



**Rawalpindi Medical University**  
**SUPPLIER'S PREQUALIFICATION FORM**

Annexure:I

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## GENERAL PRE-QUALIFICATION QUESTIONNAIRE

**Supplier's Name** : \_\_\_\_\_

**Prequalification No.** : \_\_\_\_\_



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**Government of the Punjab**

*Invitation for Prequalification of Manufactures/ Authorized  
Dealers/ Agents/Contractors for Goods and Services for  
Financial Year 2023-2024*

Rawalpindi Medical University intends to prequalification of well reputed sales tax and income registered Firms/Companies/Sole Proprietors (Manufacturers/Authorized Dealers/Agents/Contractor ) for the period of one year (July2023- June-2024) for the supplies/ services of following categories

| Descriptions                           |                                       |                             |   |  |
|--|---------------------------------------|-----------------------------|---|--|
| Electrical & Electronic equipment      | IT equipment/accessories and services | Furniture and fixture       | General Items                                 | Sanitary Items and Accessories                         |
| Office Repair and Maintenance Services | Office Stationary and supplies        | Safety & Security Equipment | Vehicle s' Spare Parts, Tyres and Accessories | General order Suppliers                                |
| Printing and publications              | Janitorial & mess staff               | CCTV Cameras and & Services | Event Managements                             | Repair / Maintenance of Machinery & Equipment/ Vehicle |

Pre-Qualification form may be purchased by the interested bidders on the submission of a written application to the address below upon payment of a nonrefundable prequalification fee of Pak Rs.1000/- on or before **25<sup>th</sup> August, 2023 during office hours from purchase Office, Rawalpindi Medical University, New Teaching Block, Inside Holy Family Hospital, Rawalpindi.** Sealed documents are required to be brought in person by the authorized representative of the interested bidders on **26<sup>th</sup> August , 2023** till 03:00 p.m. positively in the Rawalpindi Medical University Rawalpindi

No application shall be entertained after the cutoff time & Date. Pre-Qualification documents can be downloaded from [www.ppra.punjab.gov.pk](http://www.ppra.punjab.gov.pk) and [www.rmur.edu.pk](http://www.rmur.edu.pk). In case of official holiday on the last day of Purchasing / submission, next day will be treated as closing date.

RMU may reject all the bids subject to relevant provision of Punjab Procurement Rules 2014

**Vice Chancellor**  
**Rawalpindi Medical University**  
**Rawalpindi**  
[Phone No. 051-9291511]



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**To be filled by Vendor / Supplier**

1. Scope of work / project interested to be qualified for:  
\_\_\_\_\_
  
2. Trade Name of the Concern: \_\_\_\_\_
  
3. Business Address (Head Office): \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. (with area code): \_\_\_\_\_  
Fax No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_
  
4. Names and Contact Numbers of Proprietors / Directors:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_
  
5. Person(s) to be contacted (mention Cell Number as well):  
1. \_\_\_\_\_ 2. \_\_\_\_\_
  
6. Type of Concern (Please tick box):  
a. Sole proprietor       b. Partnership   
c. Private       d. Public Ltd
  
7. Nature of the Business (Please tick box):  
a. Stockist / General Order Supplier   
b. Manufacturer   
c. Importer / Indentor   
d. Services - Please specify
  
8. Data of Registration: \_\_\_\_\_
  
9. Factory Address and Telephone Nos. (if applicable): \_\_\_\_\_  
\_\_\_\_\_



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10. Details / Addresses of Offices outside Rawalpindi / Pakistan (if applicable):

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_

11. Name of Sister Concerns (if applicable):

(Please tick the relevant box)

- a. \_\_\_\_\_
- b. \_\_\_\_\_

12. Manpower Qualification (Optional):

Graduate  Skilled   
Engineers  Semi-Skilled

13. Number of staff employed:

Office  Factory

14. If provider of Goods/Equipment, then please provide a list of 5 major goods/equipment:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

15. If provider of Services, then please provide a list of 3 major services:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

16. If dealing in other than the above mentioned categories (point 6 & 7), than please specify.

\_\_\_\_\_



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17. Please provide a copy of your company profile (Optional): Enclosed   
Not Enclosed

18. Is your company ISO certified? Yes   
No

19. Specify name of companies in case your company is a sole agent / representative of a foreign principle. Please provide copy of agency agreement.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

20. Sales Tax registration number :   
(Please provide a copy of the certificate)

21. National Tax Number:

22. Professional Tax Certificate

23. Annual Turnover for the last 3 years and paid up capital (Optional):

|            | Turn over            | Paid up Capital      |
|------------|----------------------|----------------------|
| Year _____ | <input type="text"/> | <input type="text"/> |
| Year _____ | <input type="text"/> | <input type="text"/> |
| Year _____ | <input type="text"/> | <input type="text"/> |

24. Bank Details:

- a. Name of the Bank: \_\_\_\_\_
- b. Branch Address: \_\_\_\_\_
- c. Account No.: \_\_\_\_\_
- d. Branch Code: \_\_\_\_\_

**Note:** Please also provide a banker's certificate in original.



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25. Please provide details of current or previous clients we may approach for details:

|                | Client #1 | Client #2 | Client #3 |
|----------------|-----------|-----------|-----------|
| Company        |           |           |           |
| Contact Person |           |           |           |
| Designation    |           |           |           |
| Address        |           |           |           |
| Phone          |           |           |           |
| Fax            |           |           |           |

26. Please provide details of contracts in hand, and those completed in last 2 years  
( in case of manufacturing and sub-contracting ):

| Sr. No | Contract & Scope | Project Cost (Rs. Million) | Client | Contract Manager | Completion date |
|--------|------------------|----------------------------|--------|------------------|-----------------|
|        |                  |                            |        |                  |                 |
|        |                  |                            |        |                  |                 |
|        |                  |                            |        |                  |                 |
|        |                  |                            |        |                  |                 |
|        |                  |                            |        |                  |                 |
|        |                  |                            |        |                  |                 |
|        |                  |                            |        |                  |                 |
|        |                  |                            |        |                  |                 |
|        |                  |                            |        |                  |                 |



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**DECLARATION**

I, Mr. \_\_\_\_\_ of \_\_\_\_\_ (company) hereby solemnly affirm that the information mentioned above is true to the best of my knowledge and if any information is found incorrect or incomplete my prequalification form will be liable for disqualification.

Name of Person completing this form: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: Any change in mailing address and contact numbers will be intimated within 48 hours to Rawalpindi Medical University, in writing.**

**FOR RMU USE ONLY**

Recommendation of Purchase - Officer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommended & Approved by Local Purchase Committee RMU:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_