



## Pre-qualification of Vendors & Suppliers

Shifa Foundation plans to invite applications for pre-qualification from reputed manufacturers, suppliers, vendors, companies, and firms with experience nationwide presence, professional and trained staff, and capabilities for the supply of quality gadgets, products, items, and services (list available on web site) at competitive prices, with delivery arrangements for the offices of SHIFA FOUNDATION.

Interested suppliers/vendors are requested to submit their application forms along with the related documents (as outlined in Form A) in a sealed envelope at the reception area of SHIFA FOUNDATION's Head Office (Plot # 210, Street 7, I-9/2 Islamabad) no later than 1st April, 2024.

The pre-qualification/enlistment form, along with the list of products & services, is available on SHIFA FOUNDATION's official website at <https://shifafoundation.org/tender-notice/>. Pre-Qualified forms may also be obtained from the aforementioned address if required.

For any queries or further clarification on the process, please contact Manager Admin & Procurement at 051-8463460 during office hours, i.e., from 08:30 am to 05:00 pm, on any working day.

**Shifa Foundation, plot 210, street 7, I-9/2 Islamabad, Phone # 8463460**

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## **For Publication**

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**Shifa Foundation, plot 210, street 7, I-9/2 Islamabad, Phone # 8463460. Website; [www.shifafoundation.org](http://www.shifafoundation.org)**



**Form A**  
**Terms & Conditions**  
**Pre-qualification of Vendors & Suppliers**

1. Comprehensive 'company profile', giving complete information of the company, including details of incorporation with certificate of incorporation along with letters issued by their principals for authorization of sales/services where applicable.
  2. Company status i.e. sole proprietorship, partnership, private limited or public limited.
  3. Operational locations, offices, branches, manufacturing units (with addresses).
  4. Certified bank statement of Last 3 Years.
  6. Details in terms of number of employees, technical expertise and qualifications.
  7. Certificates of NTN number, GST registration number.
  8. List of existing corporate clients/customers.
  9. An affidavit/undertaking on that the company/firm is not black listed by any government or a private sector organization.
  10. All business entities applying for Pre-qualification/Enlistment with SHIFA FOUNDATION to supply any type of products and services must be compliant with all the rules, regulations and laws of the Islamic Republic of Pakistan.
  11. The 'pre-qualification/enlistment form' along with list of products & services is available on SHIFA FOUNDATION's official website, that is, at: [www.shifafoundation.org](http://www.shifafoundation.org) Physical Forms may also be collected from the address as mentioned below (if required).
  12. Interested business entities are to submit a duly filled in and completed 'pre-qualification/enlistment Form'.
  14. The above are pre-requisites of enlistment of vendor and companies for procurement as and when required by the Shifa Foundation in accordance with the policy/procedures and must not be considered as confirmation of procurement, orders and supplies under any respective category for which subsequent RFQ shall be called for obtaining prices and proposals.
  15. The field in which the vendor is interested should be written on the envelope.
  16. Shifa Foundation reserves the right for the inspection of company's manufacturing unit, warehouses, distribution canters, branch offices, who have applied for this pre-qualification.
  16. Shifa Foundation reserves the rights to accept or reject any one or all pre-qualified/enlistment applications without assigning any reason/information.
- In case of any queries or further clarification on the process, please contact Manager Admin & Procurement (051-8463460) during office hours, i.e., from 08:30am to 05:00pm, on any working day.

**Annexure - P-8**

Shifa Foundation  
Sector I-9/2, Islamabad  
Tel No: +92-51-8463460

**PRE-QUALIFICATION/REGISTRATION FORM****SECTION 1: VENDOR DETAILS AND GENERAL INFORMATION**

|  |                          |                        |                          |
|--|--------------------------|------------------------|--------------------------|
| 1. Name of Company / institutions (Full legal name):   |                          | 2. Address:            |                          |
|  |                          | Postal Code:           | City:                    |
|  |                          | Country:               |                          |
| 3. Tel (include area codes): _____   |                          | 4. Fax: _____          |                          |
| 5. Email: _____  |                          | 6. URL: _____          |                          |
| 7. Nature of Business (Please tick one box in each section):                                     |                          |                        |                          |
| Manufacturer   | <input type="checkbox"/> | Importer               | <input type="checkbox"/> |
| Authorized Agent   | <input type="checkbox"/> | Distributor            | <input type="checkbox"/> |
| Whole Seller   | <input type="checkbox"/> | General Order Supplier | <input type="checkbox"/> |
| Other (specify): _____   |                          |                        |                          |
| 8. Year of Business Establishment: _____   |                          |                        |                          |
| 9. Persons to contact on matters relating to purchase order/ work order/tenders/contracts, etc.: |                          |                        |                          |
| <u>Name (s)</u>  | <u>Official Capacity</u> | <u>Cell No.</u>        | <u>E-Mail</u>            |
| I. _____   | _____                    | _____                  | _____                    |
| II. _____  | _____                    | _____                  | _____                    |
| III. _____   | _____                    | _____                  | _____                    |



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**PRE-QUALIFICATION/REGISTRATION FORM**

**SECTION 2: LEGAL STATUS OF COMPANY**

|   |   |                                      |                                      |
|---|---|--------------------------------------|--------------------------------------|
| 10. NTN: _____  | 15. Sale Tax Registration No: _____           |                                      |                                      |
| 11. Company Legal Business Status   |   |                                      |                                      |
| Public Ltd. <input type="checkbox"/>  | Pvt. Ltd. <input type="checkbox"/>            | Partnership <input type="checkbox"/> | Proprietary <input type="checkbox"/> |
| State/National Govt. Agency <input type="checkbox"/>  | Sole Proprietorships <input type="checkbox"/> |                                      |                                      |
| Other (specify): -----  |   |                                      |                                      |
| 12. Is your company ISO Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please provide following information)   |   |                                      |                                      |
| Certification Number: _____   |   |                                      |                                      |
| Date of Registration: _____   |   |                                      |                                      |
| 13. Have your company ever involved in any legal dispute. Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |                                      |                                      |
| 14. Have your company been black listed from any Government or Private Institution. Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |                                      |                                      |
| 15. Shifa Foundation may require a contractor to provide a Performance Bond (to guarantee fulfillment of terms and conditions) when contracts are awarded. Do you agree? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |                                      |                                      |

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16. Recently awarded Contracts from national / local government and public service organization / Department:  
(Please attach a separate sheet if required)

| <u>Organization</u> | <u>Value</u> | <u>Year</u> | <u>Products / Services Supplied</u> |
|---------------------|--------------|-------------|-------------------------------------|
| _____               | Rs. _____    | _____       | _____                               |
| _____               | Rs. _____    | _____       | _____                               |
| _____               | Rs. _____    | _____       | _____                               |

17. Please attach a listing of minimum of two reference sources for services rendered by your firm within the last 12 months. Please let us know the fax numbers and contact person name so that Shifa Foundation may verify as and when required.

| <u>Name of Company</u> | <u>Address</u> | <u>Phone</u> | <u>Fax</u> |
|------------------------|----------------|--------------|------------|
| _____                  | _____          | _____        | _____      |
| _____                  | _____          | _____        | _____      |
| _____                  | _____          | _____        | _____      |

18. Encircle the codes of supplies for which registration is required.

**Code list of supplies for registration**

| <b>Sr. #</b> | <b>Description</b>                                     | <b>Codes</b>       | <b>Remarks</b> |
|--------------|--|--------------------|----------------|
| 1.           | Office Stationery items                                | General Supplies 1 |                |
| 2            | General Services                                       | General Supplies 2 |                |
| 3            | Catering services                                      | General Supplies 3 |                |
| 4            | Food groceries items                                   | General Supplies 4 |                |
| 5            | Travel services (including travel agents)              | General Supplies 5 |                |
| 6            | Civil works (construction, electrical, plumbing, etc.) | General Supplies 6 |                |
| 7            | Printing and publications                              | General Supplies 7 |                |
| 8            | Hotels/ Accommodation, including Event management      | General Supplies 8 |                |
| 9            | Office furniture & Fixtures                            | Capital Supplies 1 |                |
| 10           | Electrical equipment & machines                        | Capital Supplies 2 |                |
| 11           | Safeties and Security equipment & Services             | Capital Supplies 3 |                |
| 12           | IT equipment accessories & communication               | Capital Supplies 4 |                |
| 13           | Medical equipment and supplies                         | Medical Supplies 1 |                |



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**PRE-QUALIFICATION/ REGISTRATION FORM**

25. Please enclose the following documents along with the Registration form.

- Copy of National Tax Certificate.
- Copy of Sales Tax Registration Certificate.
- CNIC of Chief Executives / Director / MD
- Copy of latest Income Tax Return filed along with acknowledgment from FBR.
- Copy of Dealership Certificate form Principal Company (If any).

26. Declaration:

I, the undersigned, acknowledge that the information provided in this form is true and accurate to the best of my knowledge, and in the event of changes details will be provided as soon as possible:

Name: \_\_\_\_\_ Functional Title: \_\_\_\_\_

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

**For Office Use Only**

|  |  |
|--|--|
| Evaluation of trial products   |  |
| Published experience of other users  | Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> V-Good <input type="checkbox"/> Excellent <input type="checkbox"/> |
| On-site evolution Capabilities i.e. Quality System, Equipment, Facilities, Standards, personnel, records, etc. | Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> V-Good <input type="checkbox"/> Excellent <input type="checkbox"/> |
| Comments regarding any non-conformity action taken by Shifa Foundation   |  |

Approval Committee Signature:

\_\_\_\_\_  
Manager Admin & Procurement

\_\_\_\_\_  
Head of Account & Finance

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
BOG Member

Suppliers may obtain this form from Procurement Officer, Shifa Foundation. In case of any query, please contact on this land line no +92-51-8463460.

## **SHIFA Foundation Policy on Protection Against Sexual Exploitation and Abuse (PSEA) for Vendor**

1. **Zero Tolerance Policy:** The Vendor agrees to adopt a zero-tolerance policy of Shifa Foundation towards sexual exploitation and abuse. This includes any form of exploitation or abuse perpetrated by employees, subcontractors, or any individuals associated with the Vendor.
2. **Training and Awareness:** The Vendor shall ensure that all personnel involved in the performance of services under this agreement receive adequate training on the prevention of sexual exploitation and abuse. This training shall cover awareness of signs of exploitation and abuse, reporting procedures, and appropriate behaviour. These mechanisms shall allow for confidential and safe reporting channels.
3. **Investigation and Response:** Upon receiving a report of sexual exploitation or abuse, the Vendor shall promptly initiate an investigation in accordance with established procedures. The Vendor agrees to cooperate fully with any investigations conducted by the Client or relevant authorities and to take appropriate disciplinary action against perpetrators if allegations are substantiated.
4. **Victim Support:** The Vendor shall ensure that appropriate support services are made available to victims of sexual exploitation and abuse. This may include access to counselling, medical care, legal assistance, and other necessary support services.
5. **Monitoring and Compliance:** The Vendor agrees to allow the Client or its representatives to conduct monitoring visits or audits to assess compliance with this clause. The Vendor shall provide full cooperation and access to relevant documentation during such visits.
6. **Non-Retaliation:** The Vendor shall not retaliate against any individual who reports incidents or suspicions of sexual exploitation and abuse in good faith. Retaliation against whistleblowers is strictly prohibited and may result in termination of the agreement.
7. **Notification Requirement:** The Vendor shall promptly notify the Client of any incidents or allegations of sexual exploitation and abuse related to the services provided under this agreement.
8. **Termination:** Failure to comply with the requirements outlined in this clause shall constitute a material breach of the agreement, giving the Client the right to terminate the contract without penalty.

**Name of Company:** \_\_\_\_\_

**Signature by:** \_\_\_\_\_

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