	Yes	Yes	Yes	Yes
2	Original Receipt of Tender	Yes	Yes	Yes	Yes	Yes
3.	NTN & GST Registration	Yes	Yes	Yes	Yes	Yes
4	Minimum trained staff	Yes	Yes	Yes	Yes	Yes
	(1 Engineer & 2 Technician) for each equipment.	Yen	Yes	Yes	Yes	Yes
8,	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes	Yes	Yes
6.	Satisfactory Past Performance	Yes	Yes	Yes	Yes	NO
	(Minimum three-year relevant experience)	Yes	Yes	Yes	Yes	NO
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes	Yes	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (in case specifically demanded in the specifications)	Yes	Yes	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes	Yes	Yes
11.	After Sale Services execution plan, by the applican	t Yes	Yes	Yes	Yes	Yes
12.	Training Compliance as per clause 41.	Yes	Yes	Yes	Yes	Yes
13.	Workshop Facility in Lahore.	Yes	Yes	Yes		
14.	Bid Security	Yea	Yes	Bank Guarantee attached instead of	Yes	Yes Bank Guarantee attached instead o
15.	Bid Validity	Yes	Yes	CDR		CDR
16.	Delivery Period	Yes	Yes	Yes	Yes	Yes
17.	Compliance of Warranty as per tender	Yes		Yes	Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate		Yes yes	Yes	Yes	Yes
19,	Technical Specifications as per Requirement	Yes	12/-12 trendlenburg/reverse trendlenburge	Yes	Yes	12/-12 trendlenburg/reve

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

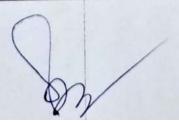
SR. NO	DESCRIPTION	CATEGORY POINTS	100 100 100 100 100 100	CACCOMMERICAL E	The state of the s		
		SHEGORI POIRTS	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes	Yes	Yes
2.	commercial invoices	EXPERIENCE (Since Last 3 cumentary evidences like purchase orders clearly ng with the summary of	Yes	No	Yes	No.	No experience of the quoted product
3.	supplied within prescri		Yes	No	Yes	No	No experience of the
	simil	Head of Institutions) from grivate sector institution of ar capacity	Yes	No	Yes	No	quoted product
	TECHNICAL STAFF employment/offer ac	Relevant documents e.g., ceptance letter, Training,	Yes	Yes			No
i.	Engineer		Yes	Yes	Yes	Yes	Yes
	Technician		Yes		Yes	Yes	Yes
	FINANCIAL CAPACITY	Y of the bidder.		Yes	Yes	Yes	Yes
5.	will provide requisite d	est financial year (The bidder locuments i.e., Federal Board ent showing the annual rm.). In PKR	Yes	Yes	Yes	Yes	Yes
	CERTIFICATIONS		Yes	Yes	Yes	Yes	Yes

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	190 9001/13485	Yes	Yes	Yes	Yen	Yes
	Dual Certification (CE/FDA/MHLW)	Yen	Yes	Yes	Yes	Yes
-		KNO	CK DOWN CRITERIA			
			DUCT EVALUATION			
Sr. No.			defined below are mandatory for c			
ar ne.		SPECIFICATION	COMPLIANCE /EVALUATION PA	RAMETERS		
fame of l	Pirm	M/S Eastern Medical	M/S Mdedical Equipment System	M/S Saarf Medical	M/S G- Med	M/S Human Health Care
Same of I	Equipment		Patient Transfer stretcher tr	olley cum Bed		
Make/ Br	and	Medisa Medical	Paramount	LINET	FAMED	CHNION
Model Nu	mber	Transmed 2	PX80318	SPRINT	SPARK WP-02	GRACE 900
Country o	of Manufacturer	Spain	Japan	CZESH REPUBLIC	POLAND	UK
Country o	of Origin	Spain	Japan	CZESH REPUBLIC	POLAND	UK
Complian quality st FDA/CE/)		CE	NO	CE	CE	CE
estures v	tion Compliance	Yes	12/-12 trendlenburg/reverse	Yes	yes	12/-12 trendlengurg/reven
Specificat	tions:		trendlenburge			trendlenburg not matched
roduct:	Eligibility of	Yes	Not Eligible	Yes	YES	Not Eligible
chnical	Eligibility of Firm:	Yes	Not Eligible	Not Eligible	Yes	Not Eligible
STATE OF	US:	Responsive	Non-Responsive	Non.Responsive	Responsive	Non-Responsive

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 IPL.No.11620 Dated:11-11-2022 . PACKAGE/TENDER NUMBER: Drip stand NAME OF THE EQUIPMENT: Sr.22 50 QUANTITY KNOCK DOWN CRITERIA [All evaluation parameters defined below are mandatory for compliance] M/S Orient Medical Evaluation Parameters Sr. No Yes Complete Package/Tender Original Receipt of Tender Ven 3 NTN & GST Registration Yes Minimum trained staff Yes (1 Engineer & 2 Technician) for each equipment Yes Availability of relevant Tools and Testing / Calibration Equipment. Yes Satisfactory Past Performance 6. Yes (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Authorization of manufacturer 7. Original Equipment Manufacturer Certificate 8. Certificate from the Manufacturer about the after sales services through agent Yes 9. or itself (In case specifically demanded in the specifications) Yes Certificate for installation as per international standard, by the manufacturer 10. Yes After Sale Services execution plan, by the applicant Yes Training Compliance as per clause 41. Workshop Facility in Lahore. 13 Yes Bid Security Yes Bid Validity 15 Yes Delivery Period 16. Yes Compliance of Warranty as per tender 17 Minimum one (FDA/CE/MHLW/Other relevant in case of non-medical Yes 18. equipment or accessory)) Certificate Technical Specifications as per Requirement 19. KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) Yes/No CATEGORY POINTS SR. NO DESCRIPTION Yes BIDDER EXPERIENCE (Biomedical business) QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly Yes indicating Brand along with the summary of quoted product). PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period. 3 Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar capacity Yes TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training, experience letter need to be attached for





Yes

4.	Engineer		Yes
	Technician		
	FINANCIAL CAPACITY of the bidder.		Yes
5.	Annual Turnover of last financial year (The documents i.e., Federal Board of Revenue d turnover/sale of the firm.). In PKR	bidder will provide requisite locument showing the annual	Yes
	CERTIFICATIONS		Yes
6.	ISO 9001/13485		Yes
	Dual Certification (CE/FD	A/MHLW)	Yes
	KNOCK	DOWN CRITERIA	
	PRODUC	CT EVALUATION	
	(All evaluation parameters defi-	ned below are mandatory for con	npliance.)
Sr. No.	SPECIFICATION COM	PLIANCE /EVALUATION PARA	METERS
Name o	f Firm		M/S Mdedical Equipment System
Name o	f Equipment	Drip stand	
Make/ I	Brand		Orient Medical
Model N	umber		Orient pak
Country	of Manufacturer		pak
Country	of Origin		pak
Complia	ince with defined quality is (FDA/CE/MHLW)		CE
pecific	ation Compliance features		yes
	al Eligibility of Product:		Yes
echnica	al Eligibility of Firm:		Yes
ID STAT	rus:		Responsive
X	M		A .
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TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F.Y 2022-23 PACKAGE/TENDER IPL-No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE Sr.23 Crash Cart Imported EQUIPMENT: QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S G-MED Evaluation Parameters Sr. No Yes Complete Package/Tender Yes Original Receipt of Tender 2. Yes NTN & GST Registration Yes Minimum trained staff 4. Yes (1 Engineer & 2 Technician) for each equipment Yes Availability of relevant Tools and Testing / Calibration Equipment. 5. Yes Satisfactory Past Performance 6. Yes (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Authorization of manufacturer Yes 8. Original Equipment Manufacturer Certificate Certificate from the Manufacturer about the after sales services through agent or Yes 9. itself (In case specifically demanded in the specifications) Certificate for installation as per international standard, by the manufacturer. Yes After Sale Services execution plan, by the applicant Yes Training Compliance as per clause 41. 12 Yes Workshop Facility in Lahore Yes 14. Bid Security Yes 15. Bid Validity Yes Delivery Period Yes Compliance of Warranty as per tender Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or Yes accessory)) Certificate Yes Technical Specifications as per Requirement 19 KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) Yes/No CATEGORY POINTS SR. NO DESCRIPTION Yes BIDDER EXPERIENCE (Biomedical business) QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along Yes 2. with the summary of quoted product). PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product Yes i.e., goods supplied within prescribed delivery period.

Make/ B Model Nu Country Country omplian usilty st	of Origin ce with defined andards			CFS ALFA01 B ITLAY ITLAY CE
omplian uality st	andards MHLW) tion Compliance rise:			width 172 mm less minor deviation accepted by technical committee.
ecificat	ions: Eligibility of			yes Yes
	Eligibility of Firm:			Yes substantially Responsive
chnical	Eligibility of			
atures w	tion Compliance rise: ions:			accepted by technical committee.
omplian uality st DA/CE/M	andards MHLW)			172 mm less minor deviation
ountry	of Manufacturer			
	Equipment			
Name of			Crash Cart Imported	M/S G-MED
Sr. No.		SPECIFICATION COMPLIA	ANCE /EVALUATION PARAM	METERS
		PRODUCT E (All evaluation parameters defined b	EVALUATION Delow are mandatory for comp	oliance.)
			VN CRITERIA	
6.	CERTIFICATIONS	ISO 9001/13485 Dual Certification (CE/FDA/MHLV	v)	Yes Yes
5.	Annual Turnover of la i.e., Federal Board of firm.). In PKR	st financial year (The bidder will pr Revenue document showing the an	ovide requisite documents inual turnover/sale of the	Yes
	Technician FINANCIAL CAPACIT	Y of the bidder.		Yes
4.	TECHNICAL STAFF letter, Training, expe	Relevant documents e.g., emplo erience letter need to be attached i	yment/offer acceptance for each entry.	Yes
	TECHNICAL STAFF	institution of similar capacity Relevant documents e.g., emplo	oyment/offer acceptance	Yes

	CRAGE/TENDER MBER:	IPL.No.11620 Dated:11	-11-2022 .	
	ME OF THE DPMENT:	Sr. 25 Dressing instrume	nt cupboards	
QUA	NTITY	4		
_		KNOCK DOWN CF		
Sr. N		Evaluation Parameters	are mandatory for compliance)	
		avadation (analitetus	M/S Orient Med	lical
1.	Complete Package/Te	nder	Yes	
2.	Original Receipt of Te		Yes	
3.	NTN & GST Registrati		Yes	
4.	Minimum trained stat		Yes	
	(1 Engineer & 2 Techr	ician) for each equipment	Yes	_
5.	Availability of relevant	Tools and Testing / Calibration Equ	ipment. Yes	_
			7	
5.	Satisfactory Past Perfo (Minimum three-year)		Yes	
		e Exclusive / Sole Authorization of r	Yes	
	vana icgany emorceau	e Exclusive / Sole Authorization of i	nanufacturer Yes	
	Original Equipment M	anufacturer Certificate	Yes	-
	Certificate from the Ma	nufacturer about the after sales ser	vices through agent or Yes	
	itself (In case specifical	ly demanded in the specifications)	res mough agent of	
0.	Certificate for installati	on as per international standard, by		
		on as per international standard, by	the manufacturer. Yes	
	After Sale Services exer	ution plan, by the applicant		
			Yes	
	Training Compliance as	A CONTRACTOR OF THE PROPERTY O	Yes	
	Workshop Facility in La	hore.	Yes	
	Bid Security		Yes	
			103	
	Bid Validity		Yes	
	Delivery Period		Yes	
	Compliance of Warranty		Yes	
M	Minimum one (FDA/CE)	MHLW/Other relevant (in case of r	on-medical Yes	
1	quipment or accessory)	Certificate		
T	echnical Specifications	as per Requirement		
1			Yes	
	KNOCK D	OWN CRITERIA(COMMI	PICAL PUALVA	
			SIGCAL EVALUATION)	
T	DESCRIPTION	CATEGORY POI	YTS Yes/No	
			ica/No	
BI	DDER EXPERIENCE (I	Biomedical business)	Yes	
/				
			11	
)	He	
		1	, , ,	
			HAT	
			1112	

	QUOTED PRODUCT	EXPERIENCE /	at 3 Years) (Verifiable documentary)	
	along with the summ	nercial invoices/purchase ary of quoted product).	at 3 Yearsi (Verifiable documentary orders clearly indicating Brand	Yes
3.	PAST PERFORMANC	CE of the hidder (tion of supply order) w.r.t quoted	
			antity period,	Yes
	Certificate (issued by	Head of Institutions) from	n any public/public-private sector	Yes
4.	77.0		capacity	
	acceptance letter, T entry. Engineer	F Relevant docum raining, experience let	ents e.g., employment/offer er need to be attached for each	Yes
	Technician			Yes
5.	100000000000000000000000000000000000000			Yes
	FINANCIAL CAPACIT			yes
	Annual Turnover of documents i.e., Fed turnover/sale of the f	cral Board of Revenue	he bidder will provide requisite document showing the annual	Yes
6.	CERTIFICATIONS			Yes
		ISO 9001/134	85	Yes
		Dual Certification (CE/I	FDA/MHLW)	Yes
	1	KNOCK	DOWN CRITERIA	
			T EVALUATION	
	(All eva		ned below are mandatory for complia	ince.)
No.	40.0190		PLIANCE /EVALUATION PARAME	
me of	Firm			W/0.0 : W !! .
				M/S Orient Medical
ne of	Equipment		Dressing instrument cupboa	
			Diessing matrument euphoa	ras
ke/B	Andrews			Orient
iel Nu	mber			Orient
ntry	of Manufacturer	The state of the state of		Pak
ntry o	of Origin	The partition		pak
ity st	ce with defined andards (HLW)			CE
	ion Compliance			yes
ificat	ions:			
nical act:	Eligibility of			Yes
nical	Eligibility of Firm:			Yes
TATU	S:			Responsive
ı				4

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022.

NAME OF THE EQUIPMENT: Sr. 26. Instrument Trolley Large

QUANTITY

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

Sr. No.	Evaluation Parameters	M/S Orient
1.	Complete Package/Tender	Yes
2.	Original Receipt of Tender	Yes
3.	NTN & GST Registration	Yes
4.	Minimum trained staff	Yes
7.	(1 Engineer & 2 Technician) for each equipment	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes
6.	Satisfactory Past Performance	Yes
	(Minimum three-year relevant experience)	Yes
7-	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes
8.	Original Equipment Manufacturer Certificate	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes
11.	After Sale Services execution plan, by the applicant	Yes
12.	Training Compliance as per clause 41.	Yes
13.	Workshop Facility in Lahore.	Yes
14.	Bid Security	Yes
15.	Bid Validity	Yes
16.	Delivery Period	Yes
17.	Compliance of Warranty as per tender	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non- medical equipment or accessory)) Certificate	Yes
19.	Technical Specifications as per Requirement	Yes
	KNOCK DOWN CRITERIA COMMERICAL E	VALUATION)
P NO	DESCRIPTION CATEGORY POINTS	Yes/No

SR. NO	DESCRIPTION	DESCRIPTION CATEGORY POINTS		
1.	BIDDER EXPERIENCE (Biomedical business)		Yes	







	QUOTED PRODUCT EXPERIENCE (S documentary evidences like commerce clearly indicating Brand along with product).		
3.	PAST PERFORMANCE of the bidder w.r.t quoted product i.e., goods suppl period.	(execution of supply ed within prescribed of	order) delivery Yes
	Certificate (issued by Head of Instituti private sector institution of	ons) from any public/p f similar capacity	Public- Yes
4.	TECHNICAL STAFF Releva employment/offer acceptance let letter need to be attached for each e	ter, Training, expe	e.g., rience Yes
*	Engineer		Yes
	Technician		Yes
	FINANCIAL CAPACITY of the bidder.		
5.	Annual Turnover of last financial yerequisite documents i.e., Federal B showing the annual turnover/sale of the	oard of Revenue doc	provide nument Yes
	CERTIFICATIONS		Yes
6.	1SO 9001/13		Yes
	Dual Certification (CE	/FDA/MHLW)	Yes
	K	OCK DOWN CRITI	ERIA
		RODUCT EVALUAT	
			nandatory for compliance.)
Sr.		A COUNTY OF THE PARTY OF THE PA	
	No. SPECIFICATI	ON COMPLIANCE /EV	ALUATION PARAMETERS
0.640.00	No. SPECIFICATIOn of Firm	ON COMPLIANCE /EV	
Nam			ALUATION PARAMETERS
Nam	ne of Firm		M/S Orient
Nam Nam Ma	ne of Equipment		M/S Orient nstrument Trolley Large
Nam Nam Ma	ne of Equipment		M/S Orient mstrument Trolley Large Orient Medical
Nam Nam Ma	ne of Equipment ke/ Brand odel Number		M/S Orient M/S Orient Orient Medical Orient
Nam Mai Mo Co Co	ne of Equipment ke/ Brand odel Number ountry of Manufacturer ountry of Origin ompliance with defined quality andards (FDA/CE/MHLW)		M/S Orient M/S Orient Orient Medical Orient Pak
Nam Mai Mai McCo Ccc ccc st	ne of Equipment ke/ Brand odel Number ountry of Manufacturer ountry of Origin ompliance with defined quality		M/S Orient M/S Orient Orient Medical Orient Pak Pak
Nam Ma Mo Co Cc cc st Sj w	ne of Equipment ke/ Brand odel Number ountry of Manufacturer ountry of Origin ompliance with defined quality andards (FDA/CE/MHLW) pecification Compliance features ise:		M/S Orient M/S Orient Orient Medical Orient Pak Pak CE
Nam Mai Mo Co Co st Sy W	ne of Equipment ke/ Brand del Number buntry of Manufacturer buntry of Origin compliance with defined quality andards (FDA/CE/MHLW) pecification Compliance features ise: pecifications:		M/S Orient M/S Orient Orient Medical Orient Pak Pak CE Yes
Nam Nam Ma Mo Co Co st Sy T T	ne of Equipment ke/ Brand del Number buntry of Manufacturer buntry of Origin buntry of Origin compliance with defined quality andards (FDA/CE/MHLW) pecification Compliance features ise: pecifications:		M/S Orient M/S Orient Instrument Trolley Large Orient Medical Orient Pak Pak CE Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022. NUMBER: NAME OF THE Sr.27. Instrument Trolley Medium EQUIPMENT: QUANTITY 10 KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) Sr. No. **Evaluation Parameters** M/S Orient 1. Complete Package/Tender Yes 2 Original Receipt of Tender Yes 3. NTN & GST Registration Yes Minimum trained staff Yes (1 Engineer & 2 Technician) for each equipment Yes Availability of relevant Tools and Testing / Calibration 5. Yes **Equipment** Satisfactory Past Performance Yes (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Authorization of 7. Yes 8. Original Equipment Manufacturer Certificate Yes Certificate from the Manufacturer about the after sales services 9. through agent or itself (In case specifically demanded in the Yes specifications) Certificate for installation as per international standard, by the 10. Yes manufacturer After Sale Services execution plan, by the applicant Yes Training Compliance as per clause 41. Yes Workshop Facility in Lahore Yes 13. Yes Bid Security 14. Yes Bid Validity Delivery Period Yes Yes Compliance of Warranty as per tender Minimum one (FDA/CE/MHLW/Other relevant (in case of non-Yes medical equipment or accessory)) Certificate Technical Specifications as per Requirement 19. KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) Yes/No CATEGORY POINTS DESCRIPTION SR. NO Yes BIDDER EXPERIENCE (Biomedical business) 1. QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted product).

١.	PAST PERFORMANCE of the bid w.r.t quoted product i.e., good delivery period.	ider (execution of sissing supplied within	supply order) n prescribed	Yes
	Certificate (issued by Heac public/public-private sector i	of Institutions) fronstitution of similar	om any ar capacity	Yes
4.	TECHNICAL STAFF Remployment/offer acceptance letter need to be attached for	elevant docum e letter, Training each entry.	ents e.g., z, experience	Yes
	Engineer			Yes
	Technician			Yes
	FINANCIAL CAPACITY of the	bidder.		
5.	requisite documents i.e., Fee showing the annual turnover	ncial year (The bidderal Board of Revolves).	der will provide enue document in PKR	Yes
	CERTIFICATIONS			Yes
1		9001/13485		Yes
+	Buai Ceruncai	ion (CE/FDA/MHL	W)	Yes
+		KNOCK DO	WN CRITERIA	
+	(All)	PRODUCT	EVALUATION	
1	Sr. No.	parameters define	d below are manda	atory for compliance.)
		CIFICATION COMP	LIANCE /EVALUA	ATION PARAMETERS
	Name of Firm			M/S Orient
	Name of Equipment		Instrument	t Trolley Medium
	Make/ Brand			Troney medium
	Model Number			Orient Medical
	Country of Manufacturer			Orient
	Country of Origin			Pak
	Compliance with defined quality standards			Pak
	(FDA/CE/MHLW) Specification Compliance			CE
	features wise: Specifications:			
	Technical Eligibility of			Yes
	Product:			Yes
	Technical Eligibility of Firm:			Yes
	BID STATUS:			
				Responsive
		(1	14

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER. MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE Sr.28. Instrument Trolley Small EQUIPMENT: QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S Orlent Evaluation Parameters St. No Yes Complete Package/Tender Yes Original Receipt of Tender 2 Yes NTN & GST Registration 3 Yes Minimum trained staff 4. Yes (1 Engineer & 2 Technician) for each equipment Availability of relevant Tools and Testing / Calibration Yes 5. Yes Satisfactory Past Performance 6. (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Authorization of 7. Yes 8 Original Equipment Manufacturer Certificate Yes Certificate from the Manufacturer about the after sales services 9. through agent or itself (In case specifically demanded in the Yes specifications) Certificate for installation as per international standard, by the 10. Yes 11. After Sale Services execution plan, by the applicant Yes 12. Training Compliance as per clause 41. Yes 13. Workshop Facility in Lahore. Yes Bid Security 14. Yes Bid Validity 15. Yes 16. Delivery Period Compliance of Warranty as per tender 17. Yes Minimum one (FDA/CE/MHLW/Other relevant (in case of non-18. medical equipment or accessory)) Certificate 19. Technical Specifications as per Requirement Yes KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) SR. NO DESCRIPTION CATEGORY POINTS Yes/No BIDDER EXPERIENCE (Biomedical business)

1.58	QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) Verifiable documentary evidences like commercial	yes
		/-
3.	PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period.	Yes
3.	Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar capacity	Yes
	TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training, experience	Yes
4.	Engineer	Yes
	Technician	Yes
	FINANCIAL CAPACITY of the bidder.	
5.	Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR	Yes
	CEDTIFICATIONS	Yes
6.	ISO 9001/13485	Yes
	Dual Certification (CE/FDA/MHLW)	Yes
	KNOCK DOWN CRITERIA	
	PRODUCT EVALUATION	
	(All evaluation parameters defined below are mandatory for SPECIFICATION COMPLIANCE /EVALUATION P.	
Sr. No	Brecification commence / Dynamical	
		MIS Ovent
Name		Mls Ovient
Name Make/	of Equipment Instrument Trolle	Mls Ovient
Make/	of Equipment Instrument Trolle	Mls Ovient
Make/ Model	of Equipment Instrument Troller Brand	MIS Ovient y Small Orient Medical
Make/ Model Countr	of Equipment Instrument Troller Brand Number	MIS Ovient y Small Orient Medical Orient
Make/ Model Countr Countr	Brand Number y of Manufacturer	orient Medical Orient Pak
Make/ Model Countr Countr Compliquality FDA/Cl Specificature	Dof Equipment Instrument Troller Brand Number y of Manufacturer y of Origin ance with defined standards E/MHLW) cation Compliance s wise:	Orient Medical Orient Pak Pak
Make/ Model Countr Countr Compliquality FDA/CI Specific feature Specific	Brand Number y of Manufacturer y of Origin ance with defined standards E/MHLW) cation Compliance s wise: cations: cal Eligibility of	orient Medical Orient Pak Pak CE
Make/ Model Countr Countr Compliquality FDA/CI Specific feature Specific Fechnic	Brand Number y of Manufacturer y of Origin ance with defined standards E/MHLW) cation Compliance s wise: cations: cal Eligibility of	Orient Medical Orient Pak Pak CE Yes
Make/ Model Countr Countr Compliquality (FDA/CI Specific feature Specific Product	Brand Number y of Manufacturer y of Origin ance with defined standards E/MHLW) cation Compliance s wise: cations: cal Eligibility of Firm:	Orient Medical Orient Pak Pak CE Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022.

NAME OF THE EQUIPMENT: Sr.29 Instrument Carrying Trolley

QUANTITY

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

No.	Evaluation Parameters	M/S Orient Medical	
	Complete Package/Tender	Yes	
	Original Receipt of Tender	Yes	
3.	NTN & GST Registration	Yes	
	Minimum trained staff	Yes	
4.	(1 Engineer & 2 Technician) for each equipment	Yes	
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	
	Satisfactory Past Performance	Yes	
6.	(Minimum three-year relevant experience)	Yes	
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	
8.	Original Equipment Manufacturer Certificate	Yes	
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	
11.	After Sale Services execution plan, by the applicant	Yes	
12.	Training Compliance as per clause 41.	Yes	
13.	Workshop Facility in Lahore.	Yes	
14	Bid Security	Yes	
15		Yes	
16		Yes	
17	and the second s	Yes	
-	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	
	9. Technical Specifications as per Requirement	Yes	
+	KNOCK DOWN CRITERIA(COMMERICAL EVA	LUATION)	
s	R. NO DESCRIPTION CATEGORY POINTS	Yes/No	
1	1. BIDDER EXPERIENCE (Biomedical business)	Yes	

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ind	OTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable numeritary evidences like commercial invoices/purchase orders clearly invoices product).	le ly Yes	
P	AST PERFORMANCE of the bidder (execution of supply order) w.r.t quote roduct i.e., goods supplied within prescribed delivery period.	ed Yes	
	Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar capacity	Yes	
	TECHNICAL STAFF Relevant documents e.g., employment/off acceptance letter, Training, experience letter need to be attached for	er Yes	
4.	Engineer	Yes	
	Technician	Yes	
	FINANCIAL CAPACITY of the bidder.		
5.	Annual Turnover of last financial year (The bidder will provide requised ocuments i.e., Federal Board of Revenue document showing the annuturnover/sale of the firm.). In PKR	site ual Yes	
	CERTIFICATIONS	Yes	
6.	18O 9001/13485	Yes	
	Dual Certification (CE/FDA/MHLW)	Yes	
	KNOCK DOWN CRITERIA	KNOCK DOWN CRITERIA	
	No. SPECIFICATION COMPLIANCE /EVALUATION PAI		
Ne	me of Equipment	M/S Orient	
-	instrument Carr	rying Trolley	
M	ake/ Brand	Orient Medic	
-	odel Number	Orient	
10	country of Manufacturer	Pak	
1	Country of Origin	Pak	
1	Compliance with defined quality standards (FDA/CE/MHLW)	CE	
-			
-	Specification Compliance features wise: Specifications:	Yes	
-	Specification Compliance features wise: Specifications: Technical Eligibility of Product:	Yes	
	Specification Compliance features wise: Specifications:		
-	Specification Compliance features wise: Specifications: Technical Eligibility of Product:	Yes	

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022 .

NAME OF THE

Sr.30 Foot Step

EQUIPMENT: QUANTITY

30

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

No.	Evaluation Parameters	M/S Orient
C	Complete Package/Tender	Yes
-	Original Receipt of Tender	Yes
	NTN & GST Registration	Yes
	Minimum trained staff	Yes
	(1 Engineer & 2 Technician) for each equipment	Yes
i	Availability of relevant Tools and Testing / Calibration Equipment.	Yes
	Satisfactory Past Performance	Yes
5.	(Minimum three-year relevant experience)	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes
8.	Original Equipment Manufacturer Certificate	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes
11.	After Sale Services execution plan, by the applicant	Yes
12.	Training Compliance as per clause 41.	Yes
13.	Workshop Facility in Lahore.	Yes
14.	Bid Security	Yes
15.	Bid Validity	Yes
16.	Delivery Period	Yes
17.	Compliance of Warranty as per tender	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes
19.	Technical Specifications as per Requirement	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No
1,	BIDDER EXPERIENCE (Bio	omedical business)	Yes
2.	documentary evidences lik	PERIENCE (Since Last 3 Years) (Verifiable e commercial invoices/purchase orders clearly h the summary of quoted product).	Yes

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	PAST PERFORMANCE of quoted product i.e., goods	the bidder (execution	on of supply order) w.r.t ribed delivery period.	Yes
	Certificate (issued by Head sector is	of Institutions) from nstitution of similar		Yes
	TECHNICAL STAFF Reacceptance letter, Train	elevant documents ing, experience lette	e.g., employment/offer er need to be attached for	Yes
4.	Engineer			Yes
	Technician			Yes
	FINANCIAL CAPACITY	of the bidder.		
5.	Annual Turnover of last documents i.e., Federal turnover/sale of the firm	Board of Revenue do	bidder will provide requisite cument showing the annual	Yes
	CERTIFICATIONS			Yes
6.		ISO 9001/13485		Yes
	Dual	Certification (CE/FD	A/MHLW)	Yes
		A VALUE OF THE PARTY OF THE PAR	DOWN CRITERIA	
	200		UCT EVALUATION efined below are mandatory for	r compliance.)
-	(All eva	luation parameters d	OMPLIANCE /EVALUATION	PARAMETERS
Sr.	No.	SPECIFICATION		M/S Orient
Nam	ne of Firm			m/s of the
Nan	me of Equipment		Foot Ste	P
-	ke/ Brand			Orient Medical
				Orient
1000	odel Number			Pak
-	ountry of Manufacturer			Pak
Co	ompliance with defined			CE
(FI	DA/CE/MHLW) pecification Compliance eatures wise:			Yes
Sı	pecifications: echnical Eligibility of			Yes
P	roduct:			Yes
T	echnical Eligibility of Fire	n:	THE RESIDENCE	Responsive
В	BID STATUS:			
				4
				100
B	W			,
1	X			
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TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F. Y 2022-23 PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022. NAME OF THE EQUIPMENT: QUANTITY 5 KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) (All evaluation parameters M/B Basef Medical Solution N/B Vital Care Yes Yes Yes Yes

Sr. No.	Evaluation Parameters	M/S Saarf Medical Solution	M/S Vital Care	M/S Human Health
	S. D. Western (Wander)	Yes	Yes	Yes
L	Complete Package/Tender	Yes	Yes	Yes
2.	Original Receipt of Tender		Yes	Yes
3.	NTN & GST Registration	Yes	Yes	Yes
	Minimum trained staff	Yes	Yes	Yes
4.	(1 Engineer & 2 Technician) for each equipment	Yes	100	Was
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes
	Satisfactory Past Performance	Yes	Yes	Yes
6.	(Minimum three-year relevant experience)	Yes	Yes	100
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (in case specifically demanded in the specifications)	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yea
11.	After Sale Services execution plan, by the applicant	Yes	Yes	Yes
12,	Training Compliance as per clause 41.	Yes	Yes	Yes
13.	Workshop Facility in Lahore.	Yes	Yes	Yes
14.	Bid Security	Bank Guarantee attached instead of CDR	Yes	Bank Guarantee attached instead of CDR
15.	Bid Validity	Yes	Yes	Yes
16.	Delivery Period	Yes	Yes	Yes
17.	Compliance of Warranty as per tender	Yes	Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	Yes	Yes
19.	Technical Specifications as per Requirement	Yes	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) CATEGORY POINTS DESCRIPTION Yes/No Yes/No Yes/No SR. NO BIDDER EXPERIENCE (Biomedical business) Yes Yes Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted Yes Yes product). PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period. Yes Yen Yes

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	Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar capacity	Yes	Yes	Yes
	TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training,	Yes	Yes	Yes
4.	Engineer	Yes	Yes	Yes
	Technician	Yes	Yes	Yes
	FINANCIAL CAPACITY of the bidder.	Yes	Yes	Yes
5.	Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR	Yes	Yes	Yes
	CERTIFICATIONS			
6.	ISO 9001/13485	Yes	Yes	Yes
	Dual Certification (CE/FDA/MHLW)	Yes	Yes	Yes
	KNO	CK DOWN CRITERIA		
_	PRO	DUCT EVALUATION		
		s defined below are manda	CONTRACTOR OF THE PARTY OF THE	
Sr.	No. SPECIFICATION	COMPLIANCE /EVALUA	TION PARAMETERS	
Nan	ne of Firm	M/S Saarf Medical Solution	M/S Vital Care	M/S Human Heal
Na	me of Equipment	Cardiac Monit	ors (Non- Invasive)	
M	ske/ Brand	Cetus x 15	Advance Inst	Medicinos Gija UA
M	odel Number	axcent medicl	PM2000*410	sign scope 15
C	ountry of Manufacturer	Germany	USA	lithunia
c	ountry of Origin	Germany	USA	lithunia
q (i	ompliance with defined uality standards FDA/CE/MHLW)	CE	FDA	CE
f	specification Compliance eatures wise:			
1	Specifications:	Yes	Yes	Yes
-	Technical Eligibility of Product:	Yes	Yes	Yes
	Technical Eligibility of Firm:	Not Eligible	Yes	Not Eligible
	BID STATUS:	Non Responsive	Responsive	Non Responsi
5	*			* The state of the
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TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER:	IPL.No.11620 Dated:1	1-11-2022 .
NAME OF THE EQUIPMENT:	Sr. 32 ATS Tourniquet	
QUANTITY	2	

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

No.		Evaluation Parameters	M/S AG & C	M/S G-MED	M/S Kasban International
,	Con	aplete Package/Tender	Yes	Yes	V
	Orig	ginal Receipt of Tender	Yes		Yes
3.	NT	N & GST Registration		Yes	Yes
4.	Min	nimum trained staff	Yes	Yes	Yes
**	(1	Engineer & 2 Technician) for each equipment	Yes	Yes	Yes
5.	Av	ailability of relevant Tools and Tool	ies	Yes	Yes
_	_	anoradon Equipment.	Yes	Yes	Yes
6.		atisfactory Past Performance	Yes	Yes	Yes
-20	1	Minimum three-year relevant experience	Yes	Yes	Yes
7.	-	alid legally enforceable Exclusive / Sole authorization of manufacturer	Yes	Yes	Yes
8.		Original Equipment Manufacturer Certificate	Yes	Yes	Yes
9.		Certificate from the Manufacturer about the after sales services through agent or itself (in case specifically demanded in the specifications)	Yes	Yes	Yes
10	0.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes
1	1.	After Sale Services execution plan, by the applicant	Yes	Yes	
1	12.	Training Compliance as per clause 41.	Yes		Yes
	13.	Workshop Facility in Lahore.		Yes	Yes
T	0.2		Yes	Yes	Yes
-	14.	Bid Security	yes(Photocopy Attached)	yes(Photocopy Attached)	yes(Photocopy Attached)
+	15.	Bid Validity	Yes	Yes	Yes
-	16.	Delivery Period	Yes	Yes	Yes
1	17.	Compliance of Warranty as per tender	Yes	Yes	Yes
	18	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	yes	Yes	Yes
	19	Technical Specifications as per Requirement	Yes	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

Mount !	Control of Advantage of the Control		(E EVALUATION)	
R. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	& (Biomedical business)	Yes	Yes	Yes
2.	commercial invoice	EXPERIENCE (Since Last 3 documentary evidences like s/purchase orders clearly g with the summary of quoted	Yes	Yes	Yes
3.	supplied within pres	CE of the bidder (execution of quoted product i.e., goods cribed delivery period.	Yes	Yes	Yes
	public/public-priv	y Head of Institutions) from any ate sector institution of similar capacity	Yes	Yes	Yes
	N				

M

	TECHNICAL STAFF Relevant documents e.g.			
	employment/offer acceptance letter, Training.	Yes	Yes	Yes
	Engineer	Yes	Yes	Yes
_	Technician	Yes	Yes	Yes
	FINANCIAL CAPACITY of the bidder.	Yes	Yes	Yes
	Annual Turnover of last financial year (The bidde will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR		Yes	Yes
	CERTIFICATIONS ISO 9001/13485			
6.	Dual Certification	Yes	Yes	Yes
	(CE/FDA/MHLW)	Yes	Yes	Yes
	KNO	OCK DOWN CRITERIA	1	
_		ODUCT EVALUATION		
Sr. N	(All evaluation parameter	rs defined below are manda	atory for compliance.)	
	SPECIFICATIO	N COMPLIANCE /EVALUA	TION PARAMETERS	N. W. St. Lines
_	e of Firm	M/S AG & C	M/S G-MED	M/S Kasban International
-	ce/ Brand	ATS Tourn	iquet Sysrtem	
_	iel Number	ATS 2000	Desillons	VBM
_	untry of Manufacturer	Zimmer	G10903	7.516
	antry of Origin	USA	France	TT20(
Con	mplianes	USA	France	Germany
(FD	A/CE/MHLW)	V	Traince	Germany
Spe	ecification Compliance tures wise:	Yes	Yes	yes
	ecifications:	yes	Yes	
-	chnical Eligibility of educt:			Yes
5000	chnical Eligibility of Firm:	Yes	Yes	Yes
BII	D STATUS:	Yes	Yes	
		Responsive	Responsive	Yes
N.				Responsive

Yes Yes Yes Yes Yes Yes Yes Yes
Yes
Yes
Yes
Yes
Yes Yes Yes Yes Yes Yes Yes Yes Yes
Yes
Yes Yes Yes Yes Yes Yes Yes
Yes Yes Yes Yes Yes
Yes Yes Yes
Yes Yes Yes
Yes Yes
Yes
Yes
Yes
Yes
Yes
M/S Latif Brother
compliance)
slience\
X, 3.5X

All I

	QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted product).	Yes
	PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period.	Yes
	Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar capacity	Yes
	TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training, experience letter need to be attached for each entry.	Yes
	Engineer	Yes
	Technician	Yes
	FINANCIAL CAPACITY of the bidder.	
5.	Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR	Yes
	CERTIFICATIONS	Yes
6.	ISO 9001/13485	Yes
	Dual Certification (CE/FDA/MHLW)	Yes
	KNOCK DOWN CRITERIA	
	PRODUCT EVALUATION	
		Inner V
	(All evaluation parameters defined below are mandatory for compli-	
Sr		ETERS
1110	(All evaluation parameters defined below are mandatory for compli-	
No	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAMETERS Are of Firm Magnifying Loops (Imported)	M/S Latif Brother
No N	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAMETERS. SPECIFICATION COMPLIANCE /EVALUATION PARAMETERS.	M/S Latif Brother
N	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAMeters of Firm Magnifying Loops (Imported)	M/S Latif Brother
No.	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAMeter are of Firm Magnifying Loops (Imported) Make/ Brand	M/S Latif Brother 3.0 x, 3.5x BLS-3 B,1
No.	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAMeter of Firm It is a me of Equipment Magnifying Loops (Imported) Make/ Brand Model Number	M/S Latif Brother 3.0 X, 3.5X BLS-3 B,1 Neitz, Japan
No.	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAM ame of Firm Magnifying Loops (Imported) Make/ Brand Model Number Country of Manufacturer	M/S Latif Brother 3.0 X, 3.5X BLS-3 B,1 Neitz, Japan Japan
No.	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAMeter of Firm It is a series of Equipment Magnifying Loops (Imported) Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Bpecification Compliance features wise:	M/S Latif Brother 3.0 X, 3.5X BLS-3 B,1 Neitz, Japan Japan USA
No.	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAM ame of Firm Magnifying Loops (Imported) Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Bpecification Compliance features	M/S Latif Brother 3.0 X, 3.5X BLS-3 B,1 Neitz, Japan Japan USA Yes
No.	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAM ame of Firm Magnifying Loops (Imported) Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Bpecification Compliance features wise: Specifications: Technical Eligibility of Product:	M/S Latif Brother 3.0 X, 3.5X BLS-3 B,1 Neitz, Japan Japan USA Yes yes
No.	(All evaluation parameters defined below are mandatory for compliance. No. SPECIFICATION COMPLIANCE /EVALUATION PARAM ame of Firm Magnifying Loops (Imported) Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications:	M/S Latif Brother 3.0 X, 3.5X BLS-3 B,1 Neitz, Japan Japan USA Yes Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

IPL.No.11620 Dated:11-11-2022 . PACKAGE/TENDER NUMBER:

Sr.34. Suction Unit Heavy Duty NAME OF THE EQUIPMENT: QUANTITY

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

No.	(All evaluation parameters defi	M/S Sigma International	M/S Human Health care	M/S Vital Care
		Yes	Yes	Yes
	Complete Package/Tender	Yes	Yes	Yes
	Original Receipt of Tender		Yes	Yes
	NTN & GST Registration	Yes	Yes	Yes
	Minimum trained staff (1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes
-	Satisfactory Past Performance	Yes	Yes	Yes
6.	(Minimum three-year relevant experience)	Yes	Yes	
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes	Yes
12.	S lines on per clause 41.	Yes	Yes	Yes
13.	manufaction Labore	Yes	Yes	Yes
14.		yes(Photocopy Attached)	Bank Guarantee attached instead of CDR	yes(Photocopy Attached)
***		Yes	Yes	Yes
15		Yes	Yes	Yes
16		Yes	Yes	Yes
17				
18	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	Yes	Yes
-	Technical Specifications as per Requirement	Yes	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

1/2	110011 -			
DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No
BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes
Years) (Verifiable do	cumentary evidence clearly	Yes	Yes	Yes
	quoted product i.e., goods	Yes	Yes	Yes
	DESCRIPTION BIDDER EXPERIENCE QUOTED PRODUCT I Years) (Verifiable do commercial invoices indicating Brand along product). PAST PERFORMANCE	DESCRIPTION CATEGORY POINTS BIDDER EXPERIENCE (Biomedical business) QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted	DESCRIPTION CATEGORY POINTS BIDDER EXPERIENCE (Biomedical business) Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted product). PAST PERFORMANCE of the bidder (execution of Yes	DESCRIPTION CATEGORY POINTS Yes/No Y

1	Pertificate (issued by Head of Institutions) from any public/public-private sector institution of similar capacity	Yes		Yes	Yes
+	TECHNICAL STAFF Relevant decomments of	Yes		Ves	Yes
1	employment/offer acceptance letter, Training,			Yes	Yes
	Technician	Yes		Yes	
_		Yes		Yes	Yes
	FINANCIAL CAPACITY of the bidder.	Yes		Yes	Yes
	Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR	Yes		Yes	Yes
	CERTIFICATIONS				
5.	ISO 9001/13485	Yes		Yes	Yes
	Dual Certification (CE/FDA/MHLW)	Yes		Yes	Yes
	KNO	CK DOWN	CRITERIA		
		DUCT EVA	The second second		
	(All evaluation parameters				AND STORY
Br.	No. BPECIFICATION	N COMPLIANO	E /EVALUA	TION PARAMETERS	To the late of the
Na	ame of Firm	M/8 8		M/S Human Health care	M/S Vital Care
N.	ame of Equipment		Suction U	nit Heavy Duty	
H	Make/ Brand	Cam	i Itlay	Prime 50	UAB HER SILL
+	Model Number		picare 400	Prime 50	Eurovac H-50
ł	Country of Manufacturer	1	tlay	Lithunia	Spain
1	Country of Origin		Itlay	Lithunia	Spain
	Compliance with defined quality standards (FDA/CE/MHLW)		Yes	Yes	CE
	Specification Compliance features wise:		Yes	Yes	Yes
	Specifications:				Vac
	Technical Eligibility of Product:		Yes	Yes	Yes
	Technical Eligibility of Firm:		Yes	Not Eligible	Yes
	BID STATUS:		Responsive	Non. Responsive	Respo
					1
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TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F.Y 2022-23

PACKAGE/TENDER NUMBER:	IPL.No.11620 Dated:11-11-2022 .
NAME OF THE EQUIPMENT:	Sr.35 Pneumatic Dermatome
QUANTITY	

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

io.	Evaluation Parameters	M/S AG & C
Cor	mplete Package/Tender	Yes
Or	iginal Receipt of Tender	Yes
NT	N & GST Registration	Yes
M	inimum trained staff	Yes
	Engineer & 2 Technician) for each equipment	Yes
	vailability of relevant Tools and Testing / Calibration Equipment.	Yes
	Satisfactory Past Performance	Yes
- (Minimum three-year relevant experience)	Yes
	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes
8.	Original Equipment Manufacturer Certificate	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes
11.	After Sale Services execution plan, by the applicant	Yes
12.	Training Compliance as per clause 41.	Yes
13.	Workshop Facility in Lahore.	
14.	Bid Security	Yes yes(Photocopy Attached)
15.	Bid Validity	
16.	Delivery Period	Yes
17	Compliance of Warranty as per tender	Yes
		Yes
18	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	FDA
1	9. Technical Specifications as per Requirement	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

L NO	DESCRIPTION	CATEGORY POINTS	Yes/No
1. BII	ODER EXPERIENCE (Biome	dical business)	Yes

*

X

Son A

	QUOTED PRODUCT EXPE evidences like commercial is with the summary of quote	ERIENCE (Since Last 3 Your product).	ears) (Verifiable documentary clearly indicating Brand along	Yes
3.				Yes
				Yes
4.	letter, Training, experier Engineer	evant documents e.g., er ace letter need to be attac	mployment/offer acceptance ched for each entry.	Yes
				Yes
	Technician			Yes
	FINANCIAL CAPACITY o	f the bidder.		ics
5.	Annual Turnover of last i.e., Federal Board of Refirm.). In PKR	financial year (The bidder we wenue document showing t	will provide requisite documents the annual turnover/sale of the	Yes
	CERTIFICATIONS			Yes
6.		ISO 9001/13485		Yes
		Oual Certification (CE/FDA	/MHLW)	Yes
		KNOCK I	OWN CRITERIA	
Sr.	(All	evaluation parameters defin	T EVALUATION med below are mandatory for compliance.	THE PERSON NAMED IN COLUMN TWO
5 6 6	Control of the second second second	evaluation parameters defin		THE PERSON NAMED IN COLUMN TWO
Nar	No.	evaluation parameters defin	ned below are mandatory for compli	ETERS
Nar	No.	evaluation parameters defin	ned below are mandatory for compli	ETERS
Nar Na:	ne of Firm me of Equipment	evaluation parameters defin	ned below are mandatory for compli	M/S AG & C
Nar Nar Ma	me of Firm me of Equipment ake/ Brand	evaluation parameters defin	ned below are mandatory for compli	M/S AG & C Zimmer
Nar Na Ma	me of Firm me of Equipment ake/ Brand	evaluation parameters defin	ned below are mandatory for compli	M/S AG & C Zimmer Zimmer Air Dermatome
Nar Nas Mil	me of Firm me of Equipment ake/ Brand dodel Number country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW)	evaluation parameters defin	ned below are mandatory for compli	M/S AG & C Zimmer Zimmer Air Dermatome USA
Nar Nas Mil	me of Firm me of Equipment ake/ Brand dodel Number country of Manufacturer Country of Origin Compliance with defined quality standards	evaluation parameters defin	ned below are mandatory for compli	Zimmer Zimmer Air Dermatome USA USA
Nar Nas Mil	me of Firm me of Equipment ake/ Brand dodel Number country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise:	evaluation parameters defin	ned below are mandatory for compli	Zimmer Zimmer Air Dermatome USA USA FDA
Nar Mac Mac	me of Firm me of Equipment ake/ Brand lodel Number country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of	SPECIFICATION COM	ned below are mandatory for compli	Zimmer Zimmer Air Dermatome USA USA FDA yes
Nar Ma M	me of Firm me of Equipment ake/ Brand dodel Number country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Product:	SPECIFICATION COM	ned below are mandatory for compli	Zimmer Zimmer Air Dermatome USA USA FDA yes

	CK DOWN CRITI defined below are M/S AG& C	IPL.No.11620 Dated: Sr. 36 Electric Dermato 3		MBER
K DOWN CRITERIA efined below are mandatory for compliance) M/S AGA C M/S B.Braun M/S G-MED M/S kasban International Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	CK DOWN CRITICAL DOWN CRITICAL DOWN CRITICAL DOWN AGA C		AME OF THE OUIPMENT: Sr. 36 Electric Dermato	
MS AG& C MS B.Braun M/S G-MED MS kasban International Yes	defined below are M/S AG& C Yes	10		UNTIT
M/S AGR C M/S B.Braun M/S G-MED M/S kashan International Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	M/S AG& C	KNO		223333.55
M/S AGR C M/S B.Braun M/S G-MED M/S kashan International Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	M/S AG& C	(All evaluation parameters		
Yes Yes Yes Yes	Yes	ation Parameters	Evaluat	r. No.
Yes Yes Yes Yes Yes End user not satisfied du			WELL BUILT	
Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes End user not satisfied du			Complete Package/Ter	-
Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes End user not satisfied du			Original Receipt of Ter WTN & GST Registration	-
Yes Yes Yes Yes Yes Yes Yes Yes			Minimum trained staf	
Yes Yes Yes Yes Yes End user not satisfied du		hnician) for each equipment		4.
Ven Ven Ven End user not satisfied du	1.64			
	Yes	ant Tools and Testing / nent.	Availability of relevan Calibration Equipmen	
	Yes	erformance	Satisfactory Past Perf	6.
Yes Yes Yes Yes	Yes	ear relevant experience)	(Minimum three-year	SSIII -
Yes Yes Yes Yes	Yes	eable Exclusive / Sole anufacturer	Valid legally enforces Authorization of man	
Yes Yes Yes Yes	Yes	nt Manufacturer Certificate	Original Equipment	8.
Yes Yes Yes Yes	Yes	e Manufacturer about the after ough agent or itself (In case ided in the specifications)	sales services throug	
Yes Yes Yes Yes	Yes	allation as per international nanufacturer.	Certificate for install standard, by the ma	10.
Yes Yes Yes Yes	Yes	s execution plan, by the applicant	After Sale Services e	11.
Yes Yes Yes Yes	Yes	nce as per clause 41.	Training Compliance	12.
Yes Yes Yes Yes	Yes	y in Lahore.	Workshop Facility i	13.
yes(Photocopy Attached) yes(Photocopy Attached) yes(Photocopy Attached) yes(Photocopy Attached)			Bid Security	14.
Yes Yes Yes Yes	Yes		Bid Validity	15.
Yes Yes Yes Yes	Yes		Delivery Period	16.
Yes Yes Yes Yes	Yes	arranty as per tender	Compliance of War	17.
Yes Yes Yes Yes	Yes	DA/CE/MHLW/Other relevant (in fical equipment or accessory))	Minimum one (FD. case of non-medic Certificate	18.
Offer Air Dermotone not electric Yes required. Thikness adjustable graduation .5 mm cutting depth 0.5-1.5mm required.		fications as per Requirement	Technical Specific	19.
TERIA(COMMERICAL EVALUATION)	LITERIA(COMME	KNOCK DOWN CF		
	PROUE PROPERTY.		NO DESCRIPTIO	SR.
Yes / No Yes / No Yes / No Yes / No			NO DESCRIPTION	
Yes / No Yes / No Yes / No Yes / No				
Yes / No Yes / No Yes / No Yes Yes Yes	Yes	RIENCE (Biomedical business)	BIDDER EXPERI	1.
	No No	DDUCT EXPERIENCE (Since Last 2 able documentary evidences like invoices/purchase orders clearly and along with the summary or	QUOTED PROD Years) (Verifiab commercial inv	1.
Yes Yes Yes Yes No No Yes Yes	No No	able documentary evidences like invoices/purchase orders clearly and along with the summary of the control of the bidder (execution of w.r.t quoted product i.e., goods in prescribed delivery period.	QUOTED PROD Years) (Verifials commercial in indicating Bran quoted product). PAST PERFORS supply order) supplied within	2.
Yes Yes Yes Yes No No Yes Yes No No Could not demonstate on date. End user not satisfied dur	No No No No No	able documentary evidences like invoices/purchase orders clearly and along with the summary of t	QUOTED PROD Years) (Verifials commercial in indicating Bran quoted product). PAST PERFORM supply order) supplied within Certificate (isa any public/p	2.
Yes Yes Yes Yes No No Yes Yes No No Could not demonstate on date End user not satisfied during demonstration.	No No No No No No No	able documentary evidences like invoices/purchase orders clearly and along with the summary of the control of the control of the bidder (execution of the control of the co	QUOTED PROD Years) (Verifials commercial in indicating Bran quoted product). PAST PERFORM supply order) ; supple dwithin Certificate (iss any public/p TECHNICAL S'	2
Yes Yes Yes Yes No No Yes Yes No No Could not demonstate on date End user not satisfied duri demonstration No No Yes Yes	No No No No No Yes	DUCT EXPERIENCE (Since Last able documentary evidences like invoices/purchase orders clearly and along with the summary of the control of the bidder (execution of w.r.t. quoted product i.e., good in prescribed delivery period in prescribed delivery period (issued by itead of institutions) from / public-private sector institution of similar capacity	QUOTED PROD Years) (Verifials commercial in indicating Bran quoted product). PAST PERFORM supply order) ; supple dwithin Certificate (iss any public/p TECHNICAL S'	2

- III conside mensionite do	t financial year (The bidder cuments i.e., Federal Board at showing the annual	Yes	Yes	Yes	Yes
	a.j. an 1 to	Yes	Yes	Yes	Yes
CERTIFICATIONS ISO 90	01/13485	Yes	Yes	Yes	Yes
5.	n (CE/FDA/MHLW)	Yes	Yes	Yes	Yes
		NOCK DOWN CRITER			
		RODUCT EVALUATION			
		ters defined below are man			
. No.	SPECIFICATION	ON COMPLIANCE /EVAL	UATION PAICHETERS		Total Continual
me of Firm		M/S AG& C	M/S B.Braun	M/S G-MED	M/S kashan International
me of Equipment			Electric Dermat	tome	Nouvag AG
ske/ Brand		Zimmer	Aesculap B Braun	Desouttle	TCM 3000 BL
del Number		Zimmer	Aesculap B Braun	GD-113	Switzerland
odel Number		USA	Germany	UK	Switzerland
untry of Manufacturer		USA	Germany	UK	
empliance with defined		FDA	Yes	CE	CE
oA/CE/MRLW) ecification Compliance		Offer Air Dermotone not electric	Yes	cutting depth 0.5-1.5mm required.Thikness adjustable graduation .5 mm	End user not satisfied during demonstration cutting depth not as per order 0.5-1.5mm
ecifications:		dermatome	Yes	Not-Eligible	Not-Eligible
chnical Eligibility of oducts		No		Not-Eligible	Not-Eligible
chnical Eligibility of Firm:		No	Yes	Non-Responsive	Non-Responsive
D STATUS:		Non. Responsive	Responsive	ROB-NO-P	
No.				A	

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN,F,Y 2022-23 PACKAGE/TENDER NUMBER: NAME OF THE EQUIPMENT: QUANTITY 2

	KNOCK DOV			unliance)
	(All evaluation parameters defined	belo	w are mandatory for com	ipiiance)
Sr. No.	Evaluation Parameters		M/S AG & C	M/S B.Braun
1.	Complete Package/Tender		Yes	Yes
2.	Original Receipt of Tender		Yes	Yes
3.	NTN & GST Registration		Yes	Yes
	Minimum trained staff		Yes	Yes
4.	(1 Engineer & 2 Technician) for each equipment		Yes	Yes
5.	Availability of relevant Tools and Testing / Calibrat Equipment.	ion	Yes	Yes
	Satisfactory Past Performance		Yes	Yes
6.	(Minimum three-year relevant experience)		Yes	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer		Yes	Yes
8.	Original Equipment Manufacturer Certificate		Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)		Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.		Yes	Yes
11.	After Sale Services execution plan, by the applican	nt	Yes	Yes
12.	Training Compliance as per clause 41.		Yes	Yes
13.	Workshop Facility in Lahore.		Yes	Yes
14.	Bid Security		yes(Photocopy Attached)	yes(Photocopy Attached)
15.	Bid Validity		Yes	Yes
16.	Delivery Period	f R	Yes	Yes
17.	Compliance of Warranty as per tender		Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (case of non-medical equipment or accessory)) Certificate	in	Yes	Yes
19.	Technical Specifications as per Requirement	Ú,	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes
2.	Years) (Verifiable do	experience (Since Last commentary evidences lile purchase orders clear with the summary of quote	ly Yes	Yes

	upply order) w.r.t quoted product i rithin prescribed delivery period.		Yes	Yes
	Certificate (issued by Head of Insti public/public-private sector insti capacity	tution of similar	Yes	Yes
	TECHNICAL STAFF Relevant employment/offer acceptance	documents e.g., letter, Training,	Yes	Yes
	Engineer		Yes	Yes
	Technician		Yes	Yes
	FINANCIAL CAPACITY of the bidd	ler.		
5.	Annual Turnover of last financial provide requisite documents i.e. Revenue document showing the a of the firm.). In PKR	, Federal Board of	Yes	Yes
	CERTIFICATIONS		Yes	Yes
6.	ISO 9001/1340		Yes	Yes
	Dual Certification (CE/F	DA/MHLW)	Yes	Yes
	164	KNOCK DOWN	CRITERIA	
	(All evolvation a	PRODUCT EV		
Sr. N		N 1800 N S C 150 S C	ow are mandatory for complicate CE /EVALUATION PARAME	
Name	e of Firm		M/S AG&C	B.Braun
Nam	e of Equipment		Mesher skin graft	
Mak	e/ Brand		Zimmer Bio met	Germany Aescular
Mod	lel Number		Skingraft II	BA 720 R
Cou	ntry of Manufacturer		USA	Germany
Cou	intry of Origin		USA	Germany
qua	npliance with defined lity standards A/CE/MHLW)		Yes	Yes
fea	ecification Compliance tures wise: ecifications:		Yes	Yes
Tec	chnical Eligibility of oduct:		Yes	Yes
Te	chnical Eligibility of Firm:		Yes	Yes
RI	D STATUS:		Responsive	Responsive

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 . NUMBER: Sr.38 Cardiac Monitor Invasive IBP with capnography With paediatric probes NAME OF THE EQUIPMENT: QUANTITY KNOCK DOWN CRITERIA [All evaluation parameters defined below are mandatory for compliance] M/S Human Health M/S Saarf Medical M/S Vital Care Evaluation Parameters Solution care Yen Complete Package/Tender Yes Original Receipt of Tender Yes Yes Yes Yes NTN & GST Registration Yes Minimum trained staff Yes Yes Yes Yes Yes (1 Engineer & 2 Technician) for each equipment Availability of relevant Tools and Testing / Yes Yes Yes 5. Calibration Equipment Yes Satisfactory Past Performance Yes 6. Yes Yes (Minimum three-year relevant experience) Valid legally enforceable Exclusive / Sole Yes Yes 7 Authorization of manufacturer Yes Yes Original Equipment Manufacturer Certificate 8 Certificate from the Manufacturer about the after Yes sales services through agent or itself (In case Yes specifically demanded in the specifications) Certificate for installation as per international Yes Yes 10. Yes standard, by the manufacturer. After Sale Services execution plan, by the applicant Yes Yes Yes 11. Yes 12 Training Compliance as per clause 41 Yes Yes Workshop Facility in Lahore. 13. Yes Bank Guarantee Bank Guarantee attached instead of Bid Security attached instead of yes(Photocopy Attached) CDR CDR Yes Bid Validity Yes 15. Delivery Period Yes 16. Yes Yes 17. Compliance of Warranty as per tender Yes Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Yes Yes Yes Certificate Yes Technical Specifications as per Requirement Yes KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) Yes/No DESCRIPTION CATEGORY POINTS Yes/No Yes/No SR. NO BIDDER EXPERIENCE (Biomedical business) Yes Yes Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly Yes 2. indicating Brand along with the summary of quoted PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods Yes Yes Yes supplied within prescribed delivery period. 3. Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar Yes Yes Yes capacity

4. E	mployment /offer	ant documents e.g.,	Yes	Yes	Yes
t.	mployment/offer acceptar	nce letter, Training.	Yes	Yes	Yes
l,	rechnician .		Yes	Yes	
,	FINANCIAL CAPACITY of the	ne hidden			Yes
5.	Annual Turnover of last fir will provide requisite docum of Revenue document turnover/sale of the firm.).	nancial year (The bidder nents i.e., Federal Board	Yes	Yes	Yes
	CERTIFICATIONS				
6.	ISO 9001/13485		Yes	Yes	Yes
	Dual Certification (CE/FDA/MHLW)		Yes	Yes	Yes
		KNO	CK DOWN CRITERIA		VELENIE.
			DUCT EVALUATION		
Sr. No.	A STATE OF THE PARTY OF THE PAR	The same of the sa	defined below are mandat		
-		SPECIFICATION	COMPLIANCE /EVALUAT	TION PARAMETERS	
Name	of Firm		M/S Saarf Medical Solution	M/S Vital Care	M/S Human Health
Name	of Equipment	Cardiac N	donitor Invasive IBP with	capnography With paediat	ric probes
Make	/ Brand		Cetus x 15	PMS-2000 x 2 pro	Medicinos GUA UAB
Mode	l Number		Axecent Medical	Advance Instrument	Sign scope 15
Coun	try of Manufacturer	建度 器	Germany	USA	Lithunia(EUROPE
Coun	try of Origin		Germany	USA	Lithunia(EUROPE
quali (FDA/	pliance with defined ity standards /CE/MHLW)		CE	FDA	CE
featu	ification Compliance ares wise: ifications:		Capnography with accessories IBP with accessories not	Yes	yes
Tech	nnical Eligibility of		offered	V	
	hnical Eligibility of Firm:		Not Eligible	Yes	Yes
BID	STATUS:		Non.Responsive	Yes	Not Eligible
×					X

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F, Y 2022-23

PACKAGE/TENDER
NUMBER:

IPL.No.11620 Dated:11-11-2022.

NAME OF THE EQUIPMENT:

Sr.39 K wire driver electric/pneumatic

QUANTITY

2

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

Sr. No.	Evaluation Parameters	M/S G-MED
1.	Complete Package/Tender	Yes
2.	Original Receipt of Tender	Yes
3.	NTN & GST Registration	Yes
	Minimum trained staff	Yes
4.	(1 Engineer & 2 Technician) for each equipment	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes
	Satisfactory Past Performance	Yes
6.	(Minimum three-year relevant experience)	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes
8.	Original Equipment Manufacturer Certificate	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes
11.	After Sale Services execution plan, by the applicant	Yes
12.	Training Compliance as per clause 41.	Yes
13.	Workshop Facility in Lahore.	Yes
14.	Bid Security	yes(Photocopy Attached)
15.	Bid Validity	Yes
16.	Delivery Period	Yes
17.	Compliance of Warranty as per tender	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes
19.	Technical Specifications as per Requirement	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No
1. BIDDER EXPERIENCE (Bio		edical business	Yes

W X

in	dicating Brand along with the	e summary of quo	ces/purchase orders clearly ted product).	Yes
P	AST PERFORMANCE of the product i.e., goods supplied wi	bidder (execution ithin prescribed de	of supply order) w.r.t quoted elivery period.	Yes
		of Institutions) fro astitution of similar	m any public/public-private r capacity	Yes
	TECHNICAL STAFF Relacements		ts e.g., employment/offer or need to be attached for	Yes
	Engineer			Yes
	Technician			Yes
	FINANCIAL CAPACITY of th	ne bidder.		
		oard of Revenue	e bidder will provide requisite document showing the annual	Yes
	CERTIFICATIONS	V 7 1		Yes
6.		ISO 9001/134	35	Yes
	Dual	Certification (CE/F	DA/MHLW)	Yes
		KNOCK I	OOWN CRITERIA	
Sr.		on parameters defir	T EVALUATION ied below are mandatory for compliance / EVALUATION PARAME	
		on parameters defir	ned below are mandatory for complia	
Nar	No. SP	on parameters defir	ned below are mandatory for complia	TERS M/S G-MED
Nar	No. SP	on parameters defir	red below are mandatory for complia	M/S G-MED
Nar Na:	No. SP ne of Firm me of Equipment	on parameters defir	red below are mandatory for complia	M/S G-MED
Nar Na: Ma	No. SP me of Firm me of Equipment ake/ Brand	on parameters defir	red below are mandatory for complia	M/S G-MED attic Orthodrive Lite MBQ
Nar Nar Ma	ne of Firm me of Equipment ake/ Brand odel Number	on parameters defir	red below are mandatory for complia	M/S G-MED Matic Orthodrive Lite MBQ 708 - (1289444-)
Nar Ms	ne of Firm me of Equipment ake/ Brand odel Number ountry of Manufacturer	on parameters defir	red below are mandatory for complia	M/S G-MED MATE Orthodrive Lite MBQ 708 - (1289444-) Desoutter Medical
Nar Ma Ma Co Co Co G	ne of Firm me of Equipment ake/ Brand odel Number ountry of Manufacturer ountry of Origin compliance with defined uality standards	on parameters defir	red below are mandatory for complia	M/S G-MED M/S G-MED Orthodrive Lite MBQ 708 - (1289444-) Desoutter Medical UK
Nar Mar Mar Co Co Co (S	ne of Firm me of Equipment ake/ Brand odel Number ountry of Manufacturer ountry of Origin compliance with defined uality standards FDA/CE/MHLW) Specification Compliance eatures wise:	on parameters defir	red below are mandatory for complia	M/S G-MED M/S G-MED Orthodrive Lite MBQ 708 - (1289444-) Desoutter Medical UK Yes
Mar Mar Mar Co	ne of Firm me of Equipment ake/ Brand odel Number ountry of Manufacturer ountry of Origin compliance with defined uality standards FDA/CE/MHLW) Specification Compliance eatures wise: Specifications: Technical Eligibility of	on parameters defin	red below are mandatory for complia	M/S G-MED M/S G-MED Orthodrive Lite MBQ 708 - (1289444-) Desoutter Medical UK Yes Yes
Mar Mar Mar Co	ne of Firm me of Equipment ake/ Brand odel Number ountry of Manufacturer ountry of Origin compliance with defined uality standards FDA/CE/MHLW) Specification Compliance eatures wise: Specifications: Technical Eligibility of Product:	on parameters defin	red below are mandatory for complia	M/S G-MED M/S G-MED Orthodrive Lite MBQ 708 - (1289444-) Desoutter Medical UK Yes Yes Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE EQUIPMENT: Sr.40.Microvascular Sets (Imported) QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S B.Braun Evaluation Parameters Sr. No Yes Complete Package/Tender 1. Yes Original Receipt of Tender 2. Yes NTN & GST Registration 3 Yes Minimum trained staff Yes (1 Engineer & 2 Technician) for each equipment Yes Availability of relevant Tools and Testing / Calibration Equipment. 5. Yes Satisfactory Past Performance 6. Yes (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Authorization of manufacturer 7. Yes Original Equipment Manufacturer Certificate 8. Certificate from the Manufacturer about the after sales services through Yes 9. agent or itself (In case specifically demanded in the specifications) Certificate for installation as per international standard, by the Yes 10. manufacturer After Sale Services execution plan, by the applicant 11. Yes Training Compliance as per clause 41. Yes Workshop Facility in Lahore. 13. yes(Photocopy Attached) **Bid Security** 14. Yes Bid Validity 15 Yes Delivery Period 16. Yes Compliance of Warranty as per tender Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical Yes equipment or accessory)) Certificate Yes Technical Specifications as per Requirement KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) Yes/No CATEGORY POINTS DESCRIPTION

SR. NO

BIDDER EXPERIENCE (Biomedical business)

Yes

documentary evidences like coindicating Brand along with the	mmercial introtes	ast 3 Years) (Verifiable es/purchase orders clearly ed product).	Yes			
PAST PERFORMANCE of the by product i.e., goods supplied with	idder (execution hin prescribed de	of supply order) w.r.t quoted livery period.	Yea			
Certificate (issued by Head of sector inst	Institutions) from	n any public/public-private capacity	Yes			
TECHNICAL STAFF Relea	vant document experience lette	s e.g., employment/offer er need to be attached for	Yes			
Engineer			Yes			
Technician			Yes			
FINANCIAL CAPACITY of th	e bidder.		THE REST			
5. Annual Turnover of last fi documents i.e., Federal Bo turnover/sale of the firm.).	pard of Revenue	e bidder will provide requisite document showing the annual	Yes			
CERTIFICATIONS			Yes			
6.	ISO 9001/134		Yes			
Dual	Certification (CE/	FDA/MHLW)	Yes			
	KNOCK DOWN CRITERIA					
	PRODU	JCT EVALUATION				
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, OF THE PERSON NAMED IN	- Familia de de	fined below are mandatory for comp	diance.)			
THE RESERVE THE PROPERTY OF	DE CONTRACTOR OF THE PARTY OF T	OMPLIANCE /EVALUATION PARAM	*			
Sr. No.	DE CONTRACTOR OF THE PARTY OF T	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN	M/S B.Braun			
Sr. No. S	DE CONTRACTOR OF THE PARTY OF T	OMPLIANCE /EVALUATION PARAM	M/S B.Braun			
Sr. No. S Name of Firm Name of Equipment	DE CONTRACTOR OF THE PARTY OF T	OMPLIANCE /EVALUATION PARAM	M/S B.Braun			
Sr. No. 8 Name of Firm Name of Equipment Make/ Brand	DE CONTRACTOR OF THE PARTY OF T	OMPLIANCE /EVALUATION PARAM	M/S B.Braun orted) ASCULAP			
Sr. No. S Name of Firm Name of Equipment Make/ Brand Model Number	DE CONTRACTOR OF THE PARTY OF T	OMPLIANCE /EVALUATION PARAM	M/S B.Braun orted) ASCULAP ASCULAP			
Name of Firm Name of Equipment Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW)	DE CONTRACTOR OF THE PARTY OF T	OMPLIANCE /EVALUATION PARAM	M/S B.Braun Orted) ASCULAP ASCULAP Germany			
Name of Firm Name of Equipment Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications:	DE CONTRACTOR OF THE PARTY OF T	OMPLIANCE /EVALUATION PARAM	M/S B.Braun orted) ASCULAP ASCULAP Germany Germany			
Name of Firm Name of Equipment Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise:	DE CONTRACTOR OF THE PARTY OF T	OMPLIANCE /EVALUATION PARAM	M/S B.Braun Orted) ASCULAP ASCULAP Germany Germany CE			
Name of Firm Name of Equipment Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of	PECIFICATION CO.	OMPLIANCE /EVALUATION PARAM	M/S B.Braun Orted) ASCULAP ASCULAP Germany CE Yes			
Name of Firm Name of Equipment Make/ Brand Model Number Country of Manufacturer Country of Origin Compliance with defined quality standards (FDA/CE/MHLW) Specification Compliance features wise: Specifications: Technical Eligibility of Product:	PECIFICATION CO.	OMPLIANCE /EVALUATION PARAM	M/S B.Braun Orted) ASCULAP ASCULAP Germany CE Yes			

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER:	IPL.No.11620 Dated:11-11-2022 .	
NAME OF THE EQUIPMENT:	Sr. 41 Hand Surgery Sets for burn hand (Local)	
QUANTITY	4	

KNOCK DOWN CRITERIA

Sr. No.	Evaluation Parameters	M/S Surgiquips	M/S Orient Medical	M/S Surgi Med
1.	Complete Package/Tender	Yes	Yes	Yes
2.	Original Receipt of Tender	Yes	Yes	Yes
3.	NTN & GST Registration	Yes	Yes	Yes
1.40	Minimum trained staff	Yes	Yes	Yes
4.	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes
6.	Satisfactory Past Performance	Yes	Yes	Yes
0.	(Minimum three-year relevant experience)	Yes	Yes	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes	Yes
12.	Training Compliance as per clause 41.	Yes	Yes	Yes
13.	Workshop Facility in Lahore.	Yes	Yes	Yes
14.	Bid Security	yes(Photocopy Attached)	yes(Photocopy Attached)	yes(Photocopy Attached)
15.	Bid Validity	Yes	Yes	Yes
16.	Delivery Period	Yes	Yes	Yes
17.	Compliance of Warranty as per tender	Yes	Yes	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	Yes	Yes
19.	Technical Specifications as per Requirement	offer is not as per tender demand	offer is not as per tender demand	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes
2.	Years) (Verifiable do	EXPERIENCE (Since Last 3 cumentary evidences like purchase orders clearly with the summary of quoted	Yes	Yes	Yes
	PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period.		Yes	Yes	Yes
3,	public/public-private	ead of Institutions) from any sector institution of similar apacity	Yes	Yes	Yes



	Relevant documents e.g., ceptance letter, Training, d to be attached for each	Yes	Yes	Yes
entry.		Yes	Yes	Yes
Engineer			Yes	Yes
Technician		Yes	Ven	Yes
FINANCIAL CAPACITY	f of the bidder.	Yes	Yes	
	ast financial year (The bidder documents i.e., Federal Board nent showing the annual rm.). In PKR	Yes	Yes	Yes
CERTIFICATIONS				
6. 180	9001/13485	Yes	Yes	Yes
Dual Certific	ation (CE/FDA/MHLW)	Yes	Yes	Yes
	KNOC	CK DOWN CRITERI	IA	
	PRO	DUCT EVALUATIO	N	
	(All evaluation parameters	defined below are man	datory for compliance.)	
Sr. No.	SPECIFICATION	COMPLIANCE /EVALU	UATION PARAMETERS	
Name of Firm		M/S Surgiquips	M/S Orient Medical	M/S Surgi M
Name of Equipment	1	Hand Surgery Se	ets for burn hand (Local)	
Make/ Brand		Hilbro	Orient	Surgimed
Model Number		Hilbro	Orient	Surgimed
Country of Manufacturer	rdish H.	Pak	Pak	Pak
Country of Origin		pak	pak	Pak
Compliance with defined quality standards (FDA/CE/MHLW)		CE	CE	ISO
Specification Compliance features wise: Specifications:		offer is not as per tender demand	offer is not as per tender demand	Yes
Technical Eligibility of Product:		No	No	Yes
Technical Eligibility of	Firm:	NO	Van	
BID STATUS:		Non Responsive	Yes Non. Responsive	Yes
× v				H

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F.Y 2022-23 PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE Sr.42 General Plastic & Burn Surgery Sets (Local) EQUIPMENT: QUANTITY 30 KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) Br. No. Evaluation Parameters M/S Surgiquipe M/S Orient Medical M/S Surgi Med Complete Package/Tender Yes 2. Original Receipt of Tender Yes Yes NTN & GST Registration Yes Yes Yes Yes Yes Yes (1 Engineer & 2 Technician) for each equipment Yes Yes Availability of relevant Tools and Testing / 5. Yes Yes Calibration Equipment. Satisfactory Past Performance Yes Yes 6. (Minimum three-year relevant experience) Yes Yes Yes Valid legally enforceable Exclusive / Sole Yes Yes Yes Authorization of manufacturer Original Equipment Manufacturer Certificate Yes Yes Yes Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications) 9. Yes Yes Yes Certificate for installation as per international 10. standard, by the manufacturer. Yes Yes Yes 11. After Sale Services execution plan, by the applicant Yes Yes 12. Training Compliance as per clause 41. Yes Yes Yes Workshop Facility in Lahore 13. Yes Yes Yes 14. Bid Security Yes Yes Yes Bid Validity 15. Yes Yes Yes 16. Delivery Period Yes Yes Yes Compliance of Warranty as per tender Yes Yes Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Yes Yes Yes Certificate offer is not as per Technical Specifications as per Requirement 19. offer is not as per tender demand Yes tender demand KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) SR. NO DESCRIPTION **CATEGORY POINTS** Yes/No Yes/No BIDDER EXPERIENCE (Biomedical business) 1. Yes Yes Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly 2. Yes Yes Yes indicating Brand along with the summary of quoted PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period. Yes Yes Certificate (issued by Head of Institutions) from any public/public-private sector institution of similar Yes Yes capacity

	TECHNICAL STAFF Relevant document	nte e.g.,	Yes	Yes	Yes
	employment/offer acceptance letter, Tra Engineer	dining,	Yes	Yes	Yes
1	Technician		Yes	Yes	Yes
	FINANCIAL CAPACITY of the bidder.		Yes	Yes	Yes
5.	Annual Turnover of last financial year (II will provide requisite documents i.e., Fede of Revenue document showing the turnover/sale of the firm.). In PKR	ral Board	Yes	Yes	Yes
	CERTIFICATIONS				
6.	ISO 9001/13485		Yes	Yes	Yes
	Dual Certification (CE/FDA/MHL)	N)	Yes	Yes	Yes
		KNOCI	K DOWN CRITERI	IA	
		PROD	UCT EVALUATIO	N	L ST.
		parameters d	efined below are mane	datory for compliance.)	
Sr. No.	SPECI	FICATION C	OMPLIANCE /EVALU	VATION PARAMETERS	
Name o	of Firm		M/S Surgiquips	M/S Orient Medical	M/S Surgi Med
Name o	of Equipment		General Plastic &	Burn Surgery Sets (Local)	
Make/	Brand		Hilbro	Orient	Surgimed
Model	Number		Hilbro	Orient	Surgimed
Countr	y of Manufacturer		Pak	Pak	Pak
Countr	y of Origin		pak	pak	Pak
quality (FDA/C	iance with defined standards E/MHLW)		CE	CE	ISO
feature	cation Compliance		offer is not as per tender demand	offer is not as per tender demand	Yes
Techni Produc	cal Eligibility of		No	No	
	cal Eligibility of Firm:				Yes
	ATUS:		NO Non Responsive	Yes	Yes
×	N			Non. Responsive	Responsive

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F. Y 2022-23

IPL.No.11620 Dated:11-11-2022 . PACKAGE/TENDER NUMBER NAME OF THE Sr.43 Dressing Set

EQUIPMENT: QUANTITY

KNOCK DOWN CRITERIA

	(All evaluation parameter)	ters defined below are mand	atory for compliance)
Br. No.	Evaluation Parameters	M/S Orient Medical	M/S Surgiquips

No.	Evaluation Parameters	M/S Orient Medical	M/S Surgiquips	M/S Surgi Med	
	Complete Package / Tender	Yes	Yes	Yes	
	Original Receipt of Tender	Yes	Yes	Yes	
	NTN & GST Registration	Yes	Yes	Yes	
	Minimum trained staff	Yes	Yes	Yes	
ke:	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes	
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes	
	Satisfactory Past Performance	Yes	Yes	Yes	
б.	(Minimum three-year relevant experience)	Yes	Yes	Yes	
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes	Yes	
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes	
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes	
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes	
11	After Sale Services execution plan, by the applicant	Yes	Yes	Yes	
12	Training Compliance as per clause 41.	Yes	Yes	Yes	
13	Workshop Facility in Lahore. Bid Security	Workshop Facility in Lahore. Yes Yes	Yes	Yes yes(Photocop Attached)	
1			yes(Photocopy Attached)		
1	5. Bid Validity	Yes	Yes	Yes	
1	6. Delivery Period	Yes	Yes	Yes	
1	7. Compliance of Warranty as per tender	Yes	Yes	Yes	
	Minimum one (FDA/CE/MHLW/Other relevant (i case of non-medical equipment or accessory)) Certificate	CE	CE	ISO	
	19. Technical Specifications as per Requirement	offer is not as per tender demand	offer is not as per tender demand	Yes	

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

R. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes
2.	Years) (Verifiable di commercial invoices		Yes	Yes	Yes
3.		E of the bidder (execution of quoted product i.e., goods ribed delivery period.	Yes	Yes	Yes
,		Head of Institutions) from any site sector institution of similar capacity	Yes	Yes	Yes

	Relevant documents e.g.,	Yen	Yes	Yes
4. Engineer	ceptance letter, Training,	Yes	Yes	Yes
Technician		Yes	Yes	Yes
FINANCIAL CAPACITY	of the bidder.	Yes	Yes	Yes
5. Annual Turnover of las provide requisite docu Revenue document sho of the firm.). In PKR	t financial year (The bidder will ments i.e., Federal Board of wing the annual turnover/sale	Yes	Yes	Yes
CERTIFICATIONS				
6. ISO 9001/13485		Yes	Yes	Yes
Dual Certification (CE/FDA/MHLW)		Yes	Yes	Yes
	KNOCE	OOWN CRITERIA		
		UCT EVALUATION		
Sr. No.	(All evaluation parameters de		Appropriate the second	
	BPECIFICATION C	OMPLIANCE /EVALU/	ATION PARAMETERS	
Name of Firm		M/S Orient Medical	M/S Surgiquips	M/S Surgi Me
Name of Equipment		Drei	ssing Sets	
Make/ Brand		Orient	Hilbro	Surgimed
Model Number		Orient	Hilbro	Sunday
Country of Manufacturer		Pak	Pak	Surgimed
Country of Origin		pak	pak	
Compliance with defined quality standards (FDA/CE/MHLW)		CE	CE	pak ISo
Specification Compliance features wise:		offer is not as per	offer is not as per tender de	
Specifications:		tender demand	to not us per tender de	emand Yes
Technical Eligibility of Product:		NO	No	Ye
Technical Eligibility of Firm:		Yes	No.	Ye
BID STATUS:		Non. Responsive	Non Responsive	Respo
X V				A.

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN, F.Y 2022-23

PACKAGE/TENDER NUMBER:	IPL.No.11620 Dated:11-11-2022 .	
NAME OF THE EQUIPMENT:	Sr.44 Defibrillator	_
QUANTITY		

KNOCK DOWN CRITERIA

(All evaluation	parameters	defined	below	are	mandatory	for	compliancel
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. No.	Evaluation Parameters	M/S Medical Equipment System	M/S HI- MOD Techonolgy	M/S BIO-Tech
1.	Complete Package/Tender	Yes	Yes	Yes
2.	Original Receipt of Tender	Yes	Yes	
3.	NTN & OST Registration	Yes		Yes
	Minimum trained staff	Yes	Yes	Yes
4.	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.		Yes Yes	Yes
6.	Satisfactory Past Performance	Yes	Yes	Yes
1550	(Minimum three-year relevant experience)	Yes	Yes	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Both HI-MOD and Bio-tech attached exculsive authrization of same manufacturer.	Both HI-MOD and Bio- tech attached exculsive authrization of same manufacturer.
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes
11.	After Sale Services execution plan, by the applicant	Yes	Yes	Yes
12.	Training Compliance as per clause 41.	Yes	Yes	Yes
13	Workshop Facility in Lahore.	Yes	Yes	Yes
14	. Bid Security	yes(Photocopy Attached)	yes(Photocopy Attached)	yes(Photocopy Attached)
15	. Bid Validity	Yes	Yes	Yes
16	Delivery Period	Yes	Yes	Yes
17	Compliance of Warranty as per tender	Yes	Yes	Yes
18	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes	Yes	Yes
1	9. Technical Specifications as per Requirement	Yes	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes
2.	Years) (Verifiable di commercial invoices	experience (Since Last 3 ocumentary evidences like /purchase orders clearly g with the summary of quoted	Yes	Yes	Yes
3.		E of the bidder (execution of quoted product i.e., goods ibed delivery period.	Yes	Yes	Yes

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	public/public-private sector institution of similar capacity	Yes	Yes	Yes
	TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training, experience letter need to be attached for each entry.	Yes	Yes	Yes
4.	Engineer	Yes	No.	
	Technician	Yes	Yes	Yes
	FINANCIAL CAPACITY of the bidder.		Yes	Yes
5.	Annual Turnover of last financial year (The bidder will provide requisite documents i.e., Federal Board of Revenue document showing the annual turnover/sale of the firm.). In PKR	Yes	Yes Yes	Yes
	CERTIFICATIONS			
6.	ISO 9001/13485			
	Dual Certification (CE/FDA/MHLW)	Yes	Yes	Yes
	Thos.	Yes	Yes	Yes
		K DOWN CRITERIA		
Name of Street	(All evaluation parameters of	DUCT EVALUATION		
Sr. No.	SPECIFICATION (COMPLIANCE /EVALUE	ATION PARAMETERS	
Name	of Firm	SWITCH THE PARTY NAMED IN	ATTON PARAMETERS	
Nama	4.	M/S Medical Equipment System	M/S HI- MOD Techonolgy	M/S BIO- Tec
	of Equipment	De	fibrillator	
	/ Brand	ZOLL	Innomed Medical	Innomed Medi
_	try of Manufacturer	M-2	Cavdio AED	Cavdio AEI
	try of Origin	USA	Hungry	Hungry
-	pliance with defined	USA	Hungry	
(FDA/	ty standards CE/MHLW) Highesties Compliance	FDA	CE	Hungry
reatu	res wise:	Yes	Yes	
Prod	nnical Eligibility of uuct:	Yes		Yes
Tech	nnical Eligibility of Firm:		Not Eligible	Not Elig
BID	STATUS:		Not Eligible	Not Elig
		Responsive	Non Responsive	Non Per
Specifeatu Spec Tech Prod	CE/MHLW) Ification Compliance tres wise: difications: anical Eligibility of anical Eligibility of Firm:	Yes	Yes Not Eligible	Not Eli

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

IPL.No.11620 D	rated:11-11-2022 .
Sr.45. Laryngo	scope Paediatric& Infant (Video)
2	
	Sr.45. Laryngo

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

r. No.	Evaluation Parameters	M/S MED IMPEX
1.	Complete Package/Tender	Yes
2.	Original Receipt of Tender	Yes
3.	NTN & GST Registration	Yes
	Minimum trained staff	Yes
4.	(1 Engineer & 2 Technician) for each equipment	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes
6.	Satisfactory Past Performance	Yes
0.	(Minimum three-year relevant experience)	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes
8.	Original Equipment Manufacturer Certificate	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes
11.	After Sale Services execution plan, by the applicant	Yes
12.	Training Compliance as per clause 41.	Yes
13.	Workshop Facility in Lahore.	Yes
14.	Bid Security	Yes
15.	Bid Validity	Yes
16.	Delivery Period	Yes
17.	Compliance of Warranty as per tender	Yes
18.	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	Yes
19.	Technical Specifications as per Requirement	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No
1.	BIDDER EXPERIENCE (Bior	nedical business)	Yes

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2.	QUOTED PRODUCT EXPERIENCE documentary evidences like commerci indicating Brand along with the summe	al invoices/purchase orders clearly	Yes
3.	PAST PERFORMANCE of the bidder quoted product i.e., goods supplied with	Yes	
	Certificate (issued by Head of Institution of	ons) from any public/public-private similar capacity	Yes
	TECHNICAL STAFF Relevant doc acceptance letter, Training, experier	uments e.g., employment/offer	Yes
4.	Engineer	Yes	
	Technician		Yes
5.	Annual Turnover of last financial year documents i.e., Federal Board of Reve	(The bidder will provide requisite	
	turnover/sale of the firm.). In PKR	assument showing the annual	Yes
	CERTIFICATIONS		Yes
6.	ISO 9001/	3	Yes
	Dual Certification (C	CE/FDA/MHLW)	Yes
	KN	OCK DOWN CRITERIA	
	PR	ODUCT EVALUATION	
Part of the last	(All evaluation paramete	rs defined below are mandatory for com	npliance.)
Sr. No	SPECIFICATIO	N COMPLIANCE /EVALUATION PARA	METERS
	of Firm		M/S MED IMPEX
	of Equipment		
Name	or Equipment	Laryngoscope Paediatric& Inf	ant (Video)
	Brand	Laryngoscope Paediatric& Inf	ant (Video) AUG Medical USA
Make/		Laryngoscope Paediatric& Inf	AUG Medical USA
Make/ Model	Brand	Laryngoscope Paediatric& Inf	AUG Medical USA VLR-100
Make/ Model Count	Brand Number	Laryngoscope Paediatric& Inf	AUG Medical USA VLR-100 USA
Make/ Model Countri Countri Compliquality	Brand Number y of Manufacturer y of Origin lance with defined	Laryngoscope Paediatric& Inf	AUG Medical USA VLR-100 USA USA
Make/ Model Countr Countr Countr (Complete of the country (FDA/C) Specifif feature	Brand Number ry of Manufacturer ry of Origin lance with defined estandards E/MHLW) cation Compliance se wiso:	Laryngoscope Paediatric& Inf	AUG Medical USA VLR-100 USA USA FDA
Make/ Model Countri Country (Complete of the country (FDA/C) Specififeature Specifitechnic	Brand Number Ty of Manufacturer Ty of Origin Innce with defined Standards E/MHLW) cation Compliance Swise: cations: cal Eligibility of	Laryngoscope Paediatric& Inf	AUG Medical USA VLR-100 USA USA
Make/ Model Country Country Country (PDA/C) Specififeature Specififeature Freduction	Brand Number Ty of Manufacturer Ty of Origin Innce with defined Standards E/MHLW) cation Compliance Swise: cations: cal Eligibility of	Laryngoscope Paediatric& Inf	AUG Medical USA VLR-100 USA USA FDA Yes
Make/ Model Country Country Country (FDA/C) Specifif feature Specifit Technic	Brand Number Ty of Manufacturer Ty of Origin Iance with defined standards E/MHLW) cation Compliance s wise: cations: cal Eligibility of t: cal Eligibility of Firm:	Laryngoscope Paediatric& Inf	AUG Medical USA VLR-100 USA USA FDA Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER IPL, No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE EQUIPMENT: Sr.46. Anesthesia crash cart Trolley QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S G-MED Evaluation Parameters Sr. No Yes 1. Complete Package/Tender 2. Yes Original Receipt of Tender 3. NTN & GST Registration Yes Minimum trained staff (1 Engineer & 2 Technician) for each equipment Yes Yes 5. Availability of relevant Tools and Testing / Calibration Equipment. Satisfactory Past Performance Yes 6. Yes (Minimum three-year relevant experience) 7. Yes Valid legally enforceable Exclusive / Sole Authorization of manufacturer Original Equipment Manufacturer Certificate Yes Certificate from the Manufacturer about the after sales services through agent 9. or itself (In case specifically demanded in the specifications) Yes Certificate for installation as per international standard, by the manufacturer. Yes After Sale Services execution plan, by the applicant 11. Yes Training Compliance as per clause 41. Yes Workshop Facility in Lahore. yes(Photocopy Attached) **Bid Security** Bid Validity 15 Yes Delivery Period 16. Compliance of Warranty as per tender Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical CE equipment or accessory)) Certificate Yes Technical Specifications as per Requirement 19. KNOCK DOWN CRITERIA (COMMERICAL EVALUATION) Yes/No CATEGORY POINTS DESCRIPTION SR. NO Yes **BIDDER EXPERIENCE** (Biomedical business)

30/ 5 (SI)	ratus:			Responsive
	ical Eligibility of Firm:			Yes
•	cations: cal Eligibility of ct:			Yes
feature	cation Compliance is wise:			Yes
quality (FDA/CE	ance with defined standards E/MHLW)			CE
Countr	y of Origin			ITLAY
Countr	y of Manufacturer			ITLAY
Model I	fumber			ALFA 01
Make/	Brand			CFS
Name o	f Equipment		Anesthesia crash cart	Trolley
Name o	f Firm			M/S G-MED
Sr. No.		SPECIFICATION COM	PLIANCE /EVALUATION PAR	AMETEKS
	130 SAPE NO. 10 SEC. 10 SEC.	IN SERENCE MANAGEMENT	ed below are mandatory for co	
			T EVALUATION	
		KNOCK I	OOWN CRITERIA	
	Dua	al Certification (CE/FDA)	/MHLW)	Yes
6.		ISO 9001/13485		Yes
	CERTIFICATIONS			Yes
5.	Annual Turnover of las documents i.e., Federal turnover/sale of the firm	Board of Revenue doc	oidder will provide requisite ument showing the annual	Yes
	FINANCIAL CAPACITY	of the bidder.		
	Technician			Yes
4.	Engineer			Yes
	TECHNICAL STAFF	Relevant documents ning, experience lette	e.g., employment/offer r need to be attached for	Yes
0.		ead of Institutions) from or institution of similar c	any public/public-private apacity	Yes
3.	PAST PERFORMANCE of product i.e., goods suppli	f the bidder (execution c ed within prescribed deli	of supply order) w.r.t quoted very period.	Yes
2.	documentary evidences indicating Brand along wi	like commercial invoice	Last 3 Years) (Verifiable es/purchase orders clearly ed product).	Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER NUMBER:	IPL.No.11620 Dated:11-11-2022 .	
NAME OF THE EQUIPMENT:	Sr. 47. Mayo Stand	
QUANTITY	10	
	- Carlos	

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

0.	Evaluation Parameters	M/S Orient Medical	
C	omplete Package/Tender	Yes	
C	original Receipt of Tender	Yes	
1	VTN & GST Registration	Yes	
1	Minimum trained staff	Yes	
	(1 Engineer & 2 Technician) for each equipment	Yes	
8	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	
	Satisfactory Past Performance	Yes	
	(Minimum three-year relevant experience)	Yes	
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	
В.	Original Equipment Manufacturer Certificate	Yes	
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	
11.	After Sale Services execution plan, by the applicant	Yes	
12.	Training Compliance as per clause 41.	Yes	
13.	Workshop Facility in Lahore.	Yes	
14.	Bid Security	Yes	
15.	Bid Validity	Yes	
16	Delivery Period	Yes	
17	. Compliance of Warranty as per tender	Yes	
18	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	CE	
1	9. Technical Specifications as per Requirement	Yes	

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No

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	BIDDER EXPERIENCE (Biomedica	d business)	Yes
	QUOTED PRODUCT EXPERIENT documentary evidences like commendating Brand along with the su	NCE (Since Last 3 Years) (Verifiable mercial invoices/purchase orders clearly mmary of quoted product).	Yes
1.	PAST PERFORMANCE of the bidd product i.e., goods supplied within	der (execution of supply order) w.r.t quoted prescribed delivery period.	Yes
		stitutions) from any public/public-private tion of similar capacity	Yes
	TECHNICAL STAFF Relevant acceptance letter, Training, exp	t documents e.g., employment/offer perience letter need to be attached for	Yes
4.	Engineer		Yes
	Technician		Yes
5.	Annual Turnover of last financi documents i.e., Federal Board of turnover/sale of the firm.). In PKI	al year (The bidder will provide requisite	Yes
	CERTIFICATIONS		Yes
6.	ISO 9001/13485 Dual Certification (CE/FDA/MHLW)		Yes
			Yes
		KNOCK DOWN CRITERIA	
		PRODUCT EVALUATION	
Miller	(All evaluation p	parameters defined below are mandatory for con	npliance.)
Sr. N	speci	FICATION COMPLIANCE / EVALUATION PAR	AMETERS
Name	of Firm		M/S Orient Medical
Name	of Equipment	Mayo Stand	
	of Equipment / Brand	Mayo Stand	Orient
Make		Mayo Stand	Orient Orient
Make Mode	/ Brand	Mayo Stand	
Make Mode Coun	/ Brand	Mayo Stand	Orient
Make Mode Cour Cour qual	/ Brand I Number try of Manufacturer	Mayo Stand	Orient Pak
Make Cour Cour Com qual (FDA Specificat	/ Brand il Number try of Manufacturer atry of Origin pliance with defined ity standards /CE/MHLW) cification Compliance ures wise:	Mayo Stand	Orient Pak pak
Make Mode Cour Cour Com qual (FDA Specificat Specificat Tec	/ Brand il Number try of Manufacturer try of Origin pliance with defined ity standards /CE/MHLW) cification Compliance	Mayo Stand	Orient Pak pak Yes
Make Mode Coun Cour Com qual (FDA Spe feat Tec Pro	/ Brand Il Number Atry of Manufacturer Atry of Origin pliance with defined ity standards /CE/MHLW) cification Compliance ures wise: cifications: hnical Eligibility of	Mayo Stand	Orient Pak pak Yes
Make Mode Coun Cour Com qual (FDA Specfeat Spe Tec Pro	/ Brand il Number try of Manufacturer atry of Origin pliance with defined ity standards /CE/MHLW) cification Compliance ures wise: cifications: hnical Eligibility of duct:	Mayo Stand	Orient Pak pak Yes Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER
NUMBER:

IPL.No.11620 Dated:11-11-2022.

NAME OF THE
EQUIPMENT:

Sr. 48. Hand Held Doppler

QUANTITY

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KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance

No.	Evaluation Parameters	M/S MEDIMPEX	M/S Eastern Medical
	Complete Package/Tender	Yes	Yes
	Original Receipt of Tender	Yes	Yes
,	NTN & GST Registration	Yes	Yes
4.	Minimum trained staff	Yes	Yes
	(1 Engineer & 2 Technician) for each equipment	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes
6.	Satisfactory Past Performance	Yes	Yes
_	(Minimum three-year relevant experience)	Yes	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes
10	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes
11	After Sale Services execution plan, by the applicant	Yes	Yes
12	2. Training Compliance as per clause 41.	Yes	Yes
1	3. Workshop Facility in Lahore.	Yes	Yes
1	4. Bid Security	yes(Photocopy Attached)	yes(Photocopy Attached)
1	15. Bid Validity	Yes	Yes
	16. Delivery Period	Yes	Yes
	17. Compliance of Warranty as per tender	Yes	Yes
	Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical equipment or accessory)) Certificate	yes	yes
	19. Technical Specifications as per Requirement	Yes	yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

SR. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes

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	X			De
	BID STATUS:		Resposive	Resposive
-	Technical Eligibility of Firm:		Yes	Yes
T	specifications: Sechnical Eligibility of Product:		Yes	Yes
Syfe	pecification Compliance satures wise:		Yes	Yes
qu	ompliance with defined sality standards DA/CE/MHLW)		Yes	Yes
\vdash	untry of Origin		USA	OK .
	untry of Manufacturer		USA	UK
Mod	del Number		Digidop II DD-770 R	PDIT
-	ke/ Brand		Newman Medical	Ultra Samd technologies PDIT
Nam	ne of Equipment	What is the	Hand Held Doppler	
Nam	ne of Firm		M/S MEDIMPEX	M/S Human Health Care
Sr.	THE REPORT OF THE PARTY OF THE	SPECIFICATION COMPLI	IANCE /EVALUATION PARAM	METERS
		PRODUCT	EVALUATION below are mandatory for comp	pliance.)
			WN CRITERIA	
6.	Dual Certification	(CE/FDA/MHLW)	Yes	Yes
	Parameter College State Colleg	1/13485	Yes	Yes
	CERTIFICATIONS		Yes	Yes
5.	FINANCIAL CAPACITY of Annual Turnover of last if will provide requisite docu- of Revenue document turnover/sale of the firm.).	inancial year (The bidder ments i.e., Federal Board showing the annual	Yes	Yes
	Technician		168	
	Engineer		Yes	Yes
4.	TECHNICAL STAFF Relemployment/offer accept experience letter need to entry.	ance letter, Training,	Yes	Yes
1.	Certificate (issued by Head public/public-private sect capac	or institution of similar	Yes	Yes
supply order) w.r.t quoted produ supplied within prescribed delivery p		AST PERFORMANCE of the bidder (execution of upply order) w.r.t quoted product i.e., goods upplied within prescribed delivery period.		Yes
	Years) (Verifiable documer commercial invoices/purc indicating Brand along with product).	hase orders clearly	Yes	Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23 PACKAGE/TENDER NUMBER: IPL.No.11620 Dated:11-11-2022 . NAME OF THE EQUIPMENT: Sr.50 Blood Warmer (Imported) QUANTITY 4 KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) Sr. No. Evaluation Parameters M/S Human Health Care Complete Package/Tender Yes Original Receipt of Tender Yes NTN & GST Registration 3. Yes Minimum trained staff Yes 4. (1 Engineer & 2 Technician) for each equipment Yes 5. Availability of relevant Tools and Testing / Calibration Equipment. Yes Satisfactory Past Performance 6. Yes (Minimum three-year relevant experience) Yes Valid legally enforceable Exclusive / Sole Authorization of manufacturer Yes Original Equipment Manufacturer Certificate Yes Certificate from the Manufacturer about the after sales services through agent or 9. itself (In case specifically demanded in the specifications) Yes 10. Certificate for installation as per international standard, by the manufacturer. Yes 11 After Sale Services execution plan, by the applicant Yes 12. Training Compliance as per clause 41. Yes Workshop Facility in Lahore. 13. Yes Bid Security Bank Guarantee attached instead of CDR Bid Validity 15. Yes 16. Delivery Period Yes 17 Compliance of Warranty as per tender Yes Minimum one (FDA/CE/MHLW/Other relevant (in case of non-medical 18. equipment or accessory)) Certificate Yes Technical Specifications as per Requirement Yes KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) SR. NO DESCRIPTION CATEGORY POINTS Yes/No 1. BIDDER EXPERIENCE (Biomedical business) Yes

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2.	QUOTED PRODUCT EXPERIENCE (Since Last evidences like commercial invoices/purchase along with the summary of quoted product).	3 Years) (Verifiable documentary orders clearly indicating Brand	Yes
3.	PAST PERFORMANCE of the bidder (execution product i.e., goods supplied within prescribed de	n of supply order) w.r.t quoted livery period.	Yes
	Certificate (issued by Head of Institutions) from a institution of similar ca	any public/public-private sector	Yes
	TECHNICAL STAFF Relevant documen acceptance letter, Training, experience letter	ts e.g., employment/offer	Yes
4.	Engineer	need to be attached for each	Yes
	Technician		Yes
	FINANCIAL CAPACITY of the bidder.		
5.	Annual Turnover of last financial year (The documents i.e., Federal Board of Revenue d turnover/sale of the firm.). In PKR	bidder will provide requisite ocument showing the annual	Yes
	CERTIFICATIONS		Yes
6.	ISO 9001/13485		Yes
	Dual Certification (CE/FD	A/MHLW)	Yes
	KNOCK	DOWN CRITERIA	
		T EVALUATION	
		ned below are mandatory for comp	
Sr. No.	SPECIFICATION COM	PLIANCE /EVALUATION PARAM	IETERS
ame of	Firm		M/S Human Health Care
		The first the second se	
		Blood Warmer (Impor	ted)
	f Equipment	Blood Warmer (Impor	KW Appaectifici S.R.L
	The second second section is	Blood Warmer (Impor	
iake/ E Iodel N	Brand Tumber	Blood Warmer (Impor	KW Appaectifici S.R.L
iake/ E Iodel N	Brand	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4
fake/ E fodel N country	Grand Jumber of Manufacturer of Origin	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY
fake/ E	Grand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY
Make/ E Model N Country Country Compliss Standar	Grand Jumber of Manufacturer of Origin	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY
fake/ Education of the country Country Country Complisation of the country Specific wise:	Brand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE
fake/ E fodel N Country Country Compliss standar Specific wise: Specific	Brand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE Yes
Indel Notes of the Country Country Country Complisation of the Country Specific Wise: Specific Technic	Brand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE Yes Yes Not Eligible
codel Nountry ountry complistandar specific rechnic	Brand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE Yes
Indel Notes of the country Cou	Frand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE Yes Yes Not Eligible
fake/ E fodel N Country Country Country Specific Wise: Specific Technic	Frand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE Yes Yes Not Eligible
fake/ E fodel N Country Country Country Specific Wise: Specific Technic	Frand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE Yes Yes Not Eligible
Indel Notes of the country Cou	Frand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE Yes Yes Not Eligible
Country Countr	Frand Jumber Jumber	Blood Warmer (Impor	KW Appaectifici S.R.L WPFD 2/4 ITLAY ITLAY CE Yes Yes Not Eligible

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER . MILITAN EV 2022 22

PACKAGE/TENDER NUMBER: NAME OF THE	IPL.No.11620 Dated:11-11-2022.	N.F.Y 2022-23
EQUIPMENT: QUANTITY	Sr. 51 Fluid Warmer	
	5	

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliant

No.	Evaluation Parameters	M/S G-MED	M/S MEDLINK TRADERS	
	Complete Package/Tender		AUG MEDLINK TRADERS	M/S Hospicare
	Original Receipt of Tender	Yes	Yes	Yes
	NTN & GST Registration	Yes	Yes	Yes
١.	Minimum trained staff	Yes	Yes	Yes
٠.	(1 Engineer & 2 Technician) for each equipment	Yes	No	Yes
5.	Availability of relevant Tools	Yes	No	Yes
_	- cquipment.	Yes	Yes	
6.	Satisfactory Past Performance	Yes		Yes
_	(Minimum three-year relevant experience)	Yes	No No	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Both G-MED and MEDLINK attached exculsive authrization of same manufacturer.	Both O-MED and MEDLINK attached exculsive authrization of same manufacturer.	Yes
8.	Original Equipment Manufacturer Certificate	Yes		
9.	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes Yes	Yes
10.	Continue	Yes	Yes	Yes
11	After Sale Services execution plan, by the applicant	Yes	Yes	Yes
12	Training Compliance as per clause 41.	Yes	No	
13	. Workshop Facility in Lahore.	Yes	No	Yes
10	i. Bid Security	yes(Photocopy Attached)	yes(Photocopy Attached)	Yes yes(Photocopy Attached)
1	5. Bid Validity	Yes	Yes	Yes
1	6. Delivery Period	Yes	Yes	Yes
1	7. Compliance of Warranty as per tender	Yes	Yes	Yes
	Minimum one (FDA/CE/MHLW/Other relevant (stage of non-medical equipment or accessory)) Certificate	n yes	yes	yes
	19. Technical Specifications as per Requirement	Yes	yes	yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

R. NO	DESCRIPTION	CATEGORY POINTS	Yes / No	Yes/ No	Yes / No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes
2.	Yearsi (Verifiable di commercial involces	EXPERIENCE (Since Last 3 ocumentary evidences like /purchase orders clearly with the summary of quoted	No.	No	Yes

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4. E	ertificate (issued by Head of Insti public/public-private sector insti capacity ECHNICAL STAFF Relevant mployment/offer acceptance le ingineer	documents e.g.,	No Yes	No Yes	Yes
4. E	mployment/offer acceptance l ingineer	documents e.g.,	Yes	Yes	
7					Yes
	Fechnician		Yes	Yes	Yes
1			Yes	Yes	Yes
	FINANCIAL CAPACITY of the bid	der.			
	Annual Turnover of last financi will provide requisite document of Revenue document sho turnover/sale of the firm.]. In Pr	i.e., Federal Board	Yes	Yes	Yes
	CERTIFICATIONS				
6.	ISO 9001/134		Yes	Yes	Yes
-	Dual Certification (CE/	FDA/MHLW)	Yes	Yes	Yes
-		KNOC	K DOWN CRITER	AIA	
	(All		DUCT EVALUATION		
Br. No.				undatory for compliance.)	
		of perfection	COMPETANCE / EVA	LOATION PARAMETERS	
Name	of Firm		M/S G-MED	M/S MEDLINK TRADERS	M/S Hospicare
Name	e of Equipment			Fluid Warmer	
Make	c/ Brand		TAHAT	TAHAT	Genthecm Medica
	iel Number		AMPIR-01	AMPIR-01	Astotherm Plas
	antry of Manufacturer		Belarus	Belarus	USA
-	antry of Origin		Belarus	Belarus	Germany
(FD	mpliance with defined ality standards AA/CE/MHLW) secification Compliance	i flagrid	CE	CE	CE/FDA
Sp	pecifications:		Both G-MED a MEDLINK attac exculsive authriz of same manufacture	attached exculsive authrization	K Yes
P	echnical Eligibility of roduct:		No	No	Yes
т	echnical Eligibility of Firm:		No	No	
I	BID STATUS:	Selenie I	Non. Respon		Yes
				non- Responsive	Responsiv
-	TV V See to 1997		Non. Respon	No Non- Responsive	Yes Respon

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULTAN.F.Y 2022-23

PACKAGE/TENDER
NUMBER:

NAME OF THE
EQUIPMENT:

QUANTITY

Sr.52 Forced-air patient warming systems

KNOCK DOWN CRITERIA

(All evaluation parameters defined below are mandatory for compliance)

r. No.	Evaluation Parameters	M/S Reliance Medical	M/S G-MED	M/S Hospicare
١.	Complete Package/Tender	Yes	Yes	Yes
2.	Original Receipt of Tender	Yes	Yes	Yes
3.	NTN & OST Registration	Yes	Yes	Yes
4.	Minimum trained staff	Yes	Yes	Yes
7.	(1 Engineer & 2 Technician) for each equipment	Yes	Yes	Yes
5.	Availability of relevant Tools and Testing / Calibration Equipment.	Yes	Yes	Yes
6.	Satisfactory Past Performance	Yes	Yes	Yes
1000	(Minimum three-year relevant experience)	Yes	Yes	Yes
7.	Valid legally enforceable Exclusive / Sole Authorization of manufacturer	Yes	Yes	Yes
8.	Original Equipment Manufacturer Certificate	Yes	Yes	Yes
9,	Certificate from the Manufacturer about the after sales services through agent or itself (In case specifically demanded in the specifications)	Yes	Yes	Yes
10.	Certificate for installation as per international standard, by the manufacturer.	Yes	Yes	Yes
11	After Sale Services execution plan, by the applicant	Yes	Yes	Yes
12	2. Training Compliance as per clause 41.	Yes	Yes	Yes
13	Workshop Facility in Lahore.	Yes	Yes	Yes
1	4. Bid Security	Yes	Yes	Yes
1	5. Bid Validity	Yes	Yes	Yes
1	6. Delivery Period	Yes	Yes	Yes
1	17. Compliance of Warranty as per tender	Yes	Yes	Yes
	Minimum one (FDA/CE/MHLW/Other relevant (i case of non-medical equipment or accessory)) Certificate	Yes	Yes	Yes
	19. Technical Specifications as per Requirement	Yes	Yes	Yes

KNOCK DOWN CRITERIA(COMMERICAL EVALUATION)

R. NO	DESCRIPTION	CATEGORY POINTS	Yes/No	Yes/No	Yes/No
1.	BIDDER EXPERIENCE	(Biomedical business)	Yes	Yes	Yes
2,	QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly indicating Brand along with the summary of quoted product).		Yes	Yes	Yes
3.	PAST PERFORMANCE of the bidder (execution of supply order) w.r.t quoted product i.e., goods supplied within prescribed delivery period.		Yes	Yes	Yes
	Certificate (issued by public/public-priva	Head of Institutions) from any te sector institution of similar capacity	Yes	Yes	Yes

Mr. X

B

revenue document ver/sale of the firm.). In FIFICATIONS 2001/13485 Certification FDA/MHLW)	bidder. Incial year (The bidder ents i.e., Federal Board showing the annual PKR KNOCI	Yes Yes Yes Yes Yes Yes Yes Your CRITERIA	Yes Yes Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes Yes Yes
CIAL CAPACITY of the CIAL CAPA	knocial year (The bidder ents i.e., Federal Board showing the annual PKR	Yes Yes Yes Yes Yes Your CRITERIA	Yes Yes Yes Yes Yes	Yes Yes Yes Yes
CIAL CAPACITY of the control of the control of last fine covering the control of	knocial year (The bidder ents i.e., Federal Board showing the annual PKR	Yes Yes Yes Yes Yes Your CRITERIA	Yes Yes Yes Yes	Yes Yes Yes
al Turnover of last fine rovide requisite docum evenue document ver/sale of the firm.). In FIFICATIONS 2001/13485 Certification FDA/MHLW)	knocial year (The bidder ents i.e., Federal Board showing the annual PKR	Yes Yes Yes Yes K DOWN CRITERIA	Yes Yes Yes	Yes
revenue document ver/sale of the firm.). In FIFICATIONS 2001/13485 Certification FDA/MHLW)	knoci knowing the annual PKR KNOCI PROD	Yes Yes K DOWN CRITERIA	Yes Yes Yes	Yes Yes
Certification FDA/MHLW)	PROD	Yes K DOWN CRITERIA	Yes	
Certification FDA/MHLW)	PROD	Yes K DOWN CRITERIA	Yes	
FDA/MHLW)	PROD	K DOWN CRITERIA		Yes
	PROD			
	All evaluation parameters d	UCT EVALUATION		
		efined below are manda	atory for compliance.)	
60	BPECIFICATION C	COMPLIANCE / EVALUA	ATION PARAMETERS	
m		M/8 Reliance Medical	M/S G-MED	M/S Hospicare
uipment		Forced-air patie	ent warming systems	
nd		IOB Medical	Augustin Temperture	Gentherm Medical
nber	. 300	IOB	WC77(Hot DOG)	WARM AIR
f Manufacturer	Titu bu	USA	USA	USA
of Origin		USA	USA	USA
ce with defined andards MHLW)		Yes	Yes	Yes
tion Compliance wise:		Yes	Yes	Yes
al Eligibility of		Yes	Yes	Yes
		Yes	Yes	Yes
TUB:		Responsive	Responsive	Responsiv
	aber f Manufacturer f Origin ce with defined andards (HLW) tion Compliance wise: tions:	aber f Manufacturer f Origin ce with defined andards (HLW) tion Compliance wise: tions:	nd IOB Medical IOB IOB IMANUfacturer USA Gorigin USA Ce with defined andards GHLW USA Yes Itions: Id Eligibility of Firm: Yes	IOB Medical Augustin Temperture IOB WC77(Hot DOG) I Manufacturer USA USA USA Ce with defined andards (HLW) Ition Compliance wise: Yes Yes Yes Yes Yes Yes Yes

TECHNICAL EVALUATION REPORT OF MEDICAL & LAB EQUIPMENT ITEMS FOR PAK ITALIAN BURN CENTER, MULIAN.F.Y 2022-23 PACKAGE/TENDER IPL.No.11620 Dated:11-11-2022 . NUMBER: NAME OF THE Sr.53 Shower Trollys EQUIPMENT: QUANTITY KNOCK DOWN CRITERIA (All evaluation parameters defined below are mandatory for compliance) M/S Radiant M/S KASBAN M/S G-MED Evaluation Parameters Sr. No Medical Yes Complete Package/Tender Original Receipt of Tender Yes Yes Yes NTN & GST Registration Yes 3. Yes Yes Yes Minimum trained staff Yes Yes 4 Yes Yes (1 Engineer & 2 Technician) for each equipment Yes Availability of relevant Tools and Testing / Yes 5. Yes Yes Calibration Equipment Ves Yes Satisfactory Past Performance No 6. Yes (Minimum three-year relevant experience) No Valid legally enforceable Exclusive / Sole Yes 7. Yes Authorization of manufacturer Yes 8. Original Equipment Manufacturer Certificate Yes Certificate from the Manufacturer about the after Yes 9. Yes sales services through agent or itself (in case Yes specifically demanded in the specifications) Certificate for installation as per international Yes 10. Yes Yes standard, by the manufacturer Yes Yes 11. After Sale Services execution plan, by the applicant Yes Yes Yes Training Compliance as per clause 41. Yes 12. Yes Yes Yes 13. Workshop Facility in Lahore. Yes Bid Security Yes Yes 14 Yes Yes Bid Validity Yes 15 Yes Yes Yes Delivery Period 16 Yes Compliance of Warranty as per tender Yes Yes 17 Minimum one (FDA/CE/MHLW/Other relevant (in Yes case of non-medical equipment or accessory)) Yes Yes 18. width and hight adjustment is less as per tender demand Yes ,trendlenburg/ Yes Technical Specifications as per Requirement 19. Reverse Terndlenburg Burn dose not meet 12/-2 degree KNOCK DOWN CRITERIA(COMMERICAL EVALUATION) Yes/No Yes/No Yes/No DESCRIPTION CATEGORY POINTS SR. NO Yes Yes BIDDER EXPERIENCE (Biomedical business) Yes QUOTED PRODUCT EXPERIENCE (Since Last 3 Years) (Verifiable documentary evidences like commercial invoices/purchase orders clearly Yes Yes 2. indicating Brand along with the summary of quoted product).

2	PAST PERFORMANCE of the bidder supply order) w.r.t quoted produc supplied within prescribed delivery per	i.e. mode	No	Yes	Yes
3,	Certificate (issued by Head of Institution public/public-private sector institution	ons) from any			Was
	capacity		Yes	Yes	Yes
4.	TECHNICAL STAFF Relevant documents e.g., employment/offer acceptance letter, Training, experience letter need to be attached for each entry.		Yes	Yes	Yes
	Engineer		Yes	Yes	Yes
	Technician		Yes	Yes	Yes
	FINANCIAL CAPACITY of the bidder.		Yes	Yes	Yes
5.	Annual Turnover of last financial yea will provide requisite documents i.e., I of Revenue document showing turnover/sale of the firm.). In PKR	ederal Board	Yes	Yes	Yes
	CERTIFICATIONS				
6.	ISO 9001/13485		Yes .	Yes	Yes
	Dual Certification (CE/FDA/MHLW)		Yes	Yes	Yes
		KNOCK	DOWN CRITERIA		
			CT EVALUATION		
			ned below are mandate		
Sr. No.	SPE	CIFICATION COM	MPLIANCE /EVALUAT	ION PARAMETERS	
Name of	Firm		M/S Radiant Medical	M/S G-MED	M/S KASBAN
Nama of	Equipment		Shower	Trollys	
Make/ B			TR-Equipment	BEKA Hospitec	Scaleo Medical
	ake, Bland				Shado 200
			TR-3000 L	Sina Comp	Dilate
			TR-3000 L Swedan	Sina Comp Germany	France
Country	of Manufacturer		MONTH AND A		
Country Complian	of Manufacturer of Origin nee with defined tandards		Swedan	Germany	France
Country Complian quality s	of Manufacturer of Origin nce with defined tandards MHLW) stion Compliance wise:	adju pe	Swedan	Germany	France France
Country Country Complian quality s FDA/CE/ Specifica ceatures	of Manufacturer of Origin nce with defined tandards MHLW) ation Compliance wise:	adju pe	Swedan Yes width and hight ustment is less as render demand trendlenburg/erse Terndlenburg im does not meet	Germany Germany Yes	France France Yes
Country Country Complia quality s FDA/CE/ Specifica catures specifica cechnica roduct:	of Manufacturer of Origin nce with defined tandards MHLW) stion Compliance wise:	adju pe	Swedan Yes Midth and hight ustment is less as render demand trendlenburg/erse Terndlenburg rn does not meet 12/-2 degree	Germany Yes Yes	France France Yes

TECHNICAL PEFORMA COMPUTER IT 2022-23

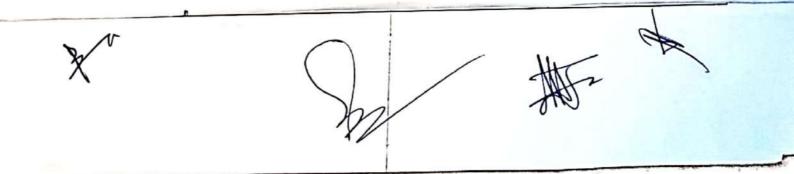
Sr. No		Marks	M/S Super tech	M/S Noor	
1	Valid National ID Card (NADRA)	1	1	/	/
2	National Tax Number & GST Number	2	Х	/	/
	Original receipt for purchase of tender	2	✓	1	/
4	Bid Security of 2% of estimated bid value (refundable) in the shape of CDR issued from any scheduled bank of Pakistan in the Name of Vice Chancellor, Nishtar	5	X	1	
5	Medical University, Multan. Acceptance of terms and condition of tender documents duly signed and stamped on original letter Head.	5	X		
6	An affidavit on stamp paper of Rs.100/- submitting that the firm / bidder is never blacklisted on any grounds whatsoever from Government / Autonomous institutions.	5	Х	7	*
7	1). Sample / Demonstration Accepted by the committee (Marks 20) 2). Sample Rejected by the committee(Marks 0)	20	20	20	20
8	Income Statement Last one Year	10	0	10	0
9	Bank statement / Balance sheet of last one year 01 to 02 Million/ Year(Marks 06) 03 to 05 Million/Year(Marks 08) 06 to 08 Million/Year(Marks 14) 09 Million/Year or above(Marks 20)	20	0	08	20
10	An affidavit on the Stamp Paper of Rs. 100 that Bidder will carry out the free replacement of Ruptured, Discolored, Distorted, Disfigured, Damaged and Substandard Stock delivered to Pak Italian Burn Centre, Multan within 3 hours of written complaint by Head of Burn Centre, Multan.	10	0	0	10
11	Minimum experience of working with Government or Autonomous institutions by supplying items, and services. 01-02 Year Experience	20	0	10	20
	ined Marks / Total Marks:		23/100	68/100	90/100
echi	nical status Responsive / Non-Responsive		Non- Responsive	Responsive	Responsive

XV

A TO

TECHNICAL PEFORMA FURNITURE & FIXTURE 2022-23

Sr. No	Criteria	Total Marks	M/S Oriant Medical	M/S Arslan Enterprises
1	Valid National ID Card (NADRA)	1	1	/
2	National Tax Number & GST Number	2	1	1
3	Original receipt for purchase of tender	2	1	1
4	Bid Security of 2% of estimated value of tender (refundable) in the shape of CDR issued from any scheduled bank of Pakistan in the Name of the Vice Chancellor, Nishtar Medical University, Multan.	5	√	*
5	Acceptance of terms and condition of tender documents duly signed and stamped on original letter Head	5	~	*
6	An affidavit on stamp paper of Rs.100/- submitting that the firm / bidder is never blacklisted on any grounds whatsoever from Government / Autonomous institutions	5	~	*
7	1). Sample Accepted by the committee (Marks 20) 2). Sample Rejected by the committee(Marks 0)	20	20	Poor quality of samples
8	Income Statement Last one Year	10	10	0
9	Bank statement / Balance sheet of last one year 01 to 02 Million/ Year(Marks 06) 03 to 05 Million/Year(Marks 08) 06 to 08 Million/Year(Marks 14) 09 Million / Year or above(Marks 20)	20	14	0
10	An affidavit on the Stamp Paper of Rs. 100 that Bidder will carry out the free replacement of Ruptured, Discolored, Distorted, Disfigured, Damaged and Substandard Stock delivered to Pak Italian Burn Centre, Multan within 3 hours of written complaint by Head of Burn Centre, Multan.	10	7	7
11	Minimum experience of working with Government of Autonomous institutions by supplying items, and services. 01-02 Year Experience(Marks 06)	20	10	6
	06 and above Year Experience(Marks 20)	100	81/100	33/100
Obta Tech	ained marks / Total Marks nnical Status: Responsive / Non-Responsive		Responsive	Non- Responsive



TECHNICAL PEFORMA PLANT & MACHINERY 2022-23

Sr. No	Criteria	Marks	M/S TA Enterprises	M/S Arslan Enterprises
1	Valid National ID Card (NADRA)	1	✓	✓
2	National Tax Number & GST Number	2	~	*
3	Original receipt for purchase of tender	2	~	✓
4	Bid Security of 2% of estimated bid value (refundable) in the shape of CDR issued from any scheduled bank of Pakistan in the Name of Vice Chancellor, Nishtar Medical University, Multan.	5	7	•
5	Acceptance of terms and condition of tender documents duly signed and stamped on original letter Head.	5	~	V
6	An affidavit on stamp paper of Rs.100/- submitting that the firm / bidder is never blacklisted on any grounds whatsoever from Government / Autonomous institutions.	5	V	7
7	1). Sample / Demonstration Accepted by the committee (Marks 20) 2). Sample Rejected by the committee(Marks 0)	20	0	0
8	Income Statement Last one Year	10	0	0
9	Bank statement / Balance sheet of last one year 01 to 02 Million/ Year(Marks 06) 03 to 05 Million/Year(Marks 08) 06 to 08 Million/Year(Marks 14) 09 Million/Year or above(Marks 20)	1	20	0
10	An affidavit on the Stamp Paper of Rs. 100 that Bidder will carry out the free replacement of Ruptured, Discolored, Distorted, Disfigured, Damaged and Substandard Stock delivered to Pak Italian Burn Centre, Multan within 3 hours of written complaint by Head of Burn Centre, Multan.		10	07
11	Minimum experience of working with Government or Autonomous institutions by supplying items, and services. 01-02 Year Experience(Marks 06) 03-05 Year Experience(Marks 10) 06 and above Year Experience(Marks 20)	20	10	06
Obta	ined Marks / Total Marks	100	60/100	33/100
Tech	nical status Responsive / Non-responsive		Non- Responsive	Non- Responsive

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