

Ref: No.GM-P/Cont-Hospitals/20/3

Tender Fee Rs. 500.00

INVITATION TO TENDERS AND INSTRUCTIONS TO TENDERERS

M/s. _____

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

Dear Sirs,

PURPOSE:

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

SCOPE:

- ❖ This intended arrangements will be made at following *stations according to the agreed upon terms and condition mentioned in the agreement.

- i. Karachi
- ii. Lahore
- iii. Rawalpindi /Islamabad
- iv. Peshawar
- v. Multan
- vi. Quetta
- vii. Faisalabad
- viii. Sukkur
- ix. Sialkot

OBLIGATIONS

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

- ❖ Arrangement can be cancelled by either of the party on (90) ninety days' notice.

SUBMISSION OF TENDER

You are required to send your sealed tenders addressed to **GM- Inventory & Contract Management, Supply Chain Management Department** by **23-09-2020**. The tenders may be dropped in the tender box marked as "Commercial Purchases" placed at the Entrance of Supply Chain Management **latest by 10:30 hours** on the specified date. You may also send your tenders through registered A/D mail addressed to **General Manager Inventory & Contract Management, Supply Chain Management Department** which must reach before the closing date and time mentioned above. Tenders will be opened at **11:00 hours the same day** in the presence of bidders who wish to attend.

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

Bidders are required to submit a Pay Order of Rs.500/-(Non-Refundable) as tender fees in favour of Pakistan International Airlines along with Proposal.

Yours truly,
For PAKISTAN INTERNATIONAL AIRLINES

Muhammad Asim Khan
General Manager Inventory & Contract Management
Supply Chain Management PIA Head Office, Karachi.
Ph: 021 9904 3081, 9904 4216
Email: gmicm@piac.aero, contract.administration@piac.aero

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

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

Pakistan International Airlines

Medical Division PIACL
PIA Head Office Karachi
Tel: 99043277

E-mail: gm.medicalservices@piac.aero

ANNEXURE "A"

EVALUATION CRITERIA

Mandatory Requirements

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

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

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

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

ANNEXURE "B"
General Requirements

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

For General Category Hospital & Special Category

Minimum Passing Criteria / Qualifying marks = 50% of the total for General / Special Category.
 Bidders securing Less than 50% marks will not be entertained further.

For "A" Category Hospital

Minimum Passing Criteria / Qualifying marks = 80% of the total for "A" Category **AND** Capability of providing more than 150 beds' occupancy per day.

ANNEXURE "C"

Additional Terms and Conditions

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

ANNEXURE "D"

(APPLICATION FORM)

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

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