**Medical Supplier Registration Form**

**2024**

**Quantification & Procurement Division Department of Medical Product, National Medical Service**

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# Backdrop:

Fundamentally, there are four broad responsive criteria besides some other criteria to be fulfilled by a prospective supplier to get the firm registered at the Quantification & Procurement Division, Department of Medical Product, National Medical Service,Ministry of Health. The medical supplies encapsulate all medicines, vaccines, medical equipment, reagents and other consumables and other medical items.

These criteria are largely in congruence with the Procurement Rules and Regulations 2009 (Revised 2023) of Bhutan, Chapter II, 2.1 and some relevant prerequisites befitting the needs of Ministry of Health:

Suppliers who do not meet the registration criteria shall not qualify for receipt of Registered Suppliers Certificate for supply of medical supplies for the Ministry of Health. Or only those prospective bidders who qualify shall only be eligible to partake in tender of medical goods as per the PRR in vogue inter alia.

1. **Qualification Criteria for Bidders**
2. **General suitability:**

The credential of the applicant bidder must be established first.

* 1. Prospective bidder/supplier should have a valid Physical Address with existing physical establishment; not a virtual address/organization.
  2. Prospective bidder/supplier should have a valid Complete Postal address.
  3. Prospective bidder/supplier should have a valid telephone and fax/email with operational facilities.
  4. Prospective bidder/supplier should submit a Company/Business Profile.
  5. Prospective bidder/supplier should submit a line of products intended to supply or specialize.
  6. Prospective bidder/supplier should provide a valid attested and endorsed banking detail.
  7. Personal banking details will not be acceptable except in the case where the supplier is a sole trader.
  8. Prospective bidders/suppliers should submit a copy of a valid Citizenship Identity Card/ passport/voter card of all proprietors or partners (*where applicable*).
  9. Bidder /Suppliers (Sole, dealer, Partnership and Joint venture) should submit a valid trade license issued by the**) Ministry of Industry, Commerce and Employment (MoICE)** , Royal Government of Bhutan.
  10. For Joint Venture suppliers, valid trade licenses issued by relevant authority in their country where business is registered should be submitted along with a copy of legally executed partnership/ joint venture agreement.

1. **Financial capability:**

Applicant should submit evidence of its financial and economic capacity as follows:

* 1. A copy of its Annual or Audited Financial reports of the last three (3) consecutive assessment years for existing/established firms.
  2. A valid tax clearance certificate from the Department of Revenue and Customs, Ministry of Finance
  3. The firm should have a credit line facility from any National Bank/ Financial Institute to a minimum period of six (6) months from the day of conclusion of contract agreement with QPD, DMP
  4. Applicant/Suppliers should submit a cancelled bank cheque.

1. **Technical Ability**:

Evidence of the applicant’s technical ability is assessed by the following requirements:

* 1. Detail as to competent and/or relevant person(s) with nationality, qualification and number of years of experience in the same line of business.
  2. The relevant qualification certificate and employment contract agreement between employee and the firm/applicant must be produced for 3.1.

# 4 Exclusion of Bidders

The applicant bidder shall be excluded from participation in the procurement process under the following circumstances. The applicant must honestly disclose it/them without any misrepresentation:

4.1 The applicant is insolvent or in receivership or is bankrupt or is in the process of being wound up; or have entered into an arrangement with the creditors; or

4.2 The Applicant’s affairs are being administered by Court, judicial officer or by an appointed liquidator; or

4.3. The applicant had suspended business; or is in any analogous situation arising from similar procedures under the laws and regulations of the country of establishment; or

4.4 The applicant has been found guilty of professional misconduct by a recognized tribunal or professional body; or

4.5 The applicant has not fulfilled obligations with regards to the payment of taxes, social security, or other payments due in accordance with the laws of the country in which he is established or of the Kingdom of Bhutan; or

4.6 The applicant is debarred from participation in public procurement by any competent authority as per law.

The applicant must submit documentary evidence, not limited to, as follows:

1. Extracts from judicial record or equivalent official document issued by a competent judicial or administrative authority;
2. Solemn declarations made by the bidders concerned before a judicial or administrative authority designated for such purposes.

# B Terms of References for Registration

* 1. **Purpose of registration system** 
     1. Is to curtail the waste of time caused by the repeated qualification of bidders for similar procurements.
     2. To ensure a continued pool of suitably qualified suppliers/contractors.
  2. **Objectives registration system**

**The broad objects, not limited to, are the following:**

* + 1. To maintain a sufficient pool of competent bidders/suppliers through registration process/system in order to ensure consistent delivery of quality and timely medical supplies encapsulating both drugs and non-drugs and related services.
    2. To converge Key Performance Indicators (and Service Level Requirements) of the Department effectively with that of Vision and Missions of the Ministry through efficient, transparent, effective, economical, sustainable and accountable medical supplies procurement system.

# 1.3 Supplier(s) Registration

Interested prospective bidders/suppliers shall complete the following prerequisites/formalities for registration to become a qualified bidder for Medical Supplies and related Services.

* + 1. ***What does it mean to be registered on the Suppliers Register?***

1. Every registered supplier has an opportunity to bid/ partake in the business with QPD, DMP, NMS, MoH prima facie. However, registration in itself shall not guarantee business opportunity since it is subject to the Procurement Rules and Regulation (PRR) 2023, inter alia.
2. The acceptance of the registration shall be subject to fulfillment of relevant rules and regulations and expressed and implied terms and conditions of the QPD, DMP,NMS, MoH.
   * 1. ***Validity of suppliers’ certificate***
3. Registered prospective bidder/supplier certificate shall remain valid for a period of three (3) years reckoning from the date of issuance of such a certificate and ceases thereafter if it is not renewed before its expiry.
4. The certificate issued is entity specific and non-transferable.

*1.3.3 Registration/ Re- Registration Time*

1. The Application for Registration as a Supplier of Medical Supplies and Services shall remain open with effect from **12 December 2024** till **31 December 2024**.
2. Application either for new registration/renewal shall not be accepted after the stipulated deadline so as to benefit within the procurement cycle of MoH.
3. The Evaluation of Registration will be completed within 15 days following the acceptance of registration applications by a designated/separate committee.
4. Should the need for any additional information or/and clarifications arise, it must be submitted by the applicant within five working days from the date of intimation.
5. The final authority to grant or reject Certificate of Registration is vested with QPD, DMP, NMS..
6. The certificate shall be issued to qualified bidders from 16th January 2024.

*1.3.4 Cancellation & suspension of QPD Suppliers’ Certificates*

The QPD Registration Certificate can be revoked, suspended, or canceled at any given time if the supplier (not limited to):

1. Has obtained the Certificate through fraudulence means.
2. Undertakes unlawful participation in the procurement process.
3. Fails to comply with the contract agreements, statutory laws, and rules and regulations of the land in vogue.
4. Becomes or is declared bankrupt by any legal entity within the country or other country (ies), if any.
5. Legally commences winding up or liquidation of business.
6. Has been charged or convicted by any court within Bhutan or outside
7. Has not renewed the certificate before its expiry.
8. Has defaulted or breached the contract in part or in whole necessitating its cancellation and/or suspension.

# *1.3.5 Renewal of Registration*

1. The supplier must have clean, clear and good track records of its conduct and performance in the past and present.
2. And on payment of such fees as may be prescribed from time to time by the QPD, DMP, NMS, MoH.
3. Renewal of certificate must be applied before the expiry of current/existing registered certificate.

# *1.3.6 Re-registration of Supplier*

* + 1. Re-registration of debarred/suspended/terminated prospective bidder/ supplier will be allowed only after lifting up of such sanctions by the Ministerial Tender Committee and/or by competent authority as the case may be.
    2. The procedures and process of the new registration shall be applicable for it.

# *C .Re-registration shall be allowed upon fulfillment of the following conditions:*

# *1.1 The Prospective bidder /supplier shall:*

1. Submit a legally executed unconditional letter of undertaking to abide by the laws, rules and regulations and unfaltering contract commitments.
2. Submit Statement of financial soundness in terms of liquidity, working capital, credit line etc with a copy of audited balance sheet of at least past three years (applicable *for existing debarred /* *suspended entity only*).
3. All the documents as mentioned in Criteria for Registration must be submitted within the stipulated deadline.
4. Supplier shall be treated deregistered if it does not get its registration certificate renewed before its expiry.
5. All such cases shall go through the process for new/Re- registration if applied for.

# *1.2 Registration Fee*

1. A non-refundable registration fee of **Nu. 1,000.00** (Ngultrum one thousand) only shall be paid by every interested applicant business entity to begin the registration process in order to avail the application forms and relevant documents.
2. This fee shall be deposited into the Revenue Section, Finance Division,National Medical Service, Thimphu within office hours within the stipulated period.
3. The original copy of the revenue receipt for registration shall be attached along with duly completed application form by the bidder to the QPD, DMP, NMS.
4. A fee of Nu. **1,500.00** (One Thousand five hundred) only shall be deposited into Revenue Section, Finance Division, National Medical Service, by such successful applicant (s) upon receipt of official intimation to this effect from the QPD and collect the new registration certificate from the office of the QPD, DMP, NMS during officer hours.
   1. ***Renewal Fee***
      1. A non-refundable renewal fee of **Nu. 1,000.00** (Ngultrum one thousand) only shall be deposited into the Revenue Section, Finance Division, National Medical Service, Thimphu within officer hours within the stipulated period.
      2. The original copy of the revenue receipt for renewal shall be attached along with the request letter duly signed by the competent person of the firm for it.

# *1.4 Maintenance of the Suppliers Register*

1. In the event of a change in any information regarding the business of the registered firm/contractor, it must be intimated to the QPD as soon as possible in writing by the registered suppliers.
2. It is the supplier’s responsibility to ensure that information reflected on the Suppliers Register is correct and updated annually.
3. The QPD will update supplier’s information on an ongoing basis.

D *Confidentiality*

All information provided by suppliers for registration purposes shall remain confidential and shall be used by QPD, DMP, NMS for official purposes only unless otherwise required by law

*1.1 How to register*

1. Registration forms can be collected from the QPD either in hard copy or email.
2. No faxed or e-mailed applications shall be accepted.
3. Must be submitted within the stipulated/notified date and time.

# 1.2 *Address (Application Form Submission*)

The application forms for registration with the Suppliers Register shall be processed at QPD. Suppliers should therefore ensure that they submit their Application Forms to the address below:

Quantification and Procurement Division

Department of Medical Products

National Medical Service

Changzamtog, Thimphu, Bhutan

PO Box 985

# *1.3 Supports at QPD*

Any queries regarding registration can be directed to:MSPD:00975-/325955/325956/326217 FAX 323809 or 17694972 e-mail: [tsheringpenjor@nms.gov.bt](mailto:tsheringpenjor@nms.gov.bt)

*1.4 Other Perquisites*

1. The Applicant shall submit a copy of legally executed Partnership Deed or Joint Venture agreement if the business is severally owned and operated by more than one rightful owner as per the permissibility of law of the Kingdom of Bhutan.
2. A copy of Power of Attorney (*where applicable*) of the applicant must be submitted if an eligible person is so authorized to get the registration done on behalf of the firm/bidder.
3. For both Bhutanese as well as the JV suppliers, the competent/authorized person(s) must be an eligible Bhutanese citizen(s) to initiate registration of the firm/company, preparation and submission of tender, sign a contract and execute it.
4. All kinds of disputes shall be mediated and resolved through consultation, negotiation, arbitration in Bhutan.
5. The Royal court of Bhutan shall be the court of justice for case of litigation if the IV above fails to resolve disputes amicably.
6. NMS.MoH shall not accept any kind of direct involvement of any Non Bhutanese with any aspect of business affairs from registration, preparation and submission of tenders, signing of contracts and all injunctive/ related correspondences.
7. Non compliance to VI whether in part or whole shall make the affair null and void.
8. WHO GMP certificate in case where the supplier manufactures any products such as pharmaceuticals and laboratory reagents etc.

# E. IMPORTANT GUIDELINES (Non- exhaustive)

* 1. *General*

Ensure that all applicable sections in the Application Form are complete in all aspects to go to the evaluation phase of Registration.

* 1. ***Important fields to be completed***

1. **Contact/ Competent Person**

Provide contact details of any authorized representative(s) with valid certificate wherever applicable (drugs)

* 1. ***Creditworthiness and financial capability***

1. *The applicant must produce evidence of financial capacity and credit worthiness.*
   1. ***List of Regular Bhutanese employees and PF details, if any.***
2. The applicant must produce evidence of **Regular Bhutanese employee** and PF details, if any.

# *1.6. Letter of Authorization wherever applicable*

***1.7.A copy of Joint Venture/ partnership Agreement wherever applicable***

# *1.8. Copies of ID proof (CID card/ Voters Card or equivalent)of applicants, witnesses and relevant offices and authorities*

# *1.9. Affixing of legal stamps, signatures, office stamps/ embossed etc. in respect of applicants, witnesses and relevant offices and authorities*

# *Annexure No. 1*

# FORM FOR PROSPECTIVE BIDDER/SUPPLIER REGISTRATION FORM

**(Please use upper case/capital letters to fill in)**

# Section No. I

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.1 | Full Name of the applicant Firm |  | | | |
| 1.2 | Ownership Type (Choose/ tick against correctly) | Sole Proprietor/ Partnership or Joint venture/ Limited company  or others ( Please specify) …………………………………….. | | | |
| 1.3 | Full Name of the Applicant ( CEO/MD/Sole proprietor/ Others ( Please specify) : |  | | | |
| 1.4 | Full Name of Legitimate / authorized Contact Person (s) if Authorized. |  | | | |
| 1.5 | Contact Number (office ) |  | | | |
| 1.6 | Contact Number (Mobile): |  | | | |
| 1.7 | Type of Application  *(please tick):* | New Registration |  | Re- Registration |  |

# 

# Section No. II. COMPANY’S BASE DATA: (Compulsory)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 | Full Name of the Applicant Company/firm/ entity |  | | | | | | | | | |
| 1.2 | Valid Trade/ Business License Number***(Attach a copy of Valid trade License)*** |  | | | | | | | | | |
| 1.3 | Telephone Number (Office) |  | | | | | | | | | |
| Mobile No.of applicant/ authorized person |  | | | | | | | | | |
| 1.4 | Fax/ Email (office) |  | | | | | | | | | |
| 1.5 | Business Physical Address: |  | | | | | | | | | |
| 1.6 | Business Premise/Infrastructure Ownership/ possession **( Please tick against it in box below**) | Own | Rent | Hire | | Lease | | Others- Please specify | | | |
|  |  |  | |  | |  | | | |
| 1.7 | Full Postal Address |  | | | | | | | | | |
| 1.8 | Date Company Established | Date | | | Month | | | | Year | | |
|  | | |  | | | |  | | |
| 1.9 | Company website |  | | | | | | | | | |
| 2.0 | Tax Clearance Certificate No. |  | | | | | | | | | |
| 2.1 | Tax Payer Number(TPN) |  | | | | | | | | | |
| 2.2 | Expiry Date of Certificate issued by QPD if issued earlier | | | | | | Day | | | Month | Year |
|  | | |  |  |

**Section III. CONTACT PERSON(s) DETAILS: *(Complete for at least two authorised*** *representatives - preferably* *management)* (Compulsory)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PARTICULARS | | CONTACT PERSON  1(Management Level) | | CONTACT PERSON 1 (Operational Level) | |
|  | |
| 2.1 | Full Name of legitimate persons |  | |  | |
| 2.2 | ID Proof No. and  Completed age | Bhutan CID NO.  or equivalent | Age | Bhutan CID NO.  or equivalent | Age |
|  |  |  |  |
| 2.3 | Gender ( Tick) | Male | Female | Male | Female |
|  |  |  |  |
| 2.4 | Job title/Capacity |  | |  | |
| 2.5 | Telephone number :  (office) |  | |  | |
| 2.6 | Mobile Number |  | |  | |
| 2.7 | Fax/Email |  | |  | |

# Section No. IV. REFERENCES: *(List 5 contracts/projects/organizations which your company has been engaged in for the last 2* *years related to medical supplies). (For entirely New applicant it is not applicable )*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Ministry/Dept/ Div. or agency | Name Goods/ Services supplied | Value Nu. in million | | Cumulative value |
| FY | FY |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**NB: Please Attach additional sheet if need be.**

# Section No. V. Line of products intended to supply or specialized: *(Should the space provided in this section not be adequate,* *please use an additional sheet and submit).*

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Ministry/Dept/Div. or agency | Name Goods/ Services supplied | Remarks /Comments |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10  11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |

NB: Please add an additional sheet if required.

# 

# Section No. VI. BANKING DETAILS: *(A copy of a cancelled cheque must be attached)* (Compulsory)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Full Name of the Account Holder/ Applicant entity |  | | | |
| 2 | Full Name of Bank/ Financial Institute of the Applicant |  | | | |
| 3 | Type of Account  **(Tick appropriate ones)** | Single | Joint | Current Deposit | Others (Pl specify) |
|  |  |  |  |
| 4 | Account Number for Official transaction: |  | | | |

# For Use of Bank/ Financial Institute only

It is hereby duly certified that the above details are true and fair

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Full Name the Competent verifying officer of Bank/ Financial Institute |  | | | |
| 2 | Capacity or Designation of competent verifying officer |  | | | |
| 3 | Dated Full Signature |  | Date of verification | | |
| Day | Month | Year |
|  |  |  |



*Note: The Banking details should be endorsed, attested, sealed and signed by competent Banking Officials. It is done in order to authenticate that the banking details submitted by the supplier are true.*

**Section No. VII**

# (AUTHORIZATION)

DETAILS OF PERSON (S) AUTHORIZED TO ACT ON BEHALF OF THE FIRM/COMPANY/ BUSINESS ENTITY (Mandatory).

*RESOLUTION OF OWNER(S) / DIRECTORS / MEMBERS / PARTNERS*

RESOLUTION of a meeting of the Board of \*Directors / Members /Partners / Owner of:



*(Legally correct full name and registration number of the Enterprise, if applicable)*

Held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Place*) on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Date*)

RESOLVED that:

* 1. The company submits an application to the QPD for registration on QPD’s Supplier Register.

1. 2. Mr/Mrs./Ms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in \*his/her Capacity as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Position in the Enterprise*) and who will sign as follows: *(insert specimen signature)*be, and is hereby authorized to sign any documents and /or correspondence in connection with and relating to the application Form as well as to sign any contract, and all documentation on behalf of the company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Full Name | Valid CID No. | Capacity | Signature |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

*Note: This resolution must be signed by all the Directors/Members/Partners/ Owner(s) of*

*the Applicant enterprise( prospective bidders). Use additional sheets if space provided is not adequate.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Date | | | | Day | Month | Year | |  |  |  | |  | Power of attorney No. and date:  …………………………………………….  ( Please attach the original Document) |
| Enterprise stamp:  Signature of the applicant |  |  |

# Section No. VIII: DECLARATION

By completing this application form, the applicant (firm/Company/business) entity declares that:

1. All the information provided in this application form is true, fair and correct and without any misrepresentation of the facts.
2. The applicant will, without protest or reservation adheres to procedures instituted by the QPD, DMP, NMS.
3. The applicant will, if requested to do so, furnish additional information and documentary evidence for further verification within three working days after receipt of request.
4. The applicant acknowledges that any false information provided can lead to disqualification from the Supplier Register. Serious misrepresentations and fraudulent practice shall be dealt as deemed appropriate.
5. The applicant acknowledges that it can be penalized for poor or non performance or both related to contract execution as per the stipulated and implied standard norms/ laws.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is there any relationship between your organization and any employee of  MoH with potential conflict of interest? | | | | | Yes | No |
|  |  |
| If yes, please specify nature of relationship and name of the person(s): Tick against and fill in the details | | | | | | |
| 1 | Family |  | Full Name |  | | |
| Designation |  | | |
| 2 | Friend |  | Full Name |  | | |
| Designation |  | | |
| 3 | Business Partner |  | Full Name |  | | |
| Designation |  | | |



Duly authorized to sign on behalf of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Name of Company*) The undersigned who warrants that he/she is duly authorized [to do so on behalf of the company substantiated by a written power of attorney with a seal and signature on the affixed legal stamp, confirms](http://cbs.wondershare.com/go.php?pid=1140&m=db) that the contents of the application are within my personal [knowledge and are to the best of my belief](http://cbs.wondershare.com/go.php?pid=1140&m=db) both true and correct.

|  |  |
| --- | --- |
| Full Name: |  |
| Capacity |  |
| Full dated Signature ( on affix legal stamp with date) |  |

# Section No. IX. For use by MSPD Officials only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.1 | Application Received on | Day | Month | Year |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1.2 | Received by | Full Name |  |
| Full Designation |  |
| Dated Full  Signature |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANNEXURE- II**  **(Forms to be used by the Evaluation Committee)**  Checklist as to the Documents submitted to be used by the Evaluation Committee Members   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sl. No.** | **Particulars/Name of Documents submitted** | **Yes** | **No** | **Remarks** | | 1 | General Details of the Supplier made available |  |  |  | | 2 | Company Profile with details made available |  |  |  | | 3 | Line of products intended to supply or specialize in |  |  |  | | 4 | Power of Attorney to Eligible Bhutanese if applicable |  |  |  | | 5 | References / Evidence of supply of medical supplies for existing firm made available (*Not applicable to new firms* ) |  |  |  | | 6 | Banking Details of the Suppliers made available |  |  |  | | 7 | Tax Clearance Certificate made available |  |  |  | | 8 | Proprietors or Partners made available |  |  |  | | 9 | Copies of CID or Voter Id. Cards or Passport of all |  |  |  | | 10 | Relevant Trade License issued by competent Authority made available |  |  |  | | 11 | Manufacturing License made available *(wherever applicable)* |  |  |  | | 12 | WHO GMP Certificates made available *(wherever applicable)* |  |  |  | | 13 | Details of Authorized person with Power of Attorney *(wherever applicable)* |  |  |  | | 14 | Payment of Registration Fee evidence made Available |  |  |  | | 15 | Declaration of conflict of interest made available |  |  |  | | 16 | Credit Line Facility letter from bank/FI within Bhutan |  |  |  | | 17 | Audited Financial statement of last three years satisfying threshold for those having worked over three years for business entities which are in business for last three/more year (Not applicable to new business entity) |  |  |  | |  |
|  |  |
|  |  |

# Annexure III

# Performance Evaluation Form

The Performance Evaluation form shall be used by the QPD Official only for the yearly evaluation of the Suppliers as a procedural aspect towards registration of suppliers. The suppliers shall be graded and the order for supplies shall be as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl  No. | Basis For Evaluation | Poor | Satisfactory | Good | Very Good | Excellent |
| 6/10 | 7/10 | 8/10 | 9/10 | 10/10 |
| 1 |  |  |  |  |  |  |
| Compliance to Qualitative of supply |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. | Compliance to Quantity of Supplied |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. | Compliance to Time Delivery |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Grade “A”- Suppliers who scores 91-100 percent in Supplier Performance Evaluation
2. Grade “B”- Suppliers who scores 81-90 percent in Supplier Performance Evaluation
3. Grade “C”- Suppliers who scores 71-80 percent in Supplier Performance Evaluation

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Annexure IV |  |  |  |  |  |  |
|  |  |  | Evaluation Committee Members | | | |  |  |  |  |
|  |  |  |  |  |  |  | Date: ………………. | | | |
| Evaluated By: | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Sl. No |  | Name |  | Designation |  | Organization |  |  |  | Signature |
|  |  |  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
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| 3. |  |  |  |  |  |  |  |  |  |  |
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| 4. |  |  |  |  |  |  |  |  |  |  |
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| 5. |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Signature of Team Leader

Name :

Designation:

Date **:**