

TENDER DOCUMENT

PROCUREMENT FOR HEALTH INSURANCE FOR EMPLOYEES

(IN-PATIENT AND OUT-PATIENT)

TENDER NO: PBIT/Health-Ins/2023-24/001



Punjab Board of Investment & Trade [PBIT]

23 – Aikman Road, GOR 1, Lahore. Pakistan

PABX: +92 (0) 42 9920 5201-06

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Web: <http://www.pbit.gop.pk>

Tender Closing Date: 05-06-2023 at 11:00 AM

Tender Opening Date: 05-06-2023 at 11:30 AM

Opening Venue: Conference Room of PBIT at 23 – Aikman Road, GOR 1, Lahore.

Price Rs. 1000/-

1. INVITATION FOR BIDS

1.1 PPRA Rules to be followed

Punjab Procurement Rules 2014 will be strictly followed. These may be obtained from PPRA's website:

<http://ppra.punjab.gov.pk/sites/ppra.pitb.gov.pk/files/Final%20Notified%20PPR-2014%20ammended%20upto%2011.03.2014.pdf>

In this document, unless otherwise mentioned to the contrary, "Rule" means a Rule under the Punjab Procurement Rules 2014.

1.2 Mode of Advertisement(s)

As per Rule 12(1), this Tender is being placed online at PPRA's website, as well as being advertised in print media.

As per Rule 12(2), this Tender is also placed online at the website of **Purchaser**. The bidding document carrying all details can be downloaded from PBIT's website <http://www.pbit.gop.pk> and from PPRA's website www.ppra.punjab.gov.pk for information only.

1.3 Type of Open Competitive Bidding

As per Rule 38(1) of PPRA Rules, 2014, Single Stage - Two Envelope Bidding Procedure shall be followed.

Primary Contact

Name: **Abid Saleem**
Designation: **Deputy Manager (HR)**
Contact Number: 042-99205201-6
Email: abid.saleem@pbit.gop.pk

Secondary Contact

Name: **Shaukat Hassan**
Designation: **Director (Admin)**
Contact Number: 042-99205201-6
Email: shaukat.hassan@pbit.gop.pk

2. INTROUCTION

TENDER NO: PBIT/Health-Ins/2023-24/001

DATED: 20-05-2023

- 2.1 The Punjab Board of Investment and Trade (PBIT), Lahore invites sealed Single Stage Two Envelope Bids (*A single package containing separate Technical and Financial Bids (Separate Health & Life Insurance) duly completed*) under PPRA Rules 2014 for providing Health Insurance services to its employees and their families and Group Life Insurance for PBIT employees only from SECP approved Insurance Companies having minimum **15** years' experience in rendering similar services.
- 2.2 Employees and their dependents including parents will be covered under the following policies:-
- 2.3 **Premium Policy**
For Hospitalization of Employees and their dependents including Spouses, Children and **Parents**. (For the period from July 1st, 2023 to June 30th, 2024).
- Out-Patient reimbursement for Employees and their dependent including Spouses, Children and **Parents also**. (For the period from July 1st, 2023 to June 30th, 2024).
- Group Life Insurance** of PBIT employees only (For the period from October 1st, 2023 to June 30th, 2024).
- 2.4 The Details of Employees and their dependents divided in **four** categories for different policies is enclosed in the following pages.
- 2.5 The Number of lives is subject to increase or decrease at the time of submission of list of lives to be covered at the time of Contract.
- 2.6 Daughters will be covered till marriage and sons till the age of 25 as dependents.
- 2.7 On the basis of good claim experience at the **end of each year/term, the Insurance company along with PBIT will evolve a mechanism to share the profit commission accordingly with mutual convenience**

The benefits plan given by PBIT to its employees under HR policy are as under:-

Group Health Insurance (Lot-I)

3.1 Inpatient (Categories)

In- Patient Limits					
Category	Grade	IPD Limits (PKR) Annual	Room & Board	Maternity (Normal Delivery)	Maternity (Cesarean Delivery)
A	CEO	1,000,000	30,000	250,000	300,000
B	11-9	750,000	25,000	200,000	250,000
C	8-5	500,000	20,000	150,000	200,000
D	4-1	350,000	15,000	75,000	125,000

3.2 Out Patient (Categories)

Out-Patient Limits		
Category	Grade	OPD Limits (PKR) Annual
A	12	200,000
B	11-9	150,000
C	8-5	100,000
D	4-1	50,000

3.3

Group Life Insurance
From Grade 1-12 (Lot-II)

Grades	Group Life
12 to 1	36 Salary

Additional Benefits:

- a) Accidental Death Benefit:- 36 Salary (Additional to Group Life Insurance i.e. 72 times)
- b) Permanent Total Disability:- 36 Salary
- c) Temporary Total Disability: - Equal to salary of the individual till recovery.
(upto 20,000/- or 100,000/-)

4. Category and Age wise detail of lives to be covered under Premium Policy as per the list attached herewith.

5. INSTRUCTIONS TO BIDDERS

- 5.1 Tender is open to Insurance Companies who are registered with SECP having minimum 15 years' experience in rendering Health Insurance Services. Government notified Black-Listed Firms will not be entertained.
- 5.2 The Bidders must submit an Affidavit on Legal Stamp paper that they are not notified as Black-Listed.
- 5.3 **EVALUATION CRITERIA**

The following documents must be submitted by the Bidders otherwise the bid shall be liable to be ignored / rejected.

 - 5.3.1 **Proof of Income Tax and Sales Tax Registration.**
 - 5.3.2 **Detail Profile of the Company including Official Address, Contact Numbers and E-mail along with relevant experience.**
 - 5.3.3 **Audited Financial Statements for the last three years.**
 - 5.3.4 **Copy of Valid License.**
 - 5.3.5 **List of Panel Hospitals throughout Pakistan.**
 - 5.3.6 **List of atleast 20 top clients with Address & Contact Numbers.**
 - 5.3.7 **Affidavit on Legal Paper as per clause 5.2 of this Document.**
 - 5.3.8 **2% Bid Security as per clause 5.7 of this Document.**
 - 5.3.9 **Bid Validity of 90 Days as per clause 5.6 of this Document.**
 - 5.3.10 **Affidavit on Legal paper as per clause 5.4 of this Document.**
 - 5.3.11 **Should be well reputed with minimum **AA+** rated by PACRA / JCR-VIS**
 - 5.3.12 **Duly filled proformas / documents as per **Annexures attached at the end of the Tender Document.****
 - 5.3.13 **In case of Group Life Insurance the firm must have experience of at least 5 years for the same.**
- 5.4 An Affidavit on Legal Paper confirming the acceptance of the Terms and Conditions of this Bidding Document must be provided with the Bid. Proforma attached at **Annexure - A.**
- 5.5 Quoted Rates must be in Pakistani Rupees.
- 5.6 Bids with minimum Validity Period of 90 days shall be submitted. The bid without or less than 90 days Validity will not be considered and rejected.
- 5.7 The bids should be accompanied with **Bid Security** not less than **2%** of the total Bid estimated value i.e. PKR 6 million for Group Health and PKR 0.5 million for Group Life Insurance in shape of **CDR /Pay Order** in favor of Punjab Board of Investment and Trade, Lahore. Bids without or less than 2% Bid Securities will not be considered and rejected.
- 5.8 The Bid Security will be returned to the bidders once the contract has been signed with the successful bidder.
- 5.9 In case the offer is withdrawn, amended or revised by the Bidder during the validity period of the offer, the Bid Security shall be liable to be forfeited.
- 5.10 The successful Bidder at the time of signing of Contract will also have to

submit a Performance Security @ 10% of the Contract Price in shape of Pay Order / Bank Guarantee in the name of Punjab Board of Investment and Trade.

- 5.11 If the Successful Bidder fails to provide the Performance Security of the Contract or execute the Contract Agreement, the Bid Security shall be liable to be forfeited and the Contract will be given to the next successful Bidder.
- 5.12 Bidders should quote their firm and final rates inclusive of all taxes and Misc. Charges (if applicable).
- 5.13 If there is a discrepancy between words and figures of the amount, the amount in words will prevail.
- 5.14 Quotation must be duly filled in, stamped, signed and properly sealed in one envelope.
- 5.15 Envelopes shall also bear the word **“FINANCIAL PROPOSAL”**.
- 5.16 The language of the Bids shall be English.
- 5.17 Any overwriting, cutting, crossing etc. is not acceptable.
- 5.18 Hand written Offers will not be accepted.
- 5.19 The Insurance Companies must be compliant with all necessary requirements under the law to offer such insurance cover(s) and registered with income tax and sales tax authorities. Insurance Companies belonging to the same business group and offering health and life covers under separate licenses may submit their bids under their own respective names.
- 5.20 **All bids must be submitted to the office of the Punjab Board of Investment, Lahore, not later than 11:00 AM on last date of submission of bids i.e. 05.06.2023. Late bids shall not be considered.**
- 5.21 **The bids will be opened on the same day at the Conference Room of Punjab Board of Investment and Trade, 23 - Aikman Road, GOR 1, Lahore, at 11:30 AM. In case the last date of bid submission falls in / within the official holidays / weekends of the Purchaser, the last date for submission of the bids shall be the next working day.**
- 5.22 Incomplete, late and conditional bids will not be considered and will be rejected.

6. TERMS & CONDITIONS FOR CONTRACT-INPATIENT COVER

- 6.1 The Period of Contract / Insurance Cover shall be effective for a period of one year starting from the date of coverage to be provided by the Insurance Company. The period may be extended upon mutual consent.
- 6.2 Direct Hospitalization through Insurance Card and Reimbursement.
- 6.3 Daily Room & Board Charges.
- 6.4 Miscellaneous Hospital Services and Supplies. Drugs, Dressings, Prescribed Medicines, Laboratory Examinations, Physiotherapy, intravenous injections & solutions, administration of blood and blood plasma including cost and any other fluids administered during surgery.
- 6.5 Emergency Room treatment for Accidental and Non-Accidental emergencies.
- 6.6 Doctor's visits. (Consultant, Specialist, etc.)
- 6.7 Surgical Operation Charges.
- 6.8 Local Ambulance Charges.
- 6.9 Pre-Post Hospitalization cover including Diagnostic Tests, Consultation Charges & prescribed Medicines within 45 days prior to or after Hospitalization.
- 6.10 ICU and Operation Theatre Charges.
- 6.11 Specialized Investigations & Day Care Surgeries. Dialysis, MRI, CT Scan, Thallium Scan, Angiography, Cataract, Endoscopy, Echo, Treatment for Fractures, Lacerated wounds, Emergency Dental Treatment due to accidental injuries, Day Care surgical Charges including medicines and investigations.
- 6.12 Declared / Undeclared Pre-Existing Conditions 100% employees, dependents as well as parents.
- 6.13 Accident Related Dental Treatment. (Also covered in inpatient)
- 6.14 Psychiatric Treatments.
- 6.15 Congenital Birth Defects for newly born babies.
- 6.16 Sovaldi / Interferon Therapy of Hepatitis 'B' and 'C'.
- 6.17 Maternity related complications.
- 6.18 Enhancement of Hospitalization Limit in case of Accidental Injuries. (100% of normal available limit).
- 6.19 Radiotherapy and Chemotherapy.
- 6.20 Health Questionnaire Forms of employees shall not be submitted to the Insurance Company for Health Insurance Coverage.
- 6.21 Any other Benefit / Cover with mutual consent or consent of the employer

7 TERMS & CONDITIONS FOR CONTRACT-MATERNITY COVER

- 7.1 The Period of Contract / Insurance Cover shall be effective for a period of one year starting from the date of coverage to be provided by the Insurance Company. The period may be extended upon mutual consent.
- 7.2 Direct Hospitalization through Insurance Card and Reimbursement.
- 7.3 Daily Room & Board Charges / Labor Room Charges.
- 7.4 Ante-Natal Care such as Ultrasound scans, Lab Tests and examinations.
- 7.5 Hospital Charges & Obstetricians Fee for Childbirth.
- 7.6 Midwife Charges if delivery takes place at home.
- 7.7 Operation Theatre /Physician's /Surgeon's Charges.
- 7.8 Prescribed Medical Supplies & Services during Hospitalization.
- 7.9 Anesthesia Charges.
- 7.10 Blood Transfusion including Cost of Blood.
- 7.11 ICU Charges.
- 7.12 Baby Nursing Care while the Mother is confined to the Hospital.
- 7.13 Circumcision Charges of Newborn Baby Boys.
- 7.14 Post- natal Care immediately following childbirth such as Stitches, Follow up Visits & Prescribed Medicines.
- 7.15 Secondary Conditions brought about by Pregnancy such as Backache, High BP, Vaginal Bleeding, Nausea & Vomiting etc requiring Hospitalization.
- 7.16 In the event of D&C, Normal delivery benefits as mentioned in Benefits Schedule.
- 7.17 Declared / Undeclared Pre-Existing Conditions upto 100% of the total limits.
- 7.18 100% Pre/Post natal coverage from the date of conceiving till delivery, upto the limits of maternity coverage of the insured person.
- 7.19 Any other Benefit / Cover with mutual consent or consent of the employer.
- 7.20 Total maternity cover will cover upto 3 maternities in the life time of employee.

8 TERMS & CONDITIONS FOR CONTRACT-OUT-PATIENT COVER

- 8.1 The Period of Contract / Insurance Cover shall be effective for a period of one year starting from the date of coverage to be provided by the Insurance Company. The period may be extended upon mutual consent.
- 8.2 Reimbursement of Doctors bills, lab test receipts, medicines etc.
- 8.3 Physician / Consultant's fees for consultations.
- 8.4 Psychiatrists and Psychologist's Fee for Psychiatric Treatment.
- 8.5 Prescribed Drugs and Dressings.
- 8.6 Pathology, Radiology and Diagnostic Tests, X-rays & Ultrasounds.
- 8.7 Vaccinations.
- 8.8 Out-Patient Surgical Operations.
- 8.9 Wellness Mammogram, Pap smear, Prostate Cancer Screening or Colon Cancer Screening.
- 8.10 Dental Treatment including Extractions Teeth, Root Canalling or Capping or Similar Treatment.
- 8.11 Costs for Treatment by Therapists and Complementary Medicine Practitioners.
- 8.12 Declared / Undeclared Pre-Existing Conditions.
- 8.13 Coverage / Treatment from any Hospital / Clinic of the Patient's Choice.
- 8.15 Any other Benefit / Cover with mutual consent or consent of the employer.

9 OTHER TERMS & CONDITIONS OF CONTRACT

- 9.1 Payment Plan will be agreed mutually between the parties according to the list of employees and their dependents attached herewith for calculation of the same.
- 9.2 All the Health Insurance Cards shall be provided by the Insurance Company within 10 days of award of contract.
- 9.3 All the Health Insurance Cards in case of new Employees or Addition /Deletion / Plan Revision Correction cases shall be provided by the Insurance Company within 5 days from the submission of intimation.
- 9.4 Premium for New lives to be Added / Deleted or Plan Revise shall be on the same rates as per Premium Rates quoted in the Bid.
- 9.5 Bidder must provide Hotline numbers of the Company's Representatives / Focal Person (s) in order to facilitate and provide necessary information to the patients in case of Hospitalization in Panel Hospitals.
- 9.6 Approval / Authorization of Hospitalization shall be provided to the Hospital / Patient in not more than 02 Days. All intimations of Approvals / Regrets must also be furnished to the PBIT through email.
- 9.7 All the IPD and OPD Reimbursement Claims *must* be paid within 15 and 7 working days respectively from the date of submission of claims.
- 9.8 In case of IPD / Maternity Reimbursement Claim of a Non-Panel Hospital, no deduction in claim will be made by the insurance company against the amount claimed.
- 9.9 In case of return or withholding of Claim for Reimbursement, a formal intimation by letter or email would be required by the Insurance Company describing the reason for return or withholding.
- 9.10 If an Employee / Patient wishes not to disclose certain personal information such as Investigations Reports, the requirement in Reimbursement Cases shall be waived upon the request of the Employee / Patient.
- 9.11 Requirement of submission Prescriptions shall not be compulsory.
- 9.12 All the Health Insurance Cards must bear the PBIT Employee ID and Name of Institute, provided in the list as and when the contract is awarded.
- 9.13 Claim Report for Hospitalization and Reimbursement is required from the Insurance Company on monthly basis.
- 9.14 In case of non-issuance of Insurance Card to an existing employee, due to non-provision of data required for issuance of Health Insurance Card, the employee or his dependent shall be provided Hospitalization Coverage after obtaining necessary approval / verification from the **DUHS**.
- 9.15 The Age Restrictions for parents and pre-existing conditions shall be covered upto 90 years, of age.
- 9.16 The Number of lives is subject to increase or decrease at the time of submission of list of lives to be covered at the time of Contract.
- 9.17 Unutilized amount of OPD pool/premium shall be returned back by the Insurance Company to PBIT at the end of the Policy period. Individual rates per person p.a. should be disclosed by the Insurance Company for addition/deletion.

Note: Above mentioned Technical criteria documents must be attached with technical proposal, failing which PBIT may disqualify the bid.

The Eligible/Technically Qualified Bidders will be considered for further evaluation.

10. Financial Proposal Evaluation:

- 10.1 Technically qualified/successful bidder(s)/Tenderer(s) shall be called for opening of the Financial Proposal(s). The Financial Proposals will be opened in the presence of the Bidders at the time and venue indicated by the Purchaser accordingly. The technically Eligible/Successful Bidder(s)/Tenderer(s) or their authorized representatives shall be allowed to take part in the Financial Proposal(s) opening.
- 10.2 **Firms must provide separate technical & financial proposals for Group Health Insurance & Group Life Insurance.** Financial Proposal evaluation will be conducted under the Punjab Procurement Rules, 2014. The Price evaluation will include all duties, taxes and expenses etc. In case of any exemption of duties and taxes made by the Government in favor of the Purchaser, the contractor shall be bound to adjust the same in the Financial Proposal.

11. Award Criteria

- 11.1 At first step, eligible bidder(s)/tenderer(s), as per Tender Eligibility defined herein, fulfilling the qualification and technical evaluation criteria will stand technically qualified.
- 27.2. At second step, technically qualified and successful bidder(s)/tenderer(s) will be evaluated in the light of all Pre-Conditions, necessary requisites and shall be selected on lowest cost quoted as per rules and fulfilling all codal formalities, irrespective of their score in the previous step.

12. Payment Plan

For Group Health Insurance, the payment shall be made in two installments on six monthly basis whereas, the payment for Group Life Insurance shall be made in advance.

13. Blacklisting

- 13.1 If the Contractor fails / delays in performance of any of the obligations, under the Contract / violates any of the provisions of the Contract / commits breach of any of the terms and conditions of the Contract the Purchaser may, at any time, without prejudice to any other right of action / remedy it may have, blacklist the Contractor, either indefinitely or for a stated period, for future tenders in public sector.
- 13.2 If the Contractor is found to have engaged in corrupt or fraudulent practices in competing for the award of contract or during the execution of the contract, the Purchaser may, at any time, without prejudice to any other right of action / remedy it may have, blacklist the Contractor, either indefinitely or for a stated period, for future tenders in public sector.

14. Forfeiture of Performance Security

If the Contractor fails / delays in performance of any of the obligations, under the Contract / violates any of the provisions of the Contract / commits breach of any of the terms and conditions of the Contract the Purchaser may, without prejudice to any other right of action / remedy it may have, forfeit Performance Security of the Contractor. Failure to supply required items/services within the specified time period will invoke penalty as specified in this document. In addition to that, Performance Security amount will be forfeited and the company will not be allowed to participate in future tenders as well.

15. Termination for Default

15.1 If the Contractor fails / delays in performance of any of the obligations, under the Contract / violates any of the provisions of the Contract / commits breach of any of the terms and conditions of the Contract the Purchaser may, at any time, without prejudice to any other right of action / remedy it may have, by written notice served on the Contractor with a copy to the Client, indicate the nature of the default(s) and terminate the Contract, in whole or in part, without any compensation to the Contractor. Provided that the termination of the Contract shall be resorted to only if the Contractor does not cure its failure / delay, within fifteen working days (or such longer period as the Client may allow in writing), after receipt of such notice.

15.2 If the Purchaser terminates the Contract for default, in whole or in part, the Purchaser may procure, upon such terms and conditions and in such manner as it deems appropriate, Services / Works, similar to those undelivered, and the Contractor shall be liable to the Purchaser for any excess costs for such similar Services / Works. However, the Contractor shall continue performance of the Contract to the extent not terminated.

15.3 If the Contractor becomes bankrupt or otherwise insolvent, the Purchaser may, at any time, without prejudice to any other right of action / remedy it may have, by written notice served on the Contractor with a copy to the Client, indicate the nature of the insolvency and terminate the Contract, in whole or in part, without any compensation to the Contractor.

15.4 The Purchaser may, at any time, by written notice served on the Contractor with a copy to the Client, terminate the Contract, in whole or in part, for its convenience, without any compensation to the Contractor.

16. Force Majeure

16.1 The Contractor shall not be liable for liquidated damages, forfeiture of its Performance Security, blacklisting for future tenders, termination for default, if and to the extent his failure / delay in performance / discharge of obligations under the Contract is the result of an event of Force Majeure.

16.2 If a Force Majeure situation arises, the Contractor shall, by written notice served on the Purchaser with a copy to the Client, indicate such condition and the cause thereof. Unless otherwise directed by the Purchaser in writing, the Contractor shall continue to perform under the Contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

17. Dispute Resolution

17.1 The Purchaser and the Contractor shall make every effort to amicably resolve, by direct informal negotiation, any disagreement or dispute arising between them under or in connection with the Contract.

18. Statutes and Regulations

18.1 The Contract shall be governed by and interpreted in accordance with the laws of Pakistan.

18.2 The Contractor shall, in all matters arising in the performance of the Contract, conform, in all respects, with the provisions of all Federal, Provincial and Local Laws, Statutes, Regulations and By-Laws in force in Pakistan, and shall give all notices and pay all fees required to be given or paid and shall keep the Purchaser indemnified against all penalties and liability of any kind for breach of any of the same.

18.3 The Courts at Lahore shall have the exclusive territorial jurisdiction in respect of any dispute or difference of any kind arising out of or in connection with the Contract.

19. Taxes and Duties

The Contractor shall be entirely responsible for all taxes, duties and other such levies imposed make inquiries on income tax / sales tax to the concerned authorities of Income Tax and Sales Tax Department, Government of Pakistan and Government of the Punjab, whatever so applicable.

20. Contract Cost

The Contractor shall bear all costs / expenses associated with the preparation of the Contract and the Purchaser shall in no case be responsible / liable for those costs / expenses.

CERTIFICATE

(To be submitted on Affidavit).

1. We, _____ hereby confirm to have read carefully all the Clauses of the advertised Tender Notice _____ **dated** _____, for the provision of **Health Insurance Services for Punjab Board of Investment and Trade, Lahore**. We hereby agree to abide all the Instructions, Terms & Conditions mentioned in the Tender Notice and Tender/Bidding Documents.
2. That if any of the information submitted in accordance to this Tender / Bidding Document found incorrect, our Contract if awarded, may be cancelled at any stage on our own cost and risk.

1.	Name	
2.	In the Capacity of	
3.	Signature	
4.	Duly authorized to sign the Bid for and on behalf of	
4.	Stamp	
5.	Date	
6.	Contact Number	
7.	E-Mail Address	

FINANCIAL PROPOSAL

(To be submitted on Company Letterhead).

HEALTH INSURANCE RATES PER CATEGORY

Sr.#	Coverage	Category and Rates in Rupees			
		A	B	C	D
1.	Hospitalization Coverage				
2.	Maternity Coverage				
3.	Room Charges				
4.	Out-Patient Coverage				
	Total				

Total Premium Calculations:

Gross Premium: Rs. _____

Admin Charges: Rs. _____

Stamp Duty: Rs. _____

Any Other: Rs. _____

Net Premium for Policy: Rs. _____

Pool (if any): Rs. _____

Others: Rs. _____

Total Net Premium: Rs. _____

Authorized Person Signature: _____

Authorized Person Name: _____

Company Stamp: _____

Date: _____

FINANCIAL PROPOSAL

(To be submitted on Company Letterhead).

GROUP LIFE INSURANCE RATES PER CATEGORY

Grades	Group Life
12 to 1	36 Salary

Additional Benefits:

- a) Accidental Death Benefit:- 36 Salary (Addition to GLI i.e. 72 Times)
- b) Permanent Total Disability:- 36 Salary
- c) Temporary Total Disability: - Equal to salary of the individual till recovery.
(Upto Rs. 20,000/- or Rs. 100,000/-)

Total Premium Calculations:

Gross Premium: Rs. _____

Admin Charges: Rs. _____

Stamp Duty: Rs. _____

Any Other: Rs. _____

Net Premium for Policy: Rs. _____

Pool (if any): Rs. _____

Others: Rs. _____

Total Net Premium: Rs. _____

Authorized Person Signature: _____

Authorized Person Name: _____

Company Stamp: _____

Date: _____

ANNEXURE - C

FORMS & OTHER REQUIRED DOCUMENTS

Technical Proposal Submission Form

[Location, Date]

To (Name and address of Client / Purchaser)

Dear Sir,

We, the undersigned, offer to provide the (insert title of assignment) in accordance with your Request for Proposal/Tender Document dated (insert date) and our Proposal. We are hereby submitting our Proposal, which includes the Technical Proposal and the Financial Proposal sealed in two separate envelopes.

We undertake, if our Proposal is accepted, to provide supply of _____ related to the assignment.

We also confirm that the Government of Pakistan / Punjab has not declared us, or any, ineligible on charges of engaging in corrupt, fraudulent, collusive or coercive practices. We furthermore, pledge not to indulge in such practices in competing for or in executing the Contract, and we are aware of the relevant provisions of the Proposal Document.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely, Authorized Signature

(In full and initials)

Yours sincerely, Authorized Signature

(In full and initials)

Name and Designation of Signatory

Name of Firm

Address

Proposal Submission Form

[Location, Date]

To _(Name and address of Client / Purchaser)_

Dear Sir,

We, the undersigned, offer to provide the _(Insert title of assignment)_ in accordance with your Request for Proposal No. _____ dated _(insert date)_. Our attached Proposal is for the sum of _(insert amount in words and figures)_. This amount is inclusive of all taxes.

Our Proposal shall be binding upon us up to expiration of the validity period of the Proposal, i.e. before the date indicated in _____ of the Proposal Data Sheet.

We also declare that the Government of Pakistan / Punjab has not declared us blacklisted on charges of engaging in corrupt, fraudulent, collusive, or coercive practices. We furthermore, pledge not to indulge in such practices in competing for or in executing the Contract, and are aware of the relevant provisions of the Proposal Document.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature (Original)

(In full and initials)

Name and Designation of Signatory

Name of Firm

Address

Format for Covering Letter

To
(Name and address of Purchaser)

Sub: _____.

Dear Sir,

a) Having examined the tender document and Appendixes we, the undersigned, in conformity with the said document, offer to provide the said items on terms of reference to be signed upon the award of contract for the sum indicated as per Price Schedule.

b) We undertake, if our proposal is accepted, to provide the items/services comprise in the contract within time frame specified, starting from the date of receipt of notification of award from the client Department / Office.

c) We agree to abide by this proposal for the period of ____ days (as per requirement of the project) from the date of bid opening and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

d) We agree to execute a contract in the form to be communicated by the _(insert name of the Purchaser)_ incorporating all agreements with such alterations or additions thereto as may be necessary to adapt such agreement to the circumstances of the standard.

e) We understand that you are not bound to accept a lowest or any bid you may receive, not to give any reason for rejection of any bid and that you will not defray any expenses incurred by us in bidding.

Authorized Signatures with Official Seal

INSTRUCTION FOR PREPARATION OF POWER OF ATTORNEY

- a) To be executed by an authorized representative of the bidder.
- b) The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executants and when it is so required the same should be under common seal affixed in accordance with the required procedure.
- c) Also, wherever required, the Bidder should submit for verification the extract of the charter documents and documents such as a resolution/power of attorney in favor of the Person executing this Power of Attorney for the delegation of power hereunder on behalf of the Bidder.
- d) In case the Application is signed by an authorized Director / Partner or Proprietor of the Applicant, a certified copy of the appropriate resolution / document conveying such authority may be enclosed in lieu of the Power of Attorney.

ANNEXURE - F

Format of Power-of-Attorney

**POWER OF ATTORNEY
(On Stamp Paper of relevant value)**

Know all men by these presents, we (name of the company and address of the registered office) do hereby appoint and authorize Mr. (full name and residential address) who is presently employed with us and holding the position of as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our proposal for (name of the project) in response to the tenders invited by the (name of the Purchaser) including signing and submission of all documents and providing information/responses to (name of the Purchaser) in all matters in connection with our Bid.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.

Dated this ____ day of _____ 20__

For _____

(Signature)
(Name, Designation and Address)
Accepted

(Signature)
(Name, Title and Address of the Attorney)
Date:

UNDERTAKING

It is certified that the information furnished here in and as per the document submitted is true and correct and nothing has been concealed or tampered with. We have gone through all the conditions of tender and are liable to any punitive action for furnishing false information / documents.

Dated this ____ day of _____ 20__

Signature

(Company Seal)

In the capacity of

Duly authorized to sign bids for and on behalf of:

(To be submitted on legal stamp paper)

AFFIDAVIT

(Integrity Pact)

We _(Name of the bidder / supplier)_ being the first duly sworn on oath submit, that Mr. / Ms. _____ (if participating through agent / representative) is the agent / representative duly authorized by _(Name of the bidder company)_ hereinafter called the Contractor to submit the attached bid to the _(Name of the Purchaser)_. Affiant further states that the said M/s (Bidding Firm/Company Name) has not paid, given or donate or agreed to pay, given or donate to any line officer or employee of the _(Name of the Purchaser)_ any money or thing of value, either directly or indirectly, for special consideration in the letting of the contract, or for giving undue advantage to any of the bidder in the bidding and in the evaluation and selection of the bidder for contract or for refraining from properly and thoroughly maintaining projects implementations, reporting violation of the contract specification or other forms of non-compliance.

[The Seller/Supplier/Contractor] certifies that it has made and will make full disclosure of all agreements and arrangements with all persons in respect of or related to the transaction with the Purchaser and has not taken any action or will not take any action to circumvent the above declaration, representation or warranty / support.

[The Seller/Supplier/Contractor] accepts full responsibility and strict liability for making any false declaration, not making full disclosure, misrepresenting facts or taking any action likely to defeat the purpose of this declaration, representation and warranty / support. It agrees that any contract, right, interest, privilege or other obligation or benefit obtained or procured as aforesaid shall, without prejudice to any other right and remedies available to the Purchaser under any law, contract or other instrument, be voidable at the option of the Purchaser.

Notwithstanding any rights and remedies exercised by the Purchaser in this regard, [the Seller/Supplier/Contractor] agrees to indemnify the Purchaser for any loss or damage incurred by it on account of its corrupt business practices and further pay compensation to the Purchaser in an amount equivalent to ten time the sum of any commission, gratification, bribe, finder's fee or kickback given by [the Seller/Supplier/Contractor] as aforesaid for the purpose of obtaining or inducing the procurement of any contract, right, interest, privilege or other obligation or benefit in whatsoever form from the Purchaser.

Signature & Stamp

Subscribed and sworn to me this _____ day of _____ 20__

Notary Public