

**TECHNICAL EVALUATION /QUALIFICATION OF TECHNICAL BIDS REGARDING
PURCHASE OF DEEP BRAIN STIMULATION SYSTEM (DBS)/MEDICAL DEVICES
ADVERTISED TENDER VIDE NO.PC/2069/MH DATED 09-01-2024, OPENED ON 06-02-2024.**

Part-A COMPULSORY PARAMETERS:

Failure to comply with any compulsory parameter will result in disqualification of bidder.

| Sr.No. | PARAMETERS | DOCUMENTS REQUIRED | M/S Danish Int. Healthcare | M/S Medic Ally |
|--------|--|---|---------------------------------|---------------------------------|
| 1 | Product Registration Certificate | i. Valid Product Registration certificate issued by the DRAP where applicable. ii. Valid Product enlistment certificate issued by DRAP. (where applicable) (Exemption shall be granted in the light of SRO 224(I)/ 2023 issued by DRAP.) | NA No | NA Yes |
| 2 | Firm Establishment Certificate | Valid License to import/ Manufacturing and sale certificate issued by DRAP (where applicable) | Yes | Yes |
| 3 | Notarized letter of authorization from manufacturer | Valid manufacturer's authorization from the Foreign Manufacturer with indication of manufacturing site and its location (For Importer/ Sole Agent / Authorize sole Distributor) for Mayo Hospital | Yes | Yes |
| 4 | Product Quality Certificate | Valid quality certification of US FDA/JpMHL,W/MDD/ of the quoted product | Yes | Yes |
| 5 | Undertaking on Stamp Paper worth Rs:100 (Minimum) | Regarding i. Non Cancellation / Non Suspension of Registration of quoted product of the bidder by Drug Regulatory Authority of Pakistan within last two years. ii. Non blacklisting from any public procuring agency of Pakistan of the bidder. iii. Non declaration of spurious / adulterated by the DTL of the Punjab/ any competent lab of quoted items within last two years. | Yes Yes Yes | Yes Yes Yes |
| 6 | Other Documents Required | i. NTN No. / Income tax registration certificate / sale tax registration certificate. ii. Original Receipt of Tender Fee. iii. Copy of Bank Guarantee / CDR in the name of Chief Executive Officer Mayo Hospital Lahore in technical Bid iii. CNIC of signatory of the Bid. iv. Signed terms & conditions of bidding documents and acceptance of bid validity period (180 days) | Yes Yes Yes Yes Yes | Yes Yes Yes Yes Yes |
| 7 | Product Related Free Sale Certificate issued by the Regulatory Body of manufacturer country | i. The bidder will submit Pakistan Embassy attested "free sale certificate of the product" (Medical devices) bearing the brand name of the product in country of manufacturer(where applicable) ii. Affidavit of the sole agent that their product(s) are freely available with same brand name in the country of the manufacture for at least/ last two (02) years and is safe for human use (where applicable) | No Yes | No Yes |
| 8 | Specification quoted in the Technical offer will be verified from sample provided with the bid (Product that complies 100 % with the advertised specification and full fill the requirements as per Medical Devices rules will be considered for evaluation. | Sample of quoted item. | NA | NA |
| | Recommendation for Part-A | | Non-Responsive | Non-Responsive |

Purchase Cell

No. PC 595

Dated 05-03-24.

Mayo Hospital, Lahore.

MX-II
53-227

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Qr

[Signature]

Part-B ORDINARY PARAMETERS:

The bid complying with compulsory parameter shall be evaluated for below mentioned parameters: Minimum
Qualifying Marks = 65% of Total Marks = 35.75

| Sr # | Parameters | Detail | | Total Marks | Remarks | M/S Danish Int. Healthcare | M/S Medic Ally | | | | | | | | | | | | | | | | | | |
|------------------------|--|---|----|--|---|--|---|------------------------------------|--------|---|---|--|---|------------------------------------|--------|-----|--|--|----|------------------------------------|--|----|---|---|----|
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| i. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | |
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| iv. | 6 to 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| v. | 8 & above | 10 | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Market / institutional Experience of quoted Product. | <table><tr><td>i.</td><td>Market Availability of quoted product in leading Chain Stores/ Pharmacies / institutions for last 02 years</td><td>7</td></tr><tr><td>ii</td><td>More than 02 up to 04 years</td><td>10</td></tr><tr><td>iii</td><td>More than 04 years</td><td>15</td></tr></table> | i. | Market Availability of quoted product in leading Chain Stores/ Pharmacies / institutions for last 02 years | 7 | ii | More than 02 up to 04 years | 10 | iii | More than 04 years | 15 | 15 | Market availability in leading Chain Stores, Pharmacies of quoted item will be calculated from the date of commercial invoice. The firm will attach purchase orders / delivery Challan of the quoted item of any Government/ Semi-Government institution. | 10 | 10 | | | | | | | | | | |
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| ii | Institutional Manager | Graduation in concerned field/B. pharm/ pharm. D | 2 | | | | | | | | | | | | | | | | | | | | | | |
| | | Post-graduation in concerned field | 3 | | | | | | | | | | | | | | | | | | | | | | |
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| | | Post-graduation in concerned field | 3 | | | | | | | | | | | | | | | | | | | | | | |
| Total Marks | | | | 55 | | 34 | 40 | | | | | | | | | | | | | | | | | | |
| Overall recommendation | | | | | | Disqualified | Disqualified | | | | | | | | | | | | | | | | | | |

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12/11/2014
4/3/2014

AMSCM
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 12/11/2024
 4/3/24


DR. AZAM NIAZ

Associate Professor
 HOD of Neurosurgery Department
 KEMU/ Mayo Hospital, Lahore
 (Chairman)


Dr. Muhammad Adil

AMS (Admn)
 Mayo Hospital, Lahore
 (Member)


Ms. Iqra Sadiq

Hospital Pharmacist
 Mayo Hospital, Lahore
 (Member)

EVALUATION CRITERIA FOR SURGICAL DISPOSABLE /MEDICAL DEVICES/ LAB KITS & CHEMICAL (REAGENTS ONLY).**Part-A COMPULSORY PARAMETERS:**

Failure to comply with any compulsory parameter will result in disqualification of bidder.

| Sr.No. | PARAMETERS | DOCUMENTS REQUIRED | STATUS |
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| 6 | Other Documents Required | i. NTN No. / Income tax registration certificate / sale tax registration certificate. ii. Original Receipt of Tender Fee. iii. Copy of Bank Guarantee / CDR in the name of Chief Executive Officer Mayo Hospital Lahore in technical Bid iii. CNIC of signatory of the Bid. iv. Signed terms & conditions of bidding documents and acceptance of bid validity period (180 days) | Yes Yes Yes Yes Yes |
| 7 | Product Related Free Sale Certificate issued by the Regulatory Body of manufacturer country | i. The bidder will submit Pakistan Embassy attested "free sale certificate of the product" (Medical devices) bearing the brand name of the product in country of manufacturer (where applicable) ii. Affidavit of the sole agent that their product(s) are freely available with same brand name in the country of the manufacture for at least/ last two (02) years and is safe for human use (where applicable) | No Yes |
| 8 | Specification quoted in the Technical offer will be verified from sample provided with the bid (Product that complies 100 % with the advertised specification and full fill the requirements as per Medical Devices rules will be considered for evaluation. | Sample of quoted item. | NA |

Recommendation for Part-A: Non-Responsive

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Part-B

ORDINARY PARAMETERS:

The bid complying with compulsory parameter shall be evaluated for below mentioned parameters:

| Sr. #. | Parameters | Detail | Total Marks | Remarks | MARKS OBTAINED | | | | | | | | | | | | | | | |
|--------|--|--|-------------|--|----------------|-----|---|----|------|---|----|-----|---|----|----|-----------|----|----|--|----|
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| | | | Post-graduation in concerned field | 3 | | | |
| Total Marks | | | | | 55 | | 34 |

Part -B

Minimum Qualifying Marks = 65% of Total Marks = 35.75

PART C


- Satisfactory performance report by Government Teaching Hospitals of the quoted product is the prerequisite of Part-C
- Submission of the sample is mandatory.

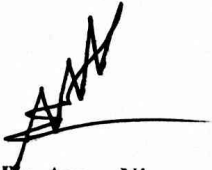
EVALUATION OF SAMPLES AS PER ADVERTISED SPECIFICATION


| BID ENQUIRY NO. | NAME OF ITEMS(Advertised) | Offered Specification | OFFERED BRAND NAME | MANUFACTURER / COUNTRY OF ORIGIN | COUNTING UNIT | SAMPLE STATUS | REMARKS (RESPONSIVE / NON RESPONSIVE WITH VALID REASON) |
|-----------------|---------------------------|-----------------------|--------------------|----------------------------------|---------------|---------------|---|
| | | | NA | | | | |
| | | | | | | | |
| | | | | | | | |

Recommendation for part(C) _____

Overall recommendation Disqualified


Ms. Iqra Sadiq
Hospital Pharmacist


Dr. Azam Niaz.
Associate Professor /HOD of
Neurosurgery Department
KEMU/ Mayo Hospital Lahore.


Dr. Muhammad Adil
Addl: Medical Superintendent
Adman

Medical Any
EVALUATION CRITERIA FOR SURGICAL (DISPOSABLE) / MEDICAL DEVICES/ LAB KITS & CHEMICAL (REAGENTS ONLY).

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Recommendation for Part-A:

Non- Responsive

GP

7/11

[Signature]

Medic Any

Part-B

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| 4 | Batch quality For Last Three Years. | <table><tr><td>i.</td><td>No batch failed during last three year of the quoted item from any Statutory lab.</td><td>5</td></tr><tr><td>ii.</td><td>No Batch failed during last two year of the quoted item from any Statutory lab.</td><td>3</td></tr></table> | i. | No batch failed during last three year of the quoted item from any Statutory lab. | 5 | ii. | No Batch failed during last two year of the quoted item from any Statutory lab. | 3 | 5 | The firm will provide undertaking in this Regard. The purchaser reserves the right to verify the claim. | 05 | | | | | | | | | |
| i. | No batch failed during last three year of the quoted item from any Statutory lab. | 5 | | | | | | | | | | | | | | | | | | |
| ii. | No Batch failed during last two year of the quoted item from any Statutory lab. | 3 | | | | | | | | | | | | | | | | | | |
| 5 | Financial status of Bidders | <table><tr><td>i</td><td>Last year audited balance sheet</td><td>03</td></tr><tr><td>ii</td><td>Tax returned (last 03 year)</td><td>02</td></tr></table> | i | Last year audited balance sheet | 03 | ii | Tax returned (last 03 year) | 02 | 05 | Acknowledgement of Tax Return must be attached. | 05 | | | | | | | | | |
| i | Last year audited balance sheet | 03 | | | | | | | | | | | | | | | | | | |
| ii | Tax returned (last 03 year) | 02 | | | | | | | | | | | | | | | | | | |

9

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[Signature]

Mediac Army

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|-------------|---|---|---|---|--|---|--|--|------------------------------------|---|----|-----------------------|--|---|--|--|------------------------------------|---|-----|--|--|---|--|--|------------------------------------|---|----|---|----|
| 6 | Technical Staff | <table><tr><td>i</td><td>Regional Manager / Head of Concerned Department</td><td>Graduation in concerned field/B. pharm/ pharm. D</td><td>2</td></tr><tr><td></td><td></td><td>Post-graduation in concerned field</td><td>4</td></tr><tr><td>ii</td><td>Institutional Manager</td><td>Graduation in concerned field/B. pharm/ pharm. D</td><td>2</td></tr><tr><td></td><td></td><td>Post-graduation in concerned field</td><td>3</td></tr><tr><td>iii</td><td>Territory Managers / Quality Assurance Manager</td><td>Graduation in concerned field/B. pharm/ pharm. D</td><td>2</td></tr><tr><td></td><td></td><td>Post-graduation in concerned field</td><td>3</td></tr></table> | i | Regional Manager / Head of Concerned Department | Graduation in concerned field/B. pharm/ pharm. D | 2 | | | Post-graduation in concerned field | 4 | ii | Institutional Manager | Graduation in concerned field/B. pharm/ pharm. D | 2 | | | Post-graduation in concerned field | 3 | iii | Territory Managers / Quality Assurance Manager | Graduation in concerned field/B. pharm/ pharm. D | 2 | | | Post-graduation in concerned field | 3 | 10 | The bidder is required to attach attested copies of the relevant degrees and appointment letters of concerned technical staff. (Bank salary transaction statement of concerned staff) | 06 |
| i | Regional Manager / Head of Concerned Department | Graduation in concerned field/B. pharm/ pharm. D | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Post-graduation in concerned field | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Institutional Manager | Graduation in concerned field/B. pharm/ pharm. D | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Post-graduation in concerned field | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Territory Managers / Quality Assurance Manager | Graduation in concerned field/B. pharm/ pharm. D | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Post-graduation in concerned field | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Marks | | 55 | | | 40 | | | | | | | | | | | | | | | | | | | | | | | | |

Part -B

Minimum Qualifying Marks = 65% of Total Marks = 35.75

PART C

- Satisfactory performance report by Government Teaching Hospitals of the quoted product is the prerequisite of Part-C
- Submission of the sample is mandatory.

EVALUATION OF SAMPLES AS PER ADVERTISED SPECIFICATION

| BID ENQUIRY NO. | NAME OF ITEMS(Advertised) | Offered Specification | OFFERED BRAND NAME | MANUFACTURER / COUNTRY OF ORIGIN | COUNTING UNIT | SAMPLE STATUS | REMARKS (RESPONSIVE / NON RESPONSIVE WITH VALID REASON) |
|-----------------|---------------------------|-----------------------|--------------------|----------------------------------|---------------|---------------|---|
| | | | NA | | | | |
| | | | | | | | |

Recommendation for part(C) _____

Overall recommendation _____

Disqualified

Ms. Iqra Sadiq
Hospital Pharmacist

Dr. Azam Niaz
Associate Professor /HOD of
Neurosurgery Department
KEMU/ Mayo Hospital Lahore.

Dr. MuhamamdAdil
Addl: Medical Superintendent
Adman