

SINDH PUBLIC PROCUREMENT REGULATORY AUTHORITY

CONTRACT EVALUATION FORM

**TO BE FILLED IN BY ALL PROCURING AGENCIES FOR PUBLIC CONTRACTS OF
WORKS, SERVICES & GOODS**

- 1) NAME OF THE ORGANIZATION / DEPTT. SMBB INSTITUTE OF TRAUMA
- 2) PROVINCIAL / LOCAL GOVT./ OTHER PROVINCIAL
- 3) TITLE OF CONTRACT PROCUREMENT OF STATIONERY ITEMS ON FRAMEWORK
- 4) TENDER NUMBER PROC/SMBBIT/(STAT)/2022-23
- 5) BRIEF DESCRIPTION OF CONTRACT PROCUREMENT OF STATIONERY ITEMS ON FRAMEWORK
- 6) FORUM THAT APPROVED THE SCHEME REGULAR BUDGET
- 7) TENDER ESTIMATED VALUE 08 (M)
- 8) ENGINEER'S ESTIMATE NOT APPLICABLE
(For civil works only)
- 9) ESTIMATED COMPLETION PERIOD (AS PER CONTRACT) Delivery of above mentioned items before
- 10) TENDER OPENED ON (DATE & TIME) 23-08-2022 AT 11:30 am
- 11) NUMBER OF TENDER DOCUMENTS SOLD THREE
(Attach list of buyers)
- 12) NUMBER OF BIDS RECEIVED THREE
- 13) NUMBER OF BIDDERS PRESENT AT THE TIME OF OPENING OF BIDS THREE
- 14) BID EVALUATION REPORT COPY ENCLOSED
(Enclose a copy)
- 15) NAME AND ADDRESS OF THE SUCCESSFUL BIDDER M/s. MEDICAL CORPORATION
- 16) CONTRACT AWARD PRICE Rs. 3,334,900/-
- 17) RANKING OF SUCCESSFUL BIDDER IN EVALUATION REPORT M/s. MEDICAL CORPORATION (1st Lowest)
(i.e. 1st, 2nd, 3rd EVALUATION BID).
- 18) METHOD OF PROCUREMENT USED : - (Tick one)

- a) SINGLE STAGE – ONE ENVELOPE PROCEDURE YES Domestic/ Local
- b) SINGLE STAGE – TWO ENVELOPE PROCEDURE Domestic/Local
- c) TWO STAGE BIDDING PROCEDURE
- d) TWO STAGE – TWO ENVELOPE BIDDING PROCEDURE

PLEASE SPECIFY IF ANY OTHER METHOD OF PROCUREMENT WAS ADOPTED i.e.
EMERGENCY, DIRECT CONTRACTING ETC. WITH BRIEF REASONS:

19) APPROVING AUTHORITY FOR AWARD OF CONTRACT _____

20) WHETHER THE PROCUREMENT WAS INCLUDED IN ANNUAL PROCUREMENT PLAN?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

21) ADVERTISEMENT :

i) SPPRA Website
(If yes, give date and SPPRA Identification No.)

| | |
|-----|--|
| Yes | PPMS ID #: T00518-22-0001 Dated: 04th August 2022 |
| No | |

ii) News Papers
(If yes, give names of newspapers and dates)

| | |
|-----|---|
| Yes | DAILY DAWN, DAILY JANG & DAILY AWANI AWAZ Dated: 04th August 2022 |
| No | |

22) NATURE OF CONTRACT

| | | | |
|--------------------|-------------------------------------|------|--------------------------|
| Domestic/ Local | <input checked="" type="checkbox"/> | Int. | <input type="checkbox"/> |
|--------------------|-------------------------------------|------|--------------------------|

23) WHETHER QUALIFICATION CRITERIA
WAS INCLUDED IN BIDDING / TENDER DOCUMENTS?
(If yes, enclose a copy)

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

24) WHETHER BID EVALUATION CRITERIA
WAS INCLUDED IN BIDDING / TENDER DOCUMENTS?
(If yes, enclose a copy)

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

25) WHETHER APPROVAL OF COMPETENT AUTHORITY WAS OBTAINED FOR USING A
METHOD OTHER THAN OPEN COMPETITIVE BIDDING?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

26) WAS BID SECURITY OBTAINED FROM ALL THE BIDDERS?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

27) WHETHER THE SUCCESSFUL BID WAS LOWEST EVALUATED
BID / BEST EVALUATED BID (in case of Consultancies)

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

28) WHETHER THE SUCCESSFUL BIDDER WAS TECHNICALLY
COMPLIANT?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

29) WHETHER NAMES OF THE BIDDERS AND THEIR QUOTED PRICES WERE READ OUT AT
THE TIME OF OPENING OF BIDS?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
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30) WHETHER EVALUATION REPORT GIVEN TO BIDDERS BEFORE THE AWARD OF
CONTRACT?
(Attach copy of the bid evaluation report)

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

31) ANY COMPLAINTS RECEIVED
(If yes, result thereof)

| | |
|-----|----|
| Yes | |
| No | NO |

32) ANY DEVIATION FROM SPECIFICATIONS GIVEN IN THE TENDER NOTICE / DOCUMENTS
(If yes, give details)

| | |
|-----|----|
| Yes | |
| No | NO |

33) WAS THE EXTENSION MADE IN RESPONSE TIME?
(If yes, give reasons)

| | |
|-----|----|
| Yes | |
| No | NO |

34) DEVIATION FROM QUALIFICATION CRITERIA
(If yes, give detailed reasons.)

| | |
|-----|----|
| Yes | |
| No | NO |

35) WAS IT ASSURED BY THE PROCURING AGENCY THAT THE SELECTED FIRM IS NOT
BLACK LISTED?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

36) WAS A VISIT MADE BY ANY OFFICER/OFFICIAL OF THE PROCURING AGENCY TO THE
SUPPLIER'S PREMISES IN CONNECTION WITH THE PROCUREMENT? IF SO, DETAILS TO
BE ASCERTAINED REGARDING FINANCING OF VISIT, IF ABROAD:
(If yes, enclose a copy)

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

37) WERE PROPER SAFEGUARDS PROVIDED ON MOBILIZATION ADVANCE PAYMENT IN
THE CONTRACT (BANK GUARANTEE ETC.)?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

38) SPECIAL CONDITIONS, IF ANY
(If yes, give Brief Description)

| | |
|-----|----|
| Yes | |
| No | NO |

Signature & Official Stamp of
Authorized Officer

FOR OFFICE USE ONLY

DR. MUHAMMAD SAJJAR MEMON
Chief Operating Officer
SMBB Institute of Trauma
Karachi

SPPRA, Block. No.8, Sindh Secretariat No.4-A, Court Road, Karachi
Tele: 021-9205356; 021-9205369 & Fax: 021-9206291

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SINDH PUBLIC PROCUREMENT REGULATORY AUTHORITY

CONTRACT EVALUATION FORM

TO BE FILLED IN BY ALL PROCURING AGENCIES FOR PUBLIC CONTRACTS OF WORKS, SERVICES & GOODS

- 1) NAME OF THE ORGANIZATION / DEPTT. SMBB INSTITUTE OF TRAUMA
- 2) PROVINCIAL / LOCAL GOVT / OTHER PROVINCIAL
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- 4) TENDER NUMBER PROC/SMBBIT/(STAT)/2022-23
- 5) BRIEF DESCRIPTION OF CONTRACT PROCUREMENT OF STATIONERY ITEMS ON FRAMEWORK
- 6) FORUM THAT APPROVED THE SCHEME REGULAR BUDGET
- 7) TENDER ESTIMATED VALUE 08 (M)
- 8) ENGINEER'S ESTIMATE NOT APPLICABLE
(For civil works only)
- 9) ESTIMATED COMPLETION PERIOD (AS PER CONTRACT) Delivery of above mentioned items before
- 10) TENDER OPENED ON (DATE & TIME) 23-08-2022 AT 11:30 am
- 11) NUMBER OF TENDER DOCUMENTS SOLD THREE
(Attach list of buyers)
- 12) NUMBER OF BIDS RECEIVED THREE
- 13) NUMBER OF BIDDERS PRESENT AT THE TIME OF OPENING OF BIDS THREE
- 14) BID EVALUATION REPORT COPY ENCLOSED
(Enclose a copy)
- 15) NAME AND ADDRESS OF THE SUCCESSFUL BIDDER M/s. Haq Enterprises
- 16) CONTRACT AWARD PRICE Rs. 7,712,085/-
- 17) RANKING OF SUCCESSFUL BIDDER IN EVALUATION REPORT
(i.e. 1st, 2nd, 3rd EVALUATION BID). M/s. Haq Enterprises (1st Lowest)

18) METHOD OF PROCUREMENT USED : - (Tick one)

- a) SINGLE STAGE – ONE ENVELOPE PROCEDURE YES Domestic/ Local
- b) SINGLE STAGE – TWO ENVELOPE PROCEDURE Domestic/Local
- c) TWO STAGE BIDDING PROCEDURE
- d) TWO STAGE – TWO ENVELOPE BIDDING PROCEDURE

PLEASE SPECIFY IF ANY OTHER METHOD OF PROCUREMENT WAS ADOPTED i.e.
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20) WHETHER THE PROCUREMENT WAS INCLUDED IN ANNUAL PROCUREMENT PLAN?

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21) ADVERTISEMENT :

i) SPPRA Website
(If yes, give date and SPPRA Identification No.)

| | |
|-----|--|
| Yes | PPMS ID #. T00518-22-0001 Dated: 04th August 2022 |
| No | |

ii) News Papers
(If yes, give names of newspapers and dates)

| | |
|-----|---|
| Yes | DAILY DAWN, DAILY JANG & DAILY AWANI AWAZ Dated: 04th August 2022 |
| No | |

22) NATURE OF CONTRACT

| | | | |
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| Domestic/ Local | <input checked="" type="checkbox"/> | Int. | <input type="checkbox"/> |
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23) WHETHER QUALIFICATION CRITERIA
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| Yes | |
| No | NO |

32) ANY DEVIATION FROM SPECIFICATIONS GIVEN IN THE TENDER NOTICE / DOCUMENTS
(If yes, give details)

| | |
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| Yes | |
| No | NO |

33) WAS THE EXTENSION MADE IN RESPONSE TIME?
(If yes, give reasons)

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Signature & Official Stamp of
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FOR OFFICE USE ONLY

DR. MUHAMMAD SAJJAR MEMON
Chief Operating Officer
SMBB Institute of Trauma,
Karachi

SPPRA, Block. No.8, Sindh Secretariat No.4-A, Court Road, Karachi

Tele: 021-9205356; 021-9205369 & Fax: 021-9206291

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CONTRACT EVALUATION FORM

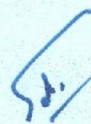
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(Enclose a copy)
- 15) NAME AND ADDRESS OF THE SUCCESSFUL BIDDER M/s. Comvare
- 16) CONTRACT AWARD PRICE Rs. 4,327,260/-
- 17) RANKING OF SUCCESSFUL BIDDER IN EVALUATION REPORT
(i.e. 1st, 2nd, 3rd EVALUATION BID). M/s. Comvare (1st Lowest)

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| | |
|-----|----|
| Yes | |
| No | NO |

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| | |
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(If yes, give reasons)

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|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

38) SPECIAL CONDITIONS, IF ANY
(If yes, give Brief Description)

| | |
|-----|----|
| Yes | |
| No | NO |

Signature & Official Stamp of
Authorized Officer _____

DR. MUHAMMAD SABIR MEMON
Chief Operating Officer
SMBB Institute of Trauma,
Karachi

FOR OFFICE USE ONLY

SPPRA, Block. No.8, Sindh Secretariat No.4-A, Court Road, Karachi
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