SIUT

SINDH INSTITUTE OF UROLOGY AND TRANSPLANTATION

PRE-QUALIFICATION DOCUMENTS

PROCUREMENT OF DRUGS/MEDICINES INCLUDING IMMUNOSUPPRESSIVE, ANTIBIOTICS, ONCOLOGY & OTHER ITEMS FOR THE YEAR 2026–27 UNDER FRAMEWORK CONTRACT AGREEMENT

IMPORTANT DATES

Issuance of Pre-qualification Documents	**23-05-2026 to 12-06-2026**
Submission of Application and Documents	**13-06-2026 at 11:00 am**

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1 - INVITATION FOR PRE-QUALIFICATION

Procurement of Drugs/Medicines Immunosuppressive, Antibiotics, Oncology & others for 2026-27 under Framework Contract Agreement

SIUT invites application from reputed Manufacturers, Importers and Distributors to participate in Pre-qualification process for the "Procurement of Drugs/Medicines Immunosuppressive, Antibiotics, Oncology & others for 2026-27 under a Framework Contract Agreement".

Name of Document	"Procurement of Drugs/Medicines Immunosuppressive, Antibiotics, Oncology & others under Framework Contract Agreement"
Pre-qualification Documents Fee	Rs. 3,000/- (non-refundable)
Issuance of Pre-qualification Documents	23-05-2026 to 12-06-2026
Submission of Application and Document	13-06-2026 at 11:00 am

- Pre-qualification will be conducted under Rule 27 of SPPRA Rules, 2010 (Amended 2019). Only prequalified Manufacturers, Importers and Distributors will be invited to participate in the Tender process for the procurement of medicine/drugs, *"refer Annexure E"*.
- Evaluation Criteria, List of documentary evidences required to demonstrate respective qualification and information will considered to be necessary for pre-qualification of Applicants and their quoted products by the Procuring Agency.
- This procurement shall be executed through a Framework Contract under which quantities may vary based on institutional requirements during the contract period.
- Interested Manufacturers, Importers and Distributors shall obtain the set of pre-qualification documents from Ground Floor (Gate No. 3), CRS Department, SIUT - Transplant Tower, on payment of Rs. 3,000/- (non-refundable) via Pay Order in favor of "Director SIUT, Karachi".
- Sealed Proposals for Pre-qualification are required for submission at 11:00 am on 13-06-2026 (Saturday) and will be opened at 11:30 am on the same day at the Pearle Hall, Mezzanine Floor, SIUT-Trust Hospital, Shahrah e Faisal, Karachi.
- Provision of false, fabricated or incorrect information will lead to immediate disqualification and may result in blacklisting as per SPPRA Rules, 2010 (Amended 2019). SIUT reserves the right to accept or reject any or all the applications on the basis of evaluation criteria framed for this purpose.
- Applicants will be informed, in due course of time, of the result of the evaluation of applications.
- If the submission/opening date falls on a public holiday or under force majeure conditions, the process will proceed on the next working day at the same time and venue.
- Queries can be addressed at the following numbers or in person during office hours.

Tel: 021-99216967-77
Tel: 021-99215718/52

- sd -
OFFICE OF THE DIRECTOR
OF SIUT, KARACHI, SINDH

2 - INSTRUCTIONS TO APPLICANTS

1) Application Procedure:

Applications (refer to Page No. 7), along with all annexures, must be duly signed & stamped by the authorized signatory of the applicant. Original documents must be submitted; the Procuring Agency (SIUT) may request copies if required.

2) Applicants' Eligibility for Participation:

Eligible applicants include all Manufacturers, Importers, and Distributors registered with relevant Registration Authorities and Tax Departments/ Authorities (Income Tax, Sales Tax). Joint venture (JV) is not allowed.

All interested firms may participate in the Pre-qualification process, provided that:

- They are not blacklisted or debarred by any government, semi-government, or autonomous body;
- They fulfill the requirements of Mandatory Section. *Refer "Eligibility Criteria – Mandatory Section".*
- Applicants must not have any direct or indirect association, past or present, with any firm or affiliate engaged by the Procuring Agency for consultancy services related to the preparation of specifications, designs, or procurement documents for this tender.
- Applicants shall not be blacklisted or debarred by any Procuring Agency, SPPRA, or any national/international organization. If a Applicant is blacklisted after award of contract, the Procuring Agency may require a 100% Bank Guarantee against the contract value or proceed with the next lowest evaluated Applicant in case of non-compliance.
- Applicants shall not have any conflict of interest. A conflict of interest includes, but is not limited to:
    - Common ownership, shareholders, or legal representation;
    - Direct or indirect relationships influencing the bidding process;
    - Receipt of subsidies from related parties; or
    - Access to confidential information that may affect fair competition.
- A Applicant shall be considered ineligible if it:
    - Is bankrupt, insolvent, or under legal proceedings affecting its operations;
    - Has been convicted of offences involving professional misconduct; or
    - Is involved in corrupt, fraudulent, or performance-related blacklisting under applicable PPRA laws/rules.

3) Cost of Application:

Applicants shall bear all the costs associated with the preparation and submission of their application. The Procuring Agency shall not be responsible for these costs under any circumstances, regardless of the outcome of the Pre-qualification process.

4) Documents Establishing Qualification of the Applicants & Quoted Products:

The evaluation process shall consist of Mandatory Criteria, Eligibility Evaluation, and Product Evaluation stages.

- Applicants must qualify each stage by submitting the relevant documents as specified in the PQ Documents.
- Product evaluation shall be based on the prescribed criteria and minimum passing marks.
- Only qualified Applicants and products shall be eligible to participate in the tender process.

Refer to Annexures D1 and D2 for detailed documentation requirements and formats.

5) Sealing and Marking of Applications:

Applicants shall enclose original and required copies in sealed envelope, which shall;

a. Bear the name and address of the applicants.
b. Bear specific identification of this Pre-qualification process as mentioned in the Notice for Pre-qualification or in the instructions.
c. If the envelope is not sealed and marked as required, the Procuring Agency will assume no responsibility for misplacement of application.
d. **Softcopy of all required documents mentioned in "Mandatory Section" must be given in Separate USB mandatorily on the format given.**

6) Clarification and Modification of Documents:

Manufacturers, Importers and Distributors, who have obtained documents, may request for clarification of contents of the Pre-qualification document in writing, and response to such queries shall be made in writing within three working days, provided that the same are received at least five calendar days prior to the date of opening of applications.

7) Addendum

At any time prior to the deadline for submission of applications, the Procuring Agency may amend the Pre-qualification Documents by issuing an addendum. Any such addendum shall be communicated in writing to all participants who have obtained the Pre-qualification documents and shall be binding on them.

8) Deadline for Submission of Documents

The Procuring Agency may, at its discretion extend the deadline for the submission of documents by amending the Pre-qualification documents, and in which case all rights and obligations of the Procuring Agency and the applicants shall be subjected to the new extended deadlines.

9) Evaluation:

The Procuring Agency reserves the right to waive any minor deviations, provided such deviations do not materially affect the applicant's qualifications or capability to perform the contract, nor alter the fundamental requirements of the Pre-qualification documents.

10) Dead Line for Submission of Applications:

Applications shall be received by the Procuring Agency at the address not later than date & time mentioned in the Notice for Pre-qualification or in the instructions to applicants.

11) Late Application:

Applications received after the deadline specified in the Invitation for Pre-qualification shall not be entertained and will be returned unopened.

12) Verification of Pre-qualification Information:

Verification of the information provided by the applicants may be made by the procurement agency (SIUT), if required. In case the information is found to be wrong or incorrect in any material way or Applicant is found to be lacking in the capability or resources to successfully perform the contract, then it shall not be prequalified.

Any representative(s) of SIUT may visit manufacturing and storage facility of the applicant situated anywhere in Pakistan. The applicant will facilitate the visit in all respects and nominate suitable person for this purpose.

(On Letter Head)

3 - APPLICATION

Date: _____

To

Director,
SIUT
Karachi

Subject: Application for Pre-qualification of "Procurement of Drugs/Medicines Immunosuppressive, Antibiotics, Oncology & others for 2026-27" for SIUT.

Dear Sir,

I …… the undersigned, bearing CNIC # ……., being duly authorized to represent and act on behalf of ..... hereby applies to be prequalified for the subject cited above.

In compliance with the requirement of the Pre-qualification Documents, I enclose one (1) original hardcopy along with *softcopy* of the complete Pre-qualification submission and declare the following:

(a) I have read, understood, and have no reservations to the contents, instructions, terms, and conditions set forth in the Pre-qualification Documents;

(b) I understand that Procuring Agency may cancel the Pre-qualification process at any time and that Procuring Agency is not bound either to accept any application that it may receive or to invite the prequalified applicants to bid for the contract subject of this Pre-qualification, without incurring any liability to the Applicants;

(c) Application by applicants will be subject to verification of all information submitted for Pre-qualification. The Procuring Agency and its authorized representative(s) may contact the following person(s) for further information, if needed;

Person to be contacted: _____ Telephone: _____
[Please Mention Name] [Please mention contact number]

The undersigned declares that the statements and the information provided above and in the enclosed documents are complete, true, and correct in all respects.

Signed & Stamp:

Name :_____
Date :_____
Contact No. :_____

4 - ELIGIBILITY AND PRE-QUALIFICATION CRITERIA FOR APPLICANT

4(a) - LOCAL MANUFACTURER

i- MANDATORY SECTION

- Please fill out the following "Mandatory Section", duly referenced by Page No. of attachment.
- Failure to comply with any compulsory parameter shall render the bid non-responsive. Only bids meeting all compulsory parameters shall qualify for further evaluation under the Marking Criteria.
- Please submit softcopy of the application along with all annexures in USB.

S. No	Mandatory Requirements	Page No. (Attachment)
1	Registration with FBR for Income Tax, Sales Tax (Attach copy of Certificate)	
2	FBR - Active Tax Payer Status of Income Tax & Sales Tax. (Attach evidence)	
3	Valid Drug Manufacturing License issued by the DRAP. *(Valid license covering the quoted product category must be provided. In case of renewal, documentary evidence of timely submission to the relevant regulatory authority shall be attached.)*	
4	Valid Current Good Manufacturing Practice (cGMP) issued by the DRAP OR Valid Satisfactory GMP Inspection Report issued by DRAP.	
5	Valid Drug Registration Certificate issued by DRAP of each quoted product *(If renewal is under process, documentary evidence of submission to DRAP must be provided. Applications for unregistered items shall not be accepted)*	
6	The Applicant will provide registration documents issued by relevant registration authorities like S.E.C.P. /Registrar of firms / FBR.	
7	Compliance with all Terms & Conditions and Instructions mentioned in the Pre-qualification Documents is mandatory. Applicants must submit the complete Pre-qualification Documents, duly signed and stamped on each page, as acknowledgment of acceptance.	
8	The organization is neither blacklisted nor involved in any litigation in this regard by any institution of the Federal or Provincial Government, or by any Department, Agency, Organization, Autonomous Body, or Private Sector entity anywhere in Pakistan. *(Certificate should be provided as* Annexure-B*)*	
9	Duly completed Annexure-A, D1 & D2	
10	Applicant must provide an undertaking that all near to expiry medicines must be replace with fresh stock.	
11	Applicant must provide 2 (two) packs of quoted item as sample for evaluation by Technical committee.	
12	Original Pre-qualification Sales Receipt	

ii- PRE-QUALIFICATION CRITERIA FOR APPLICANT

Only applicants who meet the Qualification Criteria with minimum passing score of 60% will be eligible for further evaluation in the Product Evaluation stage, in accordance with SPPRA guidelines.

S. No.	DESCRIPTION	Max. Marks	Slab
1.	Annual Turnover / Sales of Applicant (Sales) for Last three years. - Above 1,000 Million - 500 Million up to 1,000 Million - Upto 500 Million *(Firm will provide FBR Income/Sales Tax Return OR Audited Financial Statement of 2023, 2024 & 2025)*	**15**	 15 10 7
2.	Net Capital investment. *(Firm will provide this information on company letterhead. Figure mentioned in letter head should match with the any submitted Audited Financial Statement)*	**5**	
3.	Audited Financial Statement of Applicant for last Two Years. *(Duly signed & stamped by the relevant authority)*	**5**	
4.	Income Tax Return of Applicant for the Last Two Years. *(Duly signed & stamped by the relevant authority)*	**5**	
5.	Satisfactory / Performance Certificate from more than 300-bed Government hospitals. - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals *(Duly signed & stamped by the relevant authority of Hospitals)*	**15**	 15 10 5
6	Satisfactory / Performance Certificate from more than 300-bed Private hospitals. - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals *(Duly signed & stamped by the relevant authority of Hospitals)*	**15**	 15 10 5
7	Please Provide: - Location & Size of Manufacturing Facility. - High resolution photographs of Manufacturing & Storage Facility. - Cold Storage Facility. *(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)*	**5**	
8	Valid ISO-9001:2015 certificate issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm)	**3**	
9	Valid ISO-17025 certificate issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm)	**2**	
10	In-house lab testing facilities *(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)*	**10**	
11	Number of Functional Stability Chamber - No. of Functional Stability Chamber 7 or above	**10**	 10

	- No. of Functional Stability Chamber 4-6 - No. of Functional Stability Chamber 2-3 *(Firm will submit the required declaration/undertaking on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)*		7 5
12	List of Technical Staff (Pharmacists/chemist/other) *(Attach section wise list with qualification & Experience, duly signed & stamped by the relevant authority)*	**10**	
	TOTAL MARKS	**100**	

For information purposes only – relevant details to be filled out in Annexure D-1, "Applicant Evaluation Schedule".

PRE-QUALIFICATION CRITERIA FOR APPLICANT
4(b) - SOLE AGENT / IMPORTER OF FOREIGN PRINCIPLE

i- MANDATORY SECTION

- Please fill out the following "Mandatory Section", duly referenced by Page No. of attachment.
- Failure to comply with any compulsory parameter shall render the bid non-responsive. Only bids meeting all compulsory parameters shall qualify for further evaluation under the Marking Criteria.
- Please submit softcopy of the application along with all annexures in USB.

S. No	Mandatory Requirements	Page No. (Attachment)
1	Registration with FBR for Income Tax & Sales Tax. (Attach copy of Certificate)	
2	FBR - Active Tax Payer Status of Income Tax & Sales Tax. (Attach evidence)	
3	Valid Drug Manufacturing License / Certificate of Manufacturer issued by the regularity authority of the country of origin. *(ensuring that the license covers the quoted product category)*	
4	Valid Current Good Manufacturing Practice (cGMP) issued by the relevant drug regulatory authority or an internationally recognized body. *(e.g., WHO, EMA, FDA)*	
5	Manufacturer's Authorization Letter clearly authorizing the applicant to import and distribute the quoted product(s) in Pakistan. *(Certificate duly signed and stamped should be provided by the Principle as Annexure-C)*	
6	Valid Drug Registration Certificate issued by DRAP of each quoted product *(If renewal is under process, documentary evidence of submission to DRAP must be provided. Applications for unregistered items shall not be accepted.)*	
7	Valid Drug Sales License of applicant issued by the relevant drug regulatory authority *(If renewal is under process, documentary evidence of submission to DRAP must be provided.)*	
8	The Applicant will provide registration documents issued by relevant registration authorities like S.E.C.P. /Registrar of firms / FBR.	
9	The Applicant will provide registration documents issued by relevant registration authorities like S.E.C.P. /Registrar of firms / FBR.	
10	Compliance with all Terms & Conditions and Instructions mentioned in the Pre-qualification Documents is mandatory. Applicants must submit the complete Pre-qualification Documents, duly signed and stamped on each page, as acknowledgment of acceptance.	
11	The organization is neither blacklisted nor involved in any litigation in this regard by any institution of the Federal or Provincial Government, or by any Department, Agency, Organization, Autonomous Body, or Private Sector entity anywhere in Pakistan. *(Certificate should be provided as* Annexure-B*)*	
12	Duly completed Annexure-A, D1 & D2	
13	Applicant must provide an undertaking that all near to expiry medicines must be replace with fresh stock.	

14	Applicant must provide 2 (two) packs of quoted item as sample for evaluation by Technical committee.	
15	Original Pre-qualification Sales Receipt	

ii- PRE-QUALIFICATION CRITERIA FOR APPLICANT

Only applicants who meet the Qualification Criteria with minimum passing score of 60% will be eligible for further evaluation in the Product Evaluation stage, in accordance with SPPRA guidelines.

S. No.	DESCRIPTION	MAX. MARKS	SLAB
1.	Annual Turnover / Sales of Applicant (Sales) for Last three years. - Above 1,000 Million - 500 Million up to 1,000 Million - Upto 500 Million *(Firm will provide FBR Income/Sales Tax Return OR Audited Financial Statement of 2024, 2025 & 2026)*	**15**	 15 10 7
2	Current Working Capital *(Firm will provide undertaking on notarized stamp paper of worth Rs. 100/-)*	**5**	
3.	Audited Financial Statement of Applicant for last Two Years. *(Duly signed & stamped by the relevant authority)*	**5**	
4.	Income Tax Return of Applicant for the Last Two Years. *(Duly signed & stamped by the relevant authority)*	**5**	
5.	Applicant & Manufacturer relationship regarding import experience - Above 5 years - Above 2 to 5 years - Up to 2 years *(Firm will submit the required declaration/undertaking on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)*	**10**	 10 7 5
6.	Satisfactory / Performance Certificate from more than 300-bed Government hospitals. - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals *(Duly signed & stamped by the relevant authority of Hospitals)*	**15**	 15 10 5
7.	Satisfactory / Performance Certificate from more than 300-bed Private hospitals. - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals *(Duly signed & stamped by the relevant authority of Hospitals)*	**15**	 15 10 5
8.	Please Provide: - Location & Size of Storage Facility of Importer. - High resolution photographs of Storage Facility of Importer. - Cold Storage Facility.	**5**	

	(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)		
9.	Manufacturer's Valid ISO-9001:2015 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).	**3**	
10.	Manufacturer's Valid ISO-17025 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).	**2**	
11.	Number of Functional Stability Chamber of Manufacturer - No. of Functional Stability Chamber 7 or above - No. of Functional Stability Chamber 4-6 - No. of Functional Stability Chamber 2-3 *(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)*	**10**	 10 7 5
12.	List of Technical Staff (Pharmacists/chemist/other) *(Attach section wise list with qualification & Experience, duly signed & stamped by the relevant authority)*	**10**	
	TOTAL MARKS	**100**	

For information purposes only – relevant details to be filled out in Annexure D-1, "Applicant Evaluation Schedule".

PRE-QUALIFICATION CRITERIA FOR APPLICANTS
4(c) – AUTHORIZED DISTRIBUTOR

i- MANDATORY SECTION

- Please fill out the following "Mandatory Section", duly referenced by Page No. of attachment.
- Failure to comply with any compulsory parameter shall render the bid non-responsive. Only bids meeting all compulsory parameters shall qualify for further evaluation under the Marking Criteria.
- Please submit softcopy of the application along with all annexures in USB.

S. No	Mandatory Requirements	Page No. (Attachment)
1	Registration with FBR for Income Tax & Sales Tax. (Attach copy of Certificate)	
2	FBR - Active Tax Payer Status of Income Tax & Sales Tax. (Attach evidence)	
3	Valid Drug Manufacturing License / Certificate of Manufacturer issued by the DRAP. *(ensuring that the license covers the quoted product category)*	
4	Valid Current Good Manufacturing Practice (cGMP) of Manufacturer issued by DRAP. *(ensuring that the license covers the quoted product category)*	
5	Manufacturer's Authorization Letter clearly authorizing the applicant to distribute the quoted product(s) in SIUT for the entire duration of this Pre-qualification period is required. *(Certificate duly signed and stamped should be provided by the Principle as Annexure-C)*	
6	Valid Drug Registration Certificate issued by DRAP of each quoted product. *(If renewal is under process, documentary evidence of submission to DRAP must be provided. Applications for unregistered items shall not be accepted.)*	
7	Compliance with all Terms & Conditions and Instructions mentioned in the Pre-qualification Documents is mandatory. Applicants must submit the complete Pre-qualification Documents, duly signed and stamped on each page, as acknowledgment of acceptance.	
8	The organization is neither blacklisted nor involved in any litigation in this regard by any institution of the Federal or Provincial Government, or by any Department, Agency, Organization, Autonomous Body, or Private Sector entity anywhere in Pakistan. *(Certificate should be provided as* Annexure-B*.)*	
9	Company Profile	
10	Duly completed Annexure-A, D1 & D2	
11	Applicant must provide an undertaking that all near to expiry medicines must be replace with fresh stock.	
12	Applicant must provide 2 (two) packs of quoted item as sample for evaluation by Technical committee.	
13	Original Pre-Qualification Sales Receipt	

ii- PRE-QUALIFICATION CRITERIA FOR APPLICANT

Only applicants who meet the Qualification Criteria with minimum passing score of 60% will be eligible for further evaluation in the Product Evaluation stage, in accordance with SPPRA guidelines.

S. No.	DESCRIPTION	MAX. MARKS	SLAB
1.	Annual Turnover / Sales of Applicant (Sales) for Last three years. - Above 1,000 Million - 500 Million up to 1,000 Million - Upto 500 Million *(Firm will provide FBR Income/Sales Tax Return OR Audited Financial Statement of 2022, 2023 & 2024)*	**15**	 15 10 7
2	Current Working Capital *(Firm will provide undertaking on notarized stamp paper of worth Rs. 100/-)*	**5**	
3.	Audited Financial Statement of Applicant for last Two Years. *(Duly signed & stamped by the relevant authority)*	**5**	
4.	Income Tax Return of Applicant for the Last Two Years. *(Duly signed & stamped by the relevant authority)*	**5**	
5.	Previous Relationship with SIUT - Above 5 years - Above 3 to 5 years - Up to 3 years *(Firm will submit POs & received Delivery Chalans)*	**10**	 10 7 5
6.	Satisfactory / Performance Certificate from more than 300-bed Government hospitals. - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals *(Duly signed & stamped by the relevant authority of Hospitals)*	**15**	 15 10 5
7.	Satisfactory / Performance Certificate from more than 300-bed Private hospitals. - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals *(Duly signed & stamped by the relevant authority of Hospitals)*	**15**	 15 10 5
8.	Please Provide: - Location & Size of Storage Facility of Manufacturer. - High resolution photographs of Storage Facility of Applicant. *(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)*	**5**	
9.	Manufacturer's Valid ISO-9001:2015 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).	**3**	
10.	Manufacturer's Valid ISO-17025 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International	**2**	

	Accreditation forum (IAF), (Duly attested by the senior executive of the firm).		
11.	Number of Functional Stability Chamber of Manufacturer - No. of Functional Stability Chamber 7 or above - No. of Functional Stability Chamber 4-6 - No. of Functional Stability Chamber 2-3 (*Firm must submit undertaking on notarized stamp paper of worth Rs. 100/-*)	**10**	 10 7 5
12.	List of Technical Staff of Manufacturer (Pharmacists/chemist/other) *(Attach section wise list with qualification & Experience, duly signed & stamped by the relevant authority)*	**10**	
	TOTAL MARKS	**100**	

For information purposes only – relevant details to be filled out in Annexure D-1, "Applicant Evaluation Schedule".

5- PRE-QUALIFICATION CRITERIA FOR INDIVIDUAL PRODUCT

(MINIMUM 60 MARKS REQUIRED OUT OF 100 MARKS FOR PRE-QUALIFICATION)

S. No.	DESCRIPTION	MAX. MARKS	SLAB
1	**Previous Experience of Public Sector Hospital** - Supply of the quoted product Equivalent or Higher than the required quantity. - Supply of the quoted product at least 70% or above of total of required quantity. - Supply of the quoted product at least 50% or above of total of required quantity. - Supply of the quoted product at least 25% to below 50% of total of required quantity. *(The Applicant shall submit a summary of institutional sales, supported by corresponding POs and their respective DC, covering the period from Jan, 2023 onward.* *This summary must be provided on a stamp paper of Rs. 100, duly notarized/legalized, and must be submitted along with copies of the relevant POs and DCs.* *Please note that only POs accompanied by duly acknowledged DCs from the respective institutions.)*	**15**	15 10 7 3
2	**Previous Experience of Private Sector** - Supply of the quoted product Equivalent or Higher than the required quantity. - Supply of the quoted product at least 70% or above of total of required quantity. - Supply of the quoted product at least 50% or above of total of required quantity. - Supply of the quoted product at least 25% to below 50% of total of required quantity. *(The Applicant shall submit a summary of private market sales, supported by corresponding POs and their respective DC, covering the period from Jan, 2023 onward.* *This summary must be provided on a stamp paper of Rs. 100, duly notarized/legalized, and must be submitted along with copies of the relevant POs and DCs.* *Please note that only POs accompanied by duly acknowledged DCs from the respective institutions.)*	**15**	15 10 7 3
3	**Source of active pharmaceutical ingredient (API) with certificate of analysis** a. API sourced directly from the original manufacturer / innovator / research molecule holder, duly approved or accredited by FDA, WHO, EMA, or any other Stringent Regulatory Authority (SRA). b. API sourced from a manufacturer duly licensed and approved/accredited by FDA, WHO, EMA, or any other SRA. *c.* API sourced from any manufacturer not falling under the above categories.	**15**	15 10 5

	(The firm must provide COA, GMP or regulatory accreditation, valid import documents—such as Bill of Lading, Airway Bill, or GD (Goods Declaration)—for the quoted source, covering the period from Jan, 2024 onward.)		
4	**Annual Product Quality Review (APQR)** a. APQR covering data for more than 100% required tender quantities of the quoted product. b. APQR covering data for 75% required tender quantities of the quoted product. *c.* APQR covering data for up to 50% required tender quantities of the quoted product. *(The firm will provide APQR report duly signed & stamp)*	**10**	10 7 5
5	**Report of drug testing laboratory (DTL) / Central Drug Laboratory (CDL) / National Institutes of Health (NIH)** If sample of quoted product declared failed/sub-standard by any DTL/CDL/NIH established under Drug Act 1976/MDR Rules 2017 are a. No batch of the quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022. b. One batch of quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022. c. Two or more batches of quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022. *(The firm will submit the undertaking that No batch of the quoted product was declared substandard on Rs. 100/- notarized stamp paper)*	**10**	10 7 5
6	Primary reference standards with shelf life use for QC testing [Applicable on locally manufactured Generic product, in case of branded origin product of EU/USA/Japan origin full marks]. *(The firm shall submit import / shipping document, and certificate of analysis (COA))*	**10**	
7	Stability study of quoted drugs (Real time stability study data of quoted drug from Jan 2021 onwards and should not be less than one year)	**10**	
8	Bioequivalence Study (if applicable) [Applicable on locally manufactured Generic product, in case of branded original product of EU/USA/Japan origin full marks] OR Bio similar study in case of Biological or biotech product	**10**	
9	Free Sale Certificate / Certificate of Pharmaceutical Product (CoPP) for imported items (duly attested from embassy of Pakistan in country of origin or embassy of country of origin in Pakistan original / true copy attached).	**5**	
TOTAL MARKS		**100**	

6-ANNEXURES

Annexure-A

APPLICANT'S INFORMATION
FOR MANUFACTURERS, IMPORTERS & DISTRIBUTORS

Company Name: _____

Contact Person Information			
Contact Person Name		Cell No.	
Designation		Tel No.	
Email ID			

Company Incorporation / Establishment Information			
N.T.N # Yes [ ] No [ ]		Active Tax Payer Status	Yes [ ] No [ ]
SECP Incorporation Certificate	Yes [ ] No [ ]	Email ID	
Year Established		Valid Distribution Letter (If applicable)	Yes [ ] No [ ]

Entity Type
1. Private Company [ ] 2. Public Company [ ] 3. NGO [ ] 4. Partnership [ ] 5. Sole Proprietor [ ]
Type of Business
1. Manufacturer [ ] 2. Importer [ ] 3. Distributor [ ]

Details of Owners					
Name	**Designation**	**Dir Tel No.**	**Email**	**CNIC No.**	**Address**

Details of Management					
Name	**Designation**	**Dir Tel No.**	**Email**	**CNIC No.**	**Address**

Principle Products and Services		
1)	3)	5)
2)	4)	6)

Registered Office					
Address:				Zip Code	
State / Province		Country		Tel (Office)	
City		Cell No.		Fax	
District		Email		Website (URL)	

Work Office					
Address:				Zip Code	
State / Province		Country		Tel (Office)	
City		Cell No.		Fax	
District		Email		Website (URL)	

Manufacturing Facility I					
Address:				Zip Code	
State / Province		Country		Tel (Office)	
City		Email		Fax	

Manufacturing Facility II					
Address:				Zip Code	
State / Province		Country		Tel (Office)	
City		Email		Fax	

Primary Storage Facility					
Address:				Zip Code	
State / Province		Country		Tel (Office)	
City		Email		Fax	

Please specify below the names & designations of the employees of SIUT to whom Owner/CEO/Management of your firm has relationship.

	Name	Designation	Relationship
1			
2			

If no data is filled in the above table and subsequently any information contrary to above facts comes in notice of SIUT then in addition to other action, SIUT may terminate Purchase Contract at the cost of Applicant.

All information given above is true and correct.

_____
Authorized Person

_____
Stamp of the Company

Copies to be attached:

1- Attach evidence against YES [ ], where ever applicable;
2- CNIC of Owner/Top Management;
3- CNIC of Company Representative.

Annexure-B

CERTIFICATE

Date: _____

To
Office of the Director
SIUT, Karachi,
Sindh

WHEREAS ___[Applicant Name]___ hereby certify that, we are not blacklisted and litigated in this regard by any institute of Federal, Provincial Government or any Department / Agency / Organization / Autonomous body or Private Sector Organization anywhere in Pakistan.

Authorized Sign & Stamp

[Applicant Name]

Note: *This certificate should be on the stamp paper of Rs. 100 and should be signed by a person competent authority and having the power of attorney to bind the applicant.*

Annexure-C

CERTIFICATE OF DISTRIBUTOR NOMINATION

This is to certify that;

1- {Name of Distributor], has been nominated by: [Name of Manufacturer/Importer] as their authorized distributor for the supply of [Product/Service] for the entire contract period.

2- The manufacturer/importer shall not change its nominated distributor during the contract period, unless exceptional circumstances warrant such a change, which shall be allowed only with the prior approval of the competent authority of SIUT.

This certificate is issued in accordance with the contract agreement and is valid for the duration of the contract period.

Issued on: [Date]

Authorized Signature:

[Name]

[Designation]

SIUT

Annexure-D1

PRE-QUALIFICATION CRITERIA FOR APPLICANT
Local Manufacturer

	1	2	3	4	5	6	7	8	9	10	11	12
Applicant Name & Category	**Annual Turnover / Sales of Applicant (Sales) for Last three years.** - Above 1,000 Million = 15 - 500 Million up to 1,000 Million = 10 - Upto 500 Million = 7	**Net Capital investment**	**Audited Financial Statement of Applicant for Last Two Years**	**Income Tax Return of Applicant for the Last Two Years**	**Satisfactory / Performance Certificate (Govt. hospitals)** - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5	**Satisfactory / Performance Certificate (Private hospitals)** - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5	**Please Provide:** **- Location & Size of Manufacturing Facility.** **- High resolution photographs of Manufacturing & Storage Facility.** **- Cold Storage Facility.**	**Valid ISO-9001:2015 certificate issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).**	**Valid ISO-17025 certificate issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).**	**In-house lab testing facilities**	**Number of Functional Stability Chamber** - No. of Functional Stability Chamber 7 or above = 10 - No. of Functional Stability Chamber 4-6 = 7 - No. of Functional Stability Chamber 2-3 = 5	**List of Technical Staff** (Pharmacists/chemist/other)
Max Marks	15	5	5	5	15	15	5	3	2	10	10	10

For Example

XYZ (PVT) LTD (Manufacturer)	1,001 Million (Page # 20)	Yes (Page # 25)	Yes (Page # 30)	Yes (Page # 40)	Yes (Page # 42)	Yes (Page # 60)	Yes (Page # 61)	Yes (Page # 61)	Yes (Page # 63)	Yes (Page #	Yes (Page # 63)	Yes (Page # 50)

INSTRUCTIONS

Following Content should be inserted as described:

- **A** Please insert Applicant Name & Category
- **B** Please insert Amount in Million & Page No. of attachment
- **C** Please insert Yes/No & Page No. of attachment.
- **D** Please insert Yes/No & Page No. of attachment.
- **E** Please insert Yes/No & Page No. of attachment.
- **F** Please insert Yes/No & Page No. of attachment.
- **G** Please insert Yes/No & Page Number of attached evidence.
- **H** Please insert Yes/No & Page Number of attached evidence.
- **I** Please insert Yes/No & Page Number of attached evidence.
- **J** Please insert Yes/No & Page Number of attached evidence.
- **K** Please insert option (a), (b) & (c) & Page Number of attached evidence.
- **L** Please insert option (a), (b) & (c) & Page Number of attached evidence.
- **M** Please insert option (a), (b) & (c) & Page Number of attached evidence.

Note: Please Provide Softcopy of this Annexure.

PRE-QUALIFICATION CRITERIA FOR APPLICANT
SOLE AGENT / IMPORTER OF FOREIGN PRINCIPLE

	1	2	3	4	5	6	7	8	9	10	11	12
Applicant Name & Category	**Annual Turnover / Sales of Applicant (Sales) for Last three years.** - Above 1,000 Million = 15 - 500 Million up to 1,000 Million = 10 - Upto 500 Million = 7	**Current Working Capital**	**Audited Financial Statement of Applicant for Last Two Years**	**Income Tax Return of Applicant for the Last Two Years**	**Applicant & Manufacturer relationship regarding import experience** - Above 5 years = 10 - Above 2 to 5 years = 7 - Up to 2 years = 5	**Satisfactory / Performance Certificate from more than 300-bed Government hospitals.** - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5	**Satisfactory / Performance Certificate from more than 300-bed Private hospitals.** - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5	**Please Provide:** - Location & Size of Manufacturing Facility. - High resolution photographs of Storage Facility. - Cold Storage Facility.	**Valid ISO-9001:2015 certificate of manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).**	**Valid ISO-17025 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).**	**Number of Functional Stability Chamber of Manufacturer** - No. of Functional Stability Chamber 7 or above = 10 - No. of Functional Stability Chamber 4-6 = 7 - No. of Functional Stability Chamber 2-3 = 5	**List of Technical Staff** (Pharmacists/chemist/other)
Max Marks	15	5	5	5	10	15	15	5	3	2	10	10

For Example

XYZ (PVT) LTD (Importer)	1,001 Million (Page # 20)	Yes (Page #	Yes (Page # 30)	Yes (Page # 40)	Yes (Page # 40)	Yes (Page # 42)	Yes (Page # 60)	Yes (Page # 61)	Yes (Page # 61)	Yes (Page # 63)	Yes (Page # 63)	Yes (Page # 50)

INSTRUCTIONS

Following Content should be inserted as described:

A Please insert Applicant Name & Category
B Please insert Amount in Million & Page No. of attachment
C Please insert Yes/No & Page No. of attachment.
D Please insert Yes/No & Page No. of attachment.
E Please insert Yes/No & Page No. of attachment.
F Please insert Yes/No & Page No. of attachment.
G Please insert Yes/No & Page Number of attached evidence.
H Please insert Yes/No & Page Number of attached evidence.
I Please insert Yes/No & Page Number of attached evidence.
J Please insert Yes/No & Page Number of attached evidence.
K Please insert option (a), (b) & (c) & Page Number of attached evidence.
L Please insert option (a), (b) & (c) & Page Number of attached evidence.
M Please insert option (a), (b) & (c) & Page Number of attached evidence.

Note: Please Provide Softcopy of this Annexure.

Annexure-D1

PRE-QUALIFICATION CRITERIA FOR APPLICANT
AUTHORIZED DISTRIBUTOR

	1	2	3	4	5	6	7	8	9	10	11	12
Applicant Name & Category	**Annual Turnover** - Above 1,000 Million = 15 - 500 Million up to 1,000 Million = 10 - Upto 500 Million = 7	**Current Working Capital**	**Audited Financial Statement of Applicant for Last Two Years**	**Income Tax Return of Applicant for the Last Two Years**	**Previous Relationship with SIUT** - Above 5 years - Above 3 to 5 years - Up to 3 years	**Satisfactory / Performance Certificate (Govt hospitals)** - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5	**Satisfactory / Performance Certificate (Private hospitals)** - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5	**Please Provide:** - Location & Size of Storage Facility of Manufacturer. - High resolution photographs of Storage Facility of Applicant.	**Valid ISO-9001:2015 certificate of manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).**	**Valid ISO-17025 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm).**	**Number of Functional Stability Chamber of Manufacturer** - No. of Functional Stability Chamber 7 or above = 10 - No. of Functional Stability Chamber 4-6 = 7 - No. of Functional Stability Chamber 2-3 = 5	**List of Technical Staff of Manufacturer** (Pharmacists/chemist/other)
Max Marks	15	5	5	5	10	15	15	5	3	2	10	10

For Example

XYZ (PVT) LTD (Distributor)	1,001 Million (Page # 20)	Yes (Page # 25)	Yes (Page # 30)	Yes (Page # 40)	Yes (Page # 40)	Yes (Page # 42)	Yes (Page # 60)	Yes (Page # 61)	Yes (Page # 61)	Yes (Page # 63)	Yes (Page # 63)	Yes (Page # 50)

INSTRUCTIONS

Following Content should be inserted as described:

A Please insert Applicant Name & Category
B Please insert Amount in Million & Page No. of attachment
C Please insert Yes/No & Page No. of attachment.
D Please insert Yes/No & Page No. of attachment.
E Please insert Yes/No & Page No. of attachment.
F Please insert Yes/No & Page No. of attachment.
G Please insert Yes/No & Page Number of attached evidence.
H Please insert Yes/No & Page Number of attached evidence.
I Please insert Yes/No & Page Number of attached evidence.
J Please insert Yes/No & Page Number of attached evidence.
K Please insert option (a), (b) & (c) & Page Number of attached evidence.
L Please insert option (a), (b) & (c) & Page Number of attached evidence.
M Please insert option (a), (b) & (c) & Page Number of attached evidence.

Note: Please Provide Softcopy of this Annexure.

PRODUCT EVALUATION SCHEDULE

TO BE FILLED MANDATORILY

S. No	Tender Item Code	Name of Medicine	Formulation	Brand Name	Pack Size	1	2	3	4	5	6	7	8	9
						Experience of Public Hospital - Supply of the quoted product Equivalent or Higher than the required quantity. - at least 70% or above - at least 50% or above - at least 25% to below 50%	**Experience of Private Hospital** - Supply of the quoted product Equivalent or Higher than the required quantity. - at least 70% or above - at least 50% or above - at least 25% to below 50%	**Source of active pharmaceutical ingredient (API) with certificate of analysis** a. API sourced directly from the original manufacturer / innovator / research molecule holder, duly approved or accredited by FDA, WHO, EMA, or any other Stringent Regulatory Authority (SRA). b. API sourced from a manufacturer duly licensed and approved/accredited by FDA, WHO, EMA, or any other SRA. c. API sourced from any manufacturer not falling under the above categories.	**Annual Product Quality Review (APQR)** a. APQR covering data for more than 100% required tender quantities of the quoted product. b. APQR covering data for 75% required tender quantities of the quoted product. c. APQR covering data for up to 50% required tender quantities of the quoted product	**Report of drug testing laboratory (DTL) / Central Drug Laboratory (CDL) / National Institutes of Health (NIH)** **If sample of quoted product declared failed/sub-standard by any DTL/CDL/NIH established under drug act1976/MDR Rules 2017 are** **a. less than 1% since January, 2020 to August 31, 2021 = 10 Marks** **b. less than 2% since January, 2020 to August 31, 2021 = 7 Marks** **c. less than 2-3% since January, 2020 to August 31, 2021 = 3 Marks** **(Attach evidence)**	**Primary reference standards with shelf life use for QC testing [Applicable on locally manufactured Generic product, in case of branded origin product of EU/USA/Japan origin full marks].**	**Stability study of quoted drugs (Real time stability study data of quoted drug from Jan 2021 onwards and should not be less than one year)**	**Bioequivalence Study (If applicable) [Applicable on locally manufactured Generic product, in case of branded original product of EU/USA/Japan origin full marks]** **OR** **Bio similar study in case of Biological or biotech product**	**Free Sale Certificate / Certificate of Pharmaceutical Product (CoPP) for imported items (duly attested from embassy of Pakistan in country of origin or embassy of country of origin in Pakistan original / true copy attached).** **(Attach evidence)**
Max. Marks						15	15	15	10	10	10	10	10	5

INSTRUCTIONS

Following Content should not be altered:

A Serial No.

B Tender Item Code

C Name of Medicine.

D Formulation

Following Content should be inserted as described:

E Insert Brand Name of Medicine

F Insert Pack size of Medicine i.e. 1's / 10's / 14's (Number of unit in each pack).

G Insert Number of Public Hospitals & Page Number of attached evidence

H Insert Number of Private Hospitals & Page Number of attached evidence

I Insert option (a), (b) & (c) & Page Number of attached evidence

J Insert option (a), (b) & (c) & Page Number of attached evidence

K Insert option (a), (b) & (c) & Page Number of attached evidence

L Please insert Yes/No & Page Number of attached evidence

M Please insert Yes/No & Page Number of attached evidence

N Please insert Yes/No & Page Number of attached evidence

O Please insert Yes/No & Page Number of attached evidence

Note: Please Provide Softcopy of this Annexure.

Annexure-E

Requirement & Specification

S. No	Tender Item Code	Name of Medicine	Formulation	Req. Quantity per unit
1	CAP2-006	SUNITINIB 12.5MG	Cap	60,000
2	CAP3-001	CYCLOSPORIN 100MG	Cap	700,000
3	CAP3-002	CYCLOSPORIN 25MG	Cap	2,000,000
4	CAP3-003	CYCLOSPORIN 50MG	Cap	500,000
5	INF1-003	0.9% SODIUM CHLORIDE 100 ML (EURO CAP)	Inf	700,000
6	INF1-004	0.9% SODIUM CHLORIDE 1000 ML (EURO CAP)	Inf	1,000,000
7	INJ1-005	ANTIHEMOPHILLIC FACTOR VIII	Inj	200
8	INJ1-006	ALBUMIN 20% 50ML	Inj	10,000
9	INJ1-017	ANTIHEMOPHILLIC FACTOR VII	Inj	900
10	INJ1-022	ATRACURIUM BESYLATE 50MG	Inj	80,000
11	INJ1-050	COLISTIMETHATE SODIUM 1 MILLION UNIT	Inj	120,000
12	INJ1-076	FILGRASTIM 300MCG	Inj	12,000
13	INJ1-087	HEPARIN 5000 IU/ ML	Inj	200,000
14	INJ1-092	IMIPENEM AND CILASTATIN SODIUM 500MG	Inj	60,000
15	INJ1-093	IMMUNOGLOBULIN (IVIG) 2.5GM 50ML	Inj	4,000
16	INJ1-094	COLISTIMETHATE SODIUM 2 MILLION UNIT	Inj	30,000
17	INJ1-095	COLISTIMETHATE SODIUM 4.5 MILLION UNIT	Inj	20,000
18	INJ1-119	MEROPENEM 1G	Inj	40,000

S. No	Tender Item Code	Name of Medicine	Formulation	Req. Quantity per unit
19	INJ1-120	MEROPENEM 500MG	Inj	120,000
20	INJ1-155	PIPERACILLIN / TAZOBACTAM 2.25G	Inj	150,000
21	INJ1-156	PIPERACILLIN / TAZOBACTAM 4.5G	Inj	180,000
22	INJ1-183	TIGECYCLINE 50MG	Inj	10,000
23	INJ1-205	VANCOMYCIN 1G	Inj	60,000
24	INJ1-271	BEVACIZUMAB 100 mg	Inj	50
25	INJ2-011	CYCLOPHOSPHAMIDE 1G	Inj	1,000
26	INJ2-042	BELATACEPT 250MG/VIAL	Inj	100
27	INJ2-043	DARATUMUMAB 100 MG	Inj	100
28	INJ2-045	RITUXIMAB 500MG	Inj	1,600
29	INJ2-046	RITUXIMAB 100MG	Inj	50
30	INJ2-047	INFLIXIMAB 100 MG	Inj	30
31	INJ3-002	ANTITHYMOCYTE GLOBULIN	Inj	3,000
32	INJ3-003	BASILIXIMAB 20MG	Inj	80
33	INJ3-004	CYCLOSPORIN 250MG/5ML	Inj	40
34	INJ3-006	METHYLPREDISOLONE SUCCINATE 500MG	Inj	6,000
35	INJ3-009	GANCICLOVIR 500MG	Inj	6,500
36	INJ3-063	ERYTHROPOIETIN 10,000 IU ALFA PRE-FILLED SYRINGE	Inj	250,000
37	RAD1-002	NON IONIC I/V CONSTRAST MEDIUM 100ML	Inj	40,000
38	RAD1-005	IOHEXOL NON IONIC CONSTRAST MEDIUM 350MG/ML 100ml vial	Inj	1,000

S. No	Tender Item Code	Name of Medicine	Formulation	Req. Quantity per unit
39	SYP3-001	CYCLOSPORIN 50ML	Syp	2,000
40	TAB3-001	AZATHIOPRINE 50MG	Tab	2,200,000
41	TAB3-002	EVEROLIMUS 0.25MG	Tab	120,000
42	TAB3-003	EVEROLIMUS 0.75MG	Tab	180,000
43	TAB3-004	MYCOPHENOLAT MOFETIL 500MG	Tab	1,000,000
44	TAB3-005	MYCOPHENOLAT SODIUM 180MG	Tab	5,000
45	TAB3-006	MYCOPHENOLAT SODIUM 360MG	Tab	25,000
46	TAB3-007	PREDNISOLONE 5MG	Tab	3,500,000
47	TAB3-008	SIROLIMUS 1MG	Tab	280
48	TAB3-009	TACROLIMUS 0.5MG	Tab	970,000
49	TAB3-010	TACROLIMUS 1MG	Tab	3,000,000