



ISLAMIC RELIEF

Islamic Relief in Pakistan is registered with the Securities and Exchange Commission of Pakistan (CUIN Registration No. 0033819) under Section 42 of Companies Ordinance 1984

“Inspired by our Islamic faith and guided by our values we envisage a caring world where communities are empowered, social obligations are fulfilled and people respond as one to the suffering of others.”

Tender Pack

PROPOSAL FOR: Supply and Installation of Hospital Incinerators, Portable Ventilator Units & X-Ray Units for Health Institutions in Balochistan.

ADVERTISEMENT DATE: August 27, 2020

**TENDER DOCUMENTS ISSUANCE: August 27, 2020 to September 03, 2020
(Before 1400 Hrs)**

DOCUMENTS SUBMISSION DATE: September 03, 2020 (Before 1500 Hrs)



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1. CONFIDENTIAL QUESTIONNAIRE

Company Information

Question	Response
Full Legal and Trading Name.	
Date of Registration of your company (please attach certificate)	
Full address.	
Registered place of business (if different from street address).	
Name the contact within your organization to whom all correspondence regarding this should be addressed. This include Cell#, Email Address	
Company website address.	
Name and position of person authorized to enter into negotiations and sign any formal agreement.	
Company registration details such as, i. Registration numbers ii. VAT Registration number iii. Trade license number (copy must be attach)	
Name of other key contacts: Director/s. Sales/Orders. Technical Support.	



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Business Information

Question	Response
<p>Provide a brief description of your Company profile and structure, size and location(s) including a brief overview of your marketing and the scope of operations and styles manufactured.</p> <p>Relationships with any parent company (if applicable).</p> <p>Include details of third party contractors where applicable.</p> <p>Details of joint venture arrangements (if applicable).</p>	
List of Products/Services	
List of Major Clients	
<p>Details of your company’s experience in the manufacture or supply of similar items, keeping in view the following points:</p> <ul style="list-style-type: none">i. Name of company/INGOsii. Contract Valueiii. References <p>(Pos/ agreements copy must be attach)</p>	



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Banker’s Detail:

Question	Response
Bank Name, Account Title, branch and total turnover in USD of last year (attach the bank statement of last 6 months)	

Trade Reference (only for Similar Projects):

	1	2	3	4
Name of Organization				
Contact name and phone number				
Description of items/services delivered				
Quantity				
Date contract awarded				
Date contract Completed				
Value of Contract in PKR				



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2. Pricing (RFQ)

M/S _____

Date: _____

Ref # _____

Islamic Relief (IR) is an International Relief and Development Organization providing humanitarian aid during emergencies and working for long-term development of World’s poorest people.

Islamic Relief takes this opportunity to request you to quote the prices for the Supply and Installation of Hospital Incinerators, Portable Ventilator Units & X-Ray Units for Health Institutions in District Chagai, Balochistan. as per following detail:

A. Hospital Incinerator (Quantity: 03):

S#	Description (Specifications)		Brand Offered	Price (PKR)
1	Combustion Chamber volume (m ³)	0.57m ³		
2	Metal thickness	3-4mm		
3	Burn rate	upto 65kg/hr		
4	Operational temperature	850 ^o C		
5	Gas retention	2 seconds		
6	Average ash residue (%)	3%		
7	Thermostatic device(s)	Yes (x2)		
8	Shipping weight (kg)	2500kg		
9	Dimensions (l,w,h)	2.08mX1.10mX3.84m		
10	Door size	0.55mm		
11	Fuel consumption	15 - 20 ltr/hr		
12	Fuel types	light oil, Diesel, Kerosene, Gas, LPG		
13	Max sound output (dB)	230V /110V		
14	Max electrical consumption (kWh)	0.115kW		
Total Amount for One Incinerator (Inclusive of Material Supply, Installation & Taxes)				
Total Amount for Three (03) Incinerators (Inclusive of Material Supply, Installation & Taxes)				



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B. X-RAY Mechines (Quantity: 03):

S#	Description (Specifications)	Brand Offered	Unit	Quantity	Units Cost	Total Cost
1	High Frequency radiography system with all necessary components/accessories		Number	2		
2	100 mA Mobile X-Ray Unit with all related accessories		Number	1		
Total Amount (Inclusive of Material Supply, Installation and Taxes)						

C. Portable Ventilator (Quantity: 03):

S#	Description (Specifications)	Brand Offered	Price (PKR)
1	Oxygen inlet pressure range	276 to 600 kPa (40 to 87 psig)	
2	Weight with optional battery	10.9 kg (24 lb)	
3	Weight without optional battery	10.0 kg (22 lb)	
4	Dimensions	33.7 cm H x 39.4 cm W x 42.9 cm D (13.3"H x 15.5" W x 16.5" D)	
5	Suitability	Pediatric (≥ 20 kg) and Adult	
6	AC voltage	100 to 240 VAC	
7	AC frequency	50 to 60 Hz	
8	AC power	300 V·A	
9	Battery operating time	6 hours in normal conditions	
10	Electrical - IntelliBridge EC40/80		
11	C-Flex	Off, 1 to 3	
12	IPAP	4 to 40 cm H ₂ O	
13	CPAP	4 to 25 cm H ₂ O	
14	Max P (PPV maximum pressure limit)	5 to 40 cm H ₂ O	
15	EPAP	4 to 25 cm H ₂ O	
16	Max P (AVAPS maximum IPAP)	6 to 40 cm H ₂ O	
17	Inspiratory time	0.30 to 3.00 sec	
18	Min P (AVAPS minimum IPAP)	5 to 30 cm H ₂ O	
19	Oxygen percentage	21 to 100 %	
20	Ramp time	Off, 5 to 45 min	
21	Respiratory rate	4 to 60 beats per minute	
22	Rise time	1 to 5	



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23	Triggering and cycling	Auto-adaptive (Auto-Trak) or Auto-Trak Plus (optional). Trigger: normal, +1 to +7. Cycle: -2, -1, normal, +1 to +6
24	AVAPS target tidal volume	200 to 2000 ml BTPS
25	Max E	0 to 100 cm H ₂ O/l
26	Max R	0 to 50 cm H ₂ O/l/s
27	PPV%	0 to 100 %
28	Max V (PPV maximum volume limit)	200 to 3500 ml
29	Settings	
30	Breath phase/trigger indicator	Spontaneous, Timed, Exhale
31	PIP	0 to 50 cm H ₂ O
32	Patient/total leak	0 to 200 l/min BTPS
33	Patient Trigger	0 to 100 %
34	Respiratory Rate	0 to 90 beats per minute
35	Ti/Ttot	0 to 91 %
36	Minute volume	0 to 99.0 l/min BTPS
37	Tidal volume	0 to 3000 ml BTPS
38	Patient Data	
39	Pressure waveform	0 - 50 cm H ₂ O
40	Flow waveform	240-2401 /min BTPS
41	Volume waveform	0 - 3,500 ml BTPS
42	Waveform window	
43	Lo Rate (low respiratory rate alarm)	1 - 89 beats per minute
44	Hi Rate (hi respiratory rate alarm)	5 - 90 beats per minute
45	Hi Vr (high tidal volume alarm)	200 - 3,500 ml
46	Lo Vr (low tidal volume alarm)	OFF - 1,500 ml
47	HIP (high inspiratory pressure alarm)	5 - 50 cm H ₂ O
48	LIP (low inspiratory pressure alarm)	OFF, 1 - 40 cm H ₂ O
49	Lo VE (low minute ventilation alarm)	OFF, 0.1 - 991 /min
50	LIP T (low inspiratory pressure delay time)	
51	Alarm adjustable range	
52	Lo Rate (low respiratory rate alarm)	1 - 89 beats per minute
53	Hi Rate (hi respiratory rate alarm)	5 - 90 beats per minute
54	Hi Vr (high tidal volume alarm)	200 - 3,500 ml
55	Lo Vr (low tidal volume alarm)	OFF - 1,500 ml
56	HIP (high inspiratory pressure alarm)	5 - 50 cm H ₂ O
57	LIP (low inspiratory pressure alarm)	OFF, 1 - 40 cm H ₂ O
58	Lo VE (low minute ventilation alarm)	OFF, 0.1 - 991 /min
59	LIP T (low inspiratory pressure delay time)	5 - 60 sec



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60	Modes:	
61	Assist mode ventilation	
62	Pressure and Volume Control ventilation	
63	Synchronous intermittent mandatory ventilation	
64	Pressure support ventilation	
65	Noninvasive ventilation	
Total Amount for One Ventilator (Inclusive of Supply, Installation & Taxes)		
Total Amount for Three (03) Ventilators (Inclusive of Supply, Installation & Taxes)		

Note: IR will have the right to conduct the lab test for of samples to evaluate the quality and also the consignment if selected.

Delivery Time	
Delivery Location	District Chagai, Balochistan

General Terms & Conditions

General

- 1- Supplier will be required to provide CDR/DD amounting 5 % (in the name of “Islamic Relief”). CDR/DD will be returned to unsuccessful bidders after decision of tender. Tender without CDR/DD will not be considered.
- 2- Quoted prices for the above items shall be inclusive of all kind of govt. taxes including GST and duties as per prevailing Tax Laws of Govt. of Pakistan, Transportation, and Custom Clearance and port taxes (if any)
- 3- All prices must be quoted in Pak rupees.
- 4- Prices quoted shall be Delivered Duty Paid (DDP) at the identified locations i.e. District Chagai, Balochistan
- 5- Any damage, loss, theft and demurrages outside the premises of Islamic Relief (Pakistan) shall be the responsibility of supplier / agent.
- 6- Evaluation of the quotation and award of Purchase Order shall be items wise/lot wise.
- 7- Withholding tax & GST as per government prevailing rates shall be deducted at the time of payment.
- 8- Payment shall be made in the form of cross cheque within 21 days after acceptance of delivery and subsequent submission of the invoice to the Islamic Relief (Pakistan).
- 9- Islamic Relief reserves the right to reject any or all quotations without assigning any reason thereof.
- 10- Expected delivery time must be mentioned on your quotation. Incomplete Bids/ documents shall not be entertained.



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3.2. Bid Submission Requirements

1. The following documents should be accompany the tender
 - Updated Company Profile with all registration certificates (suppliers having No experience with IR)
 - Updated bank statements of last 6 months and Last year audited financial statements (suppliers having No experience with IR)
 - Relevant Purchase Orders, Agreements and completion certificates (suppliers having No experience with IR)
 - CDRs/DDs 5% of the total quoted cost.
2. **Sealed Quotations addressed to “Procurement Committee” should be drop in quotation box placed at Plot # 10-A, St. # 87, G-13/1, Islamabad latest by 1500 hours on or before September 03, 2020.**

3.3. Validity of Price

Prices shall remain valid for at least 90 days from the date of opening. If the last date falls on a holiday, the validity shall be extended to the next working day of the Company thereafter.

For Islamic Relief _____ Sig & Seal of bidder _____

Supplier Screening Form

Company Information:-

Company Name (as appeared on Registration Document): _____

Company Address: _____

Country: _____ Telephone: _____ Website: _____

Director(s) names (Please ensure you enclose proof of identity of director(s) e.g. passport copy or ID card)

Has the organization been convicted of any criminal offence?

Yes No

Does the organization have any relationship with current IR staff in the following capacity?

Personal/Family Yes No

Business Yes No

If you have answered YES to any of the above then can you please state in detail the relationship you have and with whom

How did you hear about IR’s service request? _____

Please note that it is compulsory for the following to be provided to us:

1. Company Registration
2. Photo copy of ID/Passport of Directors



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Consent

Our organization is not involved in and does not support any activity which is considered illegal by the Government of _____(insert Country) or under the International Laws Community or what may be termed a 'terrorist activity'

I confirm that the above information is accurate to the best of my knowledge. I have not withheld information.

Name: _____

Position: _____

Sign & Official stamp: _____

Date: _____

We will treat your personal information as confidential and your details will not be shared with anyone else. The information on this form is required for the purpose of providing security screening.

Internal Use

Received by (local office): Name _____ Position _____ Date _____

Information sent to (HQ): Name _____ Date _____

Queries..... please write us

If you have any query on tender document than please write to pcco@irp.org.pk

Complaints..... please write us

If you see any violation of rights or any incident of corruption, please contact us at:

complaints@irworldwide.org

Islamic Relief has zero tolerance for corruption & bribery and is committed to listen and Address any violation of rights of aid workers, suppliers, contractors and our beneficiary communities.