


<b>VENDOR PRE-QUALIFICATION FORM</b>	<b>Document Code</b>	IMCH/PUR/FRM-001	
	<b>Version No.</b>	02	
	<b>Issue Date</b>	28-June-2025	

**Form No.** \_\_\_\_\_

**Dated:** \_\_\_\_\_

1. Category for Registration \_\_\_\_\_

Select the Category for Registration from below: -

a. Medical and Surgical Disposables	b. Bio Medical and Surgical Equipment	c. IT Equipment and Spares/Services
d. Print/ Digital Media marketing	e. Printing & Stationary	f. housekeeping equipment and disposables
g. General Order Supplier	h. Furniture and Fixtures/Constructions	i. Lab Equipment & Disposable/Reagents
j. Electric/civil, plumbing, A.C/HVAC equipment and spares	k. Repair & Maintenance/Service Providers	l. Others (specify)

2. Business Title \_\_\_\_\_

3. Business Address \_\_\_\_\_

4. Status of Firm/ Company \_\_\_\_\_

(i.e Sole Proprietor, Partnership Firm, Pvt Ltd. Firm, Limited liability firm etc.)

5. Company / Firm Registration Number \_\_\_\_\_

6. Company / Firm Establishment date \_\_\_\_\_

7. National Tax Number \_\_\_\_\_

8. Sales Tax Number \_\_\_\_\_

9. Business Nature (Mention the Relevant) \_\_\_\_\_

A. Manufacturer/Fabricator	B. Agent to Foreign Principal
C. Importer/Exporter	D. Stockiest/Whole Seller
E. Retailer	F. Distributor

10. Name of Owner/CEO \_\_\_\_\_

11. Contact Number (Cell) \_\_\_\_\_

12. Telephone Number Office \_\_\_\_\_


13. Email Address \_\_\_\_\_

14. Number of Years in Business (as per documents) \_\_\_\_\_

15. Number of Employees \_\_\_\_\_

16. Company / Firm Bank Account Number \_\_\_\_\_

17. Company / Firm Bank Name & Address \_\_\_\_\_

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18. Do you have any branches within or outside Lahore? \_\_\_\_\_

If yes, provide details/locations \_\_\_\_\_

19. What is your source of supply i.e Lahore or outside Lahore? \_\_\_\_\_

20. Do you have any authorization/distribution from any local / international manufacturer? \_\_\_\_\_ If yes, please attached letter.

21. Do you have any local or international certification/Membership? \_\_\_\_\_

(i.e ISO, FDA, PCSIR, DRAP, EPA, Chamber of Commerce, Associations etc.)

If yes, please attached copy of letter/certificate/registration

22. Do you have after sale services /technical Support \_\_\_\_\_

23. Please attached the below documents with official sign and stamp.

- Provide list of clients
- Provide list of product and services /major project/works completed
- Copy of NTN/STN/PST certificate
- Copy of CNIC of proprietor/owner/CEO/point of contact person
- Provide valid company registration letter (if any)
- Provide a certificates/membership letter from certification body (if any)
- Provide contact name, number, email of key persons of firm/company
- Copy of business references/copy of Purchase order/work orders

### Terms & Conditions:

- Registration is subject to the terms and conditions which may be imposed by the authority/IMC time to time.
- This registration is valid for the period of 03 years/specified by the IMC.
- IMC reserve the right to cancel the registration if found any malpractices /unlawful activities.
- In case any information given in the form is found incorrect/false at any stage, the registration will be cancelled by the IMC and firm may be black listed from IMC.

### Declaration

I / We declare that the detail/information/documents provided are correct and accurate

### Submitted by:

Name \_\_\_\_\_

Date\_\_\_\_\_

Designation \_\_\_\_\_

Sign & Stamp \_\_\_\_\_

### Witness 1.

### Witness 2.

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

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

Signatures \_\_\_\_\_

Signatures \_\_\_\_\_