

## Request for Quotation RFQ No. 592

**Issuance Date: 20-March-2018**

**Closing Date: 31-March-2018**

**Advertise:**

Jhpiego is seeking for qualified vendors to obtain quotation(s) for the provision of **(SAYANA Press Injection/104mg/o.65ml)** including of delivery to the Jhpiego Kabul Afghanistan office.

Annex A: Vendor registration form must be filled otherwise the applicant will be disqualified

Annex B: Picture of (SAYANA Press Injection 104mg/o.65ml)

Annex C: Detailed Specifications and Requirements

Annex D: Price schedule & Required Quantity Specification.

Annex E: Past Performance and Specific Experience

**Applicant Illegibility:**

- The potential vendors must be registered with the government of Afghanistan and have a valid AISA or Business license. A Vendor's current, valid AISA or Ministry of Commerce Business License must be attached with its quotation.
- The potential vendors should provide an Official Bank Account with the same name as it is stated in Vendor's AISA or business license.
- The potential vendors should accept tax withholding based in Afghanistan Tax Law.
- All the cost should be stated in Local currency (AFN). UD

**Selection Criteria:**

- **Technically Acceptable:** The selection will be with best value price and meeting the technical specification listed under the annex (C & D) Detailed Specifications, Requirements & Price Schedule. **Score 40**
- **Relevant Experience (Past performance):** The vendor shall list no more than three (3) years former and/or current clients with their most up-to-date contact information, to whom commodities or services delivered to Afghanistan or similar to the requested item under this RFQ. Over the last three years. The Vendor required to provide the copies of contracts, PO's or certificates from listed clients in Annex (E). Jhpiego reserves the right to independently verify all submitted information, letters, and certificates. **Score 35**
- **Delivery Time:** Vendors are required to confirm the delivery time in (calendar day) for providing of requested item at due location mentioned in this RFQ after receipt of the purchase order. **Score 25**

**Total Score: 100**

**Note:** The Jhpiego Procurement Committee will assess the vendor's quotations based on criterial listed above. Jhpiego will only consider those vendors that have met the **minimum total score of 80% for the selection criteria** as judge by the committee.

The Price from those vendors who considered technically acceptable and meet or exceed the minimum required scores. Jhpiego will award a fixed price purchase order resulting from this solicitation to the responsible Vendor/s whose quotation conforming to this solicitation will be most advantageous to the project, price and other factors considered.

Jhpiego anticipates that this RFQ will result in a single award to a single Vendor; however, Jhpiego reserves the right to make multiple awards, if it is in the best interest of the project.

**Payment:** Jhpiego will only make payment in your company maintained bank Account after the delivery and acceptance of the required goods and/or Services by Jhpiego,

You are requested to send you're sealed and stamp quotation (With RFQ number, and fill attachment A) to Jhpiego Kabul Office address (Ansari Watt Shahr-e-Now District #4) as stated above by the close of business of the closing date mentioned above.

**Please remember to state the RFQ Number on the sealed envelope. Envelop without RFQ number will be considered as disqualified.**

Please attach your company registration, Tax identification number and company bank details with your application.

**Office Address:**

House # 71, Street # 4 Left Hand from Ansari Square Shar-e-Naw District # 4 Kabul, Afghanistan  
Note:

Issuance of this RFQ does not constitute an award commitment on the part of Jhpiego or any other

Organization/associated agency, nor is it commitment to pay for any cost(s)/liability (ies)/loss (es) Incurred in the preparation or submission of response. The organization reserves the right to reject,

With or without assigning any reason, any or all response(s), if such action is considered to be in the In the best interest of the project/organization.

***No employee is authorized to negotiate or promise work on behalf of Jhpiego. Selected vendors will have an official Purchase Order with Jhpiego with authorized signatures.***

**Note:** Tax will be withheld from all contractors for such procurement with a specified rate as per "Article- 72" of the Afghanistan Income Tax Law, 2009. Seven percent (7%) of the gross amount will be withheld if the contractor does not hold/submit a business license, and Two percent (2%) will be withheld if the contractor has/submits a business license. The withheld tax per the law will be remitted to the Tax Office in the name of company".

Yours Sincerely,

  
Country Director  
Jhpiego- Afghanistan

**VENDOR**  
Date:

**Annex (A)**  
**Vendor Registration Form**

|     |  |   |
|-----|--|---|
| 1.  | Name of Firm/Company as described in the license/work-permit   |   |
| 2.  | Status of Organization<br>(Proprietorship/Pvt./Public Ltd.)  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Proprietorship      Private Limited      Public Limited<br>Other <input type="checkbox"/><br>If Other, Please Specify _____ |
| 3.  | Year Business Establishment  |   |
| 4.  | Name of Proprietor/Director  |   |
| 5.  | Address of Main Office   |   |
| 6.  | Contact Details (every cell must be filled)  | Contact Person  |
|     |  | Designation   |
|     |  | Phone No  |
|     |  | Fax No  |
|     |  | E-Mail ID   |
| 7.  | Nature of Business   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Retail                      Services                      Other<br>If Other, Please Specify _____                           |
| 9.  | Is the Firm or person registered with the Government and or professionally licensed?   | <input type="checkbox"/> <input type="checkbox"/><br>Yes                      No<br>If Yes, Please Attach Copy of Registration  |
| 10. | List of major products or services   | 1.<br>2.<br>3.<br>4.  |
| 11. | Tax Identification Number (TIN):<br>Please attach your TIN No.   | TIN:  |
| 12. | Official Business Bank Account Information in the name of Company (every cell must be filled) and please attach a copy of your bank details. | Beneficiary Name:<br>Bank Name:<br>Account No :<br>Branch:<br>SWIFT Code:   |

Note: All the applicant vendors are must fill the required information's; incomplete info will lead to bid disqualification from the proceedings. Please also attach a copy of business license, official bank account detail and a copy of TIN letter.

Vendor Signature:

**Annex (B) Picture of (SAYANA Press Injection 104mg/0.65ml)**



### Annex (C) Detailed Specifications and Requirements

Annex C contains the requested item and the associated technical requirements of the item needed.

For the technical specification of line item listed in Annex C, Vendors must indicate the model offered and describe the extent to which each requested specification is met. If there is a difference between the requested specification and the offered item, please indicate and describe the difference. If there is no difference, write or enter “same”.

| No. | Item Description                       | Offered Model/ Service Specification by Vendor | Remark |
|-----|--|--|--------|
| 1   | SAYANA Press Injection<br>104mg/o.65ml |  |        |

## Annex (D) price schedule

Vendor/s are requested to submit their Best and Final Offer (BAFO) for the item listed below:

| No.  | Item Specification   | Quantity | Unit | Unit Price in(AFN) | Total Price in(AFN) | Unit Price in(USD) | Total Price in(USD) | Remarks |
|--|--|----------|------|--------------------|---------------------|--------------------|---------------------|---------|
| 1  | SAYANA Press Injection<br>104mg/o.65ml, Including delivery to<br>Jhpiego Kabul Afghanistan office. | 49733    | Tube |                    |                     |                    |                     |         |
| <b>Grand Total Price in AFN &amp; USD currency</b> |  |          |      |                    |                     |                    |                     |         |

Delivery period (how long it will take you to provide the require medical item) after receipt of the purchaser order: ( ) in Calendar Days.

Vendor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor's contact number: \_\_\_\_\_

Signature and Stamp: \_\_\_\_\_

**Note: Please stamp all the RFQ's pages. Vendor's can submit their quotations on their own template.**

