



VENDOR REGISTRATION FORM

[Common unit to Manage Global Fund Grants HIV, TB & Malaria, Ministry of National Health Services Regulation & Co-ordination]

Vendor's Category <i>(to be mentioned by Vendor)</i>	
Note: Please see Annexure II for vendor's registration category	

Procurement & Supply Chain Management Unit Common Unit to Manage Global Fund Grants HIV/AIDS. TB & Malaria	
Date Received by PSCM Unit	
Name / Designation of Receiver	
Date Evaluated	
Registration intimated on	
Rejection intimated on	

General Instructions

Vendors interested in becoming registered with CMU PR-GFATM HIV/AIDS, TB & MALARIA must pre-register with the Procurement and Supply Chain Management unit. This registration process is mandatory and supersedes all previous registration. This registration shall be valid for "3"years, thereafter, it is the vendor's responsibility to renew their registration in a timely manner at least 3 months ahead of expiry. All new and existing vendors are required to register by completing this form and submit along with it the documents mentioned in the following checklist. If any of the documents are not included with the form, the reason for the same shall be mentioned in the remarks section.

S. No.	Document	Incl.	Excl.	N/A	Remarks
1.	Firm registration and incorporation				
2.	Valid NTN and GST certificate				
3.	Any Professional Registration e.g Printing press reg. etc				
4.	Bankers certificate				
5.	Affidavit that the company has never been black listed.				
6.	Copies of valid foreign Agency Agreement/dealership/distributorship, if applicable.				
7.	Past experience: enlistment with different departments				Please share client list with year of registration with them. Please submit details as per need mentioned evaluation criteria points 1,2 &3.
8.	All pages of this registration form & related documents must be signed and stamped by the authorized signatory.				

All parts of the registration form must be completed, and all above requirement must be fully complied with.

Registration with CMU PR-GFATM HIV/AIDS, TB & MALARIA, if accepted, does not constitute any obligation by CMU PR-GFATM Programme to guarantee any tender invitation, contractual awards or any order for product or service.

Incomplete application and/or missing information shall not be dealt with; all queries regarding registration should be directed to Procurement and Supply Chain Management unit on Telephone **No. 051-9255621** & email at psm@nacp.gov.pk

All parts of this registration form must be completed; incomplete forms will not be processed. Please see Annexure I,II & III for declaration affidavit, vendor registration category and evaluation criteria.

Part 1 Purpose - Please tick as appropriate.

- NEW REGISTRATION
- CHANGE OF NAME/ADDRESS
- ADD PRODUCT OR SERVICE CATEGORIES
- DELETE PRODUCT OR SERVICE CATEGORIES
- RENEWAL OF REGISTRATION
- OTHERS, PLEASE SPECIFY _____

Part 2 – Official Name/ Address/ Contact details (Legally binding)

NAME OF VENDOR _____
(LEGAL NAME AS IN INCORPORATION /NTN/GST CERTIFICATE)
ADDRESS _____
SECTOR _____ =STREET _____
CITY/TOWN _____ =POSTAL CODE _____
COUNTRY _____
TELEPHONE NO _____
TELEPHONE NOS FOR URGENT CONTACTS _____
MOBILE NO _____
FAX NO _____
E-MAIL ADDRESS _____
SALES TAX REGISTRATION NO _____
NATIONAL TAX NO _____

Part 3 – Type of Organization

- CORPORATION _____
- LIMITED LIABILITY CO. _____
- PARTNERSHIP _____
- SOLE PROPRIETORSHIP _____
- OTHER (SPECIFY) _____

Part 4 – Ownership

PLEASE SPECIFY OWNER/PARTNERS/SHAREHOLDERS NAME/NAMES WITH SHARE PERCENTAGE.

NAME	SHARE %
Mr. _____	_____
Mr. _____	_____
Mr. _____	_____
Mr. _____	_____
Mr. _____	_____

Part 5 – Technical Support Staff

S.No	DESIGNATION/POSITION	NO. OF STAFF
1		
2		
3		
4		

Part 6 – Firm Remit Details (For payment purposes).

If the information to be provided in the part is same as provided in Part 2, please skip to the next part, else please complete the following.

NAME, REMIT TO _____
ADDRESS, REMIT TO _____
CITY _____ SECTOR _____
TELEPHONE NOS. _____ FAX NO _____
CONTACT PERSON. _____

Part 7 – Details of your Bankers (For payment purposes).

1. NAME OF BANK _____
ADDRESS _____
BANK ACCOUNT NO _____
2. NAME OF BANK _____
ADDRESS _____
BANK ACCOUNT NO _____
3. OTHER BANKS _____

Part 8 – Certificates Validity.

S.No	Dealership Description	Product Name	Expiry Date
1			
2			
3			
4			

Part 10 – Relatives / Employees of CMU PR-GFATM HIV/AIDS, TB & MALARIA

PLEASE TICK, IF YOU ARE AN EX-CMU PR-GFATM HIV/AIDS, TB & MALARIA EMPLOYEE

LIST FIRM OFFICERS OR PRINCIPLES WHO ARE CMU PR-GFATM HIV/AIDS, TB & MALARIA EMPLOYEES OR RELATED TO CMU PR-GFATM HIV/AIDS, TB & MALARIA EMPLOYEES.

PLEASE TICK IF APPLICABLE NONE

1. NAME _____ POSITION _____
 DEPARTMENT _____ RELATIONSHIP _____
2. NAME _____ POSITION _____
 DEPARTMENT _____ RELATIONSHIP _____

DECLARATION

[Please submit on company letter head]

I, the undersigned, Mr. _____ authorized on behalf of Messrs _____, declare and confirm that the information provided herein is true, accurate and correct. I agree that this registration, if accepted, shall be valid for three years from the date of approval and it does not constitute an assumed obligation whatsoever by CMU PR-GFATM HIV/AIDS, TB & MALARIA. I also confirm that in the event of any changes of status or changes in the elements of the aforementioned information, details shall be provided as and when changes take place.

Signature

Date

Name: - _____

Designation _____

Vendor Category List.

S.No.	Category Name	Comments
1	Laboratory Supplies -lab chemical, reagents, consumables etc	
2	Laboratory Equipment	
3	Printing	
4	Advertising / Event Management	
5	IT Equipment	
6	Office Furniture	
7	Travel, air ticketing & Rent a Car	
8	Incineration Services	
9	Firefighting equipment	
10	HVAC Installation repair maintenance	
11	Generator, A.C repair and maintenance	
12	Stationery & General Items	
13	Insurance Services	
14	Office Equipment Repairing	
15	Vehicle Repair & Maintenance	
16	Laboratory Equipment Repairing and Validation	
17	Courier Services	
18	Infrastructure Up-Gradation	
19	Consultancy Services – in technical areas of programmes	
20	Hotel & Restaurants	
21	Janitorial Services	
22	Drinking water	
23	Plumbing & Electrification work	

Chief Procurement Officer
PSCM Unit CMU PR-GFATM, C-Block, EPI Building, Park Road Chak Shahzad,
Islamabad.
Phone No. 051-9255621-2

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		