

Annexure-III

VENDOR EVALUATION FORM

Vendor Business Name: _____

Category Applied for _____

Contact Person: _____ Telephone No: _____

Postal Address: _____

Email: _____

S.NO	CRITERIA	SCORE RANGE			ASSESSED SCORE
		Weak	Strong	Out- Standing	
1	Past Experience (Tenure in Business for applied category) Allotted Points	2-5 Years 5	2-10 Years 10	Above 10 Years 15	
2	Experience with Public sector organization(s)	2-5 Years 5	2-10 Years 10	Above 10 Years 15	
3	Experience with INGO/Doner Agencies	2-5 Years 5	2-10 Years 10	Above 10 Years 15	
4	Technical Support (No. of persons Who can provide technical expertise to CMU PR-GFATM HIV/AIDS, TB & MALARIA) Allotted Points	1 No 5	2 No 10	3 or above No 15	
5	Contact numbers in case of urgency Allotted Points	1 No. 10	2 Nos 15	3 or above Nos 20	
6	Convenient to Approach from office Allotted Points	Out of twin cities Rawalpindi/Islamabad 10	Within Rawalpindi 15	Within a Islamabad -ICT 20	
TOTAL SCORE		45	70	100	

Cut off point to be eligible for registration is "70"

Recommendations/Remarks:.....

Evaluation Committee:

Name		Designation	Date	Signature
Prepared by				
Reviewed by				
Approved by				
VENDOR CODE (If approved)				
Vendor information entered by		Vendor created in system on		