GENERAL PRE-QUALIFICATION QUESTIONNAIRE

Supplier's Name : _____

_____

Prequalification No. : _____

Rawalpindi Medical University

Government of the Punjab

Invitation for Prequalification of Manufactures/ Authorized Dealers/ Agents/Contractors/ General Order Suppliers for Provision of Goods and Services for Financial Year 2026-2027

Rawalpindi Medical University intends to prequalification of well reputed Sales Tax, Income Tax and E-PADS registered Firms/Companies/Sole Proprietors (Manufacturers/Authorized Dealers/Agents/Contractors/ General Order Suppliers) for the period of one year (July2026- June-2027) for the supplies/ services of following categories.

Descriptions					
Electrical & Electronic equipment	IT equipment/ accessoriesand services	Furniture and fixture	General store items	Sanitary Items and Accessories	Nursery Farms for Provisions of Plants
Office Repair and Maintenance Services	Office Stationary andsupplies	Safety & Security Equipment	Vehicle s' Spare Parts, Tires, Batteries and Accessories	Auto mobile workshops	Medical Books/ Journals
Printing of Books/Journals/Banners/Pamphlets etc.	Machinery & Equipment	CCTV Cameras & Services	Repair & Maintenanceof Lab Equipment	Repair & Maintenanceof Machinery & Equipment	Catering / food /refreshment service providers (Bakeries)

Interested bidders may download prequalification documents from the website (www.ppra.punjab.gov.pk) , (www.rmur.edu.pk) free of cost . Prospective bidders are requested to submit their proposals on / before **20-07-2026 till 10:30 a.m. in Purchase Department RMU New Teaching Block in side Holy Family Hospital Rawalpindi.**.

The URL of the website of PPRA is (https://eproc.punjab.gov.pk/ActiveTender.aspx) and response time shall be calculated exclusively from the date of publication of advertisement on the website of PPRA.

In case of official holiday on the day of submission, next day will be treated as closing date. RMU may reject all the proposals subject to relevant provision of Punjab Procurement Rules 2014

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

Rawalpindi Medical University

SUPPLIER'S PREQUALIFICATION FORMU

To be filled by Vendor / Supplier

1. Scope of work / project interested to be qualified for: _____

2. Trade Name of the Concern: _____

3. Business Address (Head Office): _____

   _____

   Telephone No. (with area code): _____

   Fax No.:_____Cell No.: _____

   E-Mail:_____ Web Address: _____

   E-PADS Registration _____

4. Names and Contact Numbers of Proprietors / Directors:

   1. _____ 2. _____

   3. _____ 4._____

5. Person(s) to be contacted (mention Cell Number as well):

   1._____ 2. _____

6. Type of Concern (Please tick box):

   a. Sole proprietor ☐ b. Partnership ☐

   c. Private ☐ d. Public Ltd ☐

7. Nature of the Business (Please tick box):

   a. Stockist / General Order Supplier ☐

   b. Manufacturer ☐

   c. Importer / Indentor ☐

   d. Services - Please specify ☐

8. Date of Registration: _____

9. Factory Address and Telephone Nos. (if applicable): _____

   _____

10. Details / Addresses of Offices outside Rawalpindi / Pakistan (if applicable):
    a. _____
    _____
    b. _____
    _____
    c. _____
    _____

11. Name of Sister Concerns (if applicable):
    (Please tick the relevant box)
    a. _____
    b. _____

12. Manpower Qualification (Optional):

Graduate	☐	Skilled	☐
Engineers	☐	Semi-Skilled	☐

13. Number of staff employed:

Office	☐	Factory	☐

14. If provider of Goods/Equipment, then please provide a list of 5 major goods/equipment:
    a. _____
    b. _____
    c. _____
    d. _____
    e. _____

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

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

17. Please provide a copy of your company profile:

Enclosed ☐

Not Enclosed ☐

18. Is your company ISO certified?

Yes ☐

No ☐

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

a. _____

b. _____

c. _____

d. _____

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

21. National Tax Number:

22. Professional Tax Certificate

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

	Turn over	**Paid up Capital**
Year _____		
Year _____		
Year _____		

24. Bank Details:

a. Name of the Bank: _____

b. Branch Address: _____

c. Account No.: _____

d. Branch Code: _____

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

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

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

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

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

Rawalpindi Medical University

SUPPLIER'S PREQUALIFICATION FORMU

DECLARATION

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

Name of Person completing this form:_____

_____ _____

Signature Date

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

FOR RMU USE ONLY

Recommendation of Purchase - Officer:

_____

_____

_____

_____

Recommended &Approved by Local Purchase Committee RMU:

Name:_____

Signature:_____

Designation:_____

Date: _____

Name:_____

Signature:_____

Designation:_____

Date: _____

Name:_____

Signature:_____

Designation:_____

Date: _____