

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

Manager Quality Assurance & Supply chain  
Karwan-e-Hayat - Psychiatric Care & Rehabilitation Centre,  
Near KPT and Ziauddin Hospital, Keamari  
Karachi.

Subject: Registration of Firms—Pharmaceuticals Companies/ Manufacturers/ Sole Distributors/ Wholesalers

Dear Sir,

Please register our Firm/ Company/ Institution as an approved supplier for Medical Products, Controlled Drugs, Accessories and Disposable items etc. Our particulars are given below:-

- a) Full Name of Firm / Company \_\_\_\_\_
- b) Complete Address of Business \_\_\_\_\_
- c) Contact No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- d) E-Mail Address \_\_\_\_\_
- e) Proprietor's/Owner's Name \_\_\_\_\_
- f) Proprietors / Owner ID Card No. \_\_\_\_\_ Contact \_\_\_\_\_
- g) Sales Tax Reg. No. \_\_\_\_\_ NTN No. \_\_\_\_\_
- h) Bank Name \_\_\_\_\_ Branch \_\_\_\_\_
- i) Account No. \_\_\_\_\_
- j) Whether Company / Manufacturer, Importers, Wholesalers, Distributors / Agent \_\_\_\_\_
- k) We are manufacturer/ Agent/ Distributors/ Wholesalers of \_\_\_\_\_
- l) Whether ever blacklisted YES / NO \_\_\_\_\_  
if Yes, give details \_\_\_\_\_

PS: - Please attach Photocopy for Sr. No. f, g and valid agency agreement/ Manufacturing License for Sr. No. K.

Signed \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_

**Note: to be submitted on Company Letterhead**

## LIST OF GENERIC / BRAND NAME OF MEDICINES TO BE PURCHASED FOR THE YEAR 2020-21

S.No.	GENERIC NAME	STRENGTH	Annual Consumption (Tabs)	REMARKS
	<b><u>TABLETS</u></b>			
1	ARIPIRAZOLE	15mg	17,400	
2	ARIPIRAZOLE	10mg	15,000	
3	BUPROPION	150mg	3,000	
4	GABAPENTINE	100mg	2,000	
5	MIRTAZPINE	30mg	5,000	
6	PAROXETINE HCL CR	25mg	25,000	
7	RISPERIDONE	2mg	50,000	
8	RISPERIDONE	4mg	250,000	
9	TRAZODONE	50mg	2,000	
10	DIVALPROEX SODIUM	500mg	350,000	
11	DIVALPROEX SODIUM	250mg	200,000	
12	CLOZAPINE	25mg	2,400	
13	CLOZAPINE	100mg	51,000	
14	MECOBALAMIN	500mg	20,000	
15	SERTRALINE HCL	50mg	3,600	
16	SERTRALINE HCL	100mg	10,200	
17	LEVOSULPIRIDE	50mg	10,200	
18	LEVOSULPIRIDE	25mg	14,400	
19	MIRTAZPINE	15mg	20,000	

S.No.	GENERIC NAME	STRENGTH	Annual Consumption (Tabs)	REMARKS
20	OLANZAPINE	5mg	100,800	
21	OLANZAPINE	10mg	150,000	
22	TRAZODONE	100mg	3,000	
23	PARACETAMOL	500mg	3,600	
24	ATENOLOP BP	50mg	1,500	
25	DIVALPROEX SODIUM	250mg	280,000	
26	METRONIDAZOLE	400mg	1,800	
27	OXCARBAZEPINE	300mg	38,000	
28	OXCARBAZEPINE	600mg	3,000	
29	CLONAZEPAM	2mg	50,000	
30	CLONAZEPAM	0.5mg	420,000	
32	ALPRAZOLAM	0.5mg	100,000	
33	FLUVOXAMINE MALEAT BP	100mg	3,600	
34	FLUVOXAMINE MALEAT BP	50mg	4,800	
35	CARBAMAZEPINE	200mg	50,000	
37	TRIFLUOPERAZINE	1mg	52,000	
38	TRIFLUOPERAZINE	5mg	30,000	
39	HALOPRIDOL	5mg	105,000	
40	LITHIUM CARBONATE	400mg	10,000	
41	PROCYECLIDINE	5mg	700,000	
42	BROMAZIPAM	3mg	100,000	
44	ESCITALOPRAM	10mg	150,000	

S.No.	GENERIC NAME	STRENGTH	Annual Consumption (Tabs)	REMARKS
45	ESCITALOPRAM	5mg	80,000	
46	TOPIRAMATE	100mg	15,000	
47	TOPIRAMATE	25mg	4,000	
48	TOPIRAMATE	50mg	3,000	
49	LAMOTRIGINE	100mg	5,000	
50	LAMOTRIGINE	25mg	12,000	
51	LAMOTRIGINE	50mg	1,500	
52	QUETIAPINE	100mg	27,000	
53	QUETIAPINE	200mg	12,000	
54	QUETIAPINE	25mg	2,500	
55	AMISULPRIDE	100mg	1,200	
56	DOSULEPIN HYDROCHLORIDE	25mg	4,200	
57	DOSULEPIN HYDROCHLORIDE	75mg	1,200	
58	AMYTRYPTILINE	25mg	15,000	
59	LORAZEPAM	2mg	4,000	
60	PROPRANOL	10mg	90,000	
61	DIAZEPAM	5mg	5,000	
62	IMIPRAMINE	25mg	20,000	
63	CLOMIPRAMINE HYDROCHLORIDE	25mg	4,800	
64	VITAMIN B1+B6+B12	-	3,600	
65	FOLIC ACID	-	24,000	
66	CITALOPRAM	20mg	5,000	

S.No.	GENERIC NAME	STRENGTH	Annual Consumption (Tabs)	REMARKS
67	METFORMIN HYDROCHLORIDE	500mg	1,000	
	<b><u>CAPSULES</u></b>		-	
68	ZIPRASIDONE	40mg	10,000	
69	GABAPENTINE	300mg	1,800	
70	VENLAFAXINE XR	75mg	80,000	
71	OLANZAPINE / FLUOXETINE	3/25mg	4,000	
72	OLANZAPINE / FLUOXETINE	12/25mg	7,000	
73	OLANZAPINE / FLUOXETINE	6/25mg	5,000	
74	DULOXTINE	30mg	25,800	
75	FLUOXETINE	20mg	12,000	
76	PREGABLIN	50mg	2,000	
	<b><u>INJECTIONS</u></b>			
77	FLUPHENAZINE	25mg	10,000	
78	DIAZEPAM	10mg	1,200	
79	HALOPRIDOL BP 5mg	-	2,000	
80	PROCYECLIDINE	10mg	1,200	
81	FLUPENTIXOL DECANOATE BP	40mg/2ml	600	
82	ZUCLOPENTHIXOL DECANOATE	200mg/1 ml	600	
83	DIAZEPAM	5mg	1,200	
85	ZUCLOPINTIXOL ACETATE	100mg/1 ml	600	
86	INJECTION B1 B6 B12 ( in Alcohol Withdrawal)	-	1,000	
	<b><u>SYRUP</u></b>			

S.No.	GENERIC NAME	STRENGTH	Annual Consumption (Tabs)	REMARKS
87	RISPERIDONE	30ml	300	
	<b><u>GENERAL &amp; MISC. ITEMS</u></b>			
88	COTTON ROLL	Large	600	
89	D/SYRING	3 CC	12,000	
90	D/SYRING	5 CC	6,000	
91	D/SYRING	10 CC	1,200	
92	D/GLOVES	-	120	
93	ALCOHAL SAWAB	-	12,000	
94	O.R.S	Box	600	

## **TERMS & CONDITIONS**

Application with sealed quotation will be considered from Companies/ Firms/ Distributers which have sound financial background, after sales network and proven track record of supplying Medicines to renowned public sector/private sector and Hospitals having infrastructure to support utilization. No quotation without Security Deposit of Rs.25,000/- in favor of Karwan-e-Hayat in shape of Pay Order will be considered. Rate quoted should be valid for one year i.e. July-2020 to June-2021. Last date of submitting sealed tenders is 19<sup>th</sup> June, 2020 till 2:00 PM. Management of Karwan-e-Hayat reserves the right of rejection of any product or whole quotation without any reason.

Registration form duly completed, by the firm along with the following documents be sent to Manager Supply Chain, Karwan-e-Hayat, along with a Pay Order of Rs. 6,000/- (Six Thousand Only) non-refundable in favor of Karwan-e-Hayat.

Suppliers/Manufacturers already registered with Karwan-e-Hayat, will pay Rs.5,000/- (Five Thousand Only) non-refundable as Registration Renewal Fee.

### **Following Documents to be attached with Registration Application**

- ✓ Photocopy of National Identity Card of Proprietors/ Authorized representative on firms letter head with three specimen signature of authorized person.
- ✓ Copy of Agency Agreement (Valid) with foreign Principals/Biomedical Equipment Company.
- ✓ Performance Report from reputed Hospitals and Government authorization.
- ✓ Bank- Certificate or Bank Statement: - A certificate of Banker (in Original) certifying the, extent of business and financial soundness OR Bank statement for last six months.
- ✓ Information regarding registration with any other organization like Federal Ministry of Health, Provincial Ministries etc.
- ✓ Photocopy of Sales Tax Registration and NTN.
- ✓ Photocopy of manufacturing License (In case of Manufacturer)
- ✓ Price List Indicating Reg. No., Pack Size, Strength, Retail & Trade Price.
- ✓ Product efficiency report of medicines from DRA and one Private Laboratory Report.

Other Information, If any.

*Thank you*