Ref.No/ Dated: _____

The Executive Director,
PIMS, Islamabad

Subject: ***Request Application for Pre-qualification Documents for the Supply of Drugs and Medicines (Bulk Purchase) to PIMS & SSP funded Patients for Period of 02 Years.***

Dear Sir,

With reference to your advertisement regarding Pre-qualification of firms for the Supply of Drugs and Medicines (Bulk Purchase) to PIMS & SSP funded Patients for Period of 02 years advertised on _____in the _____ Newspaper, PPRA Website as well as on EPADS 2.0 of PPRA, it is requested to provide the Pre-qualification Documents.

(Tick Appropriate Box)

1. Local Manufacturers ***(Drug Medicine)*** ☐

2. Sole Agents ***(Drug Medicine)*** ☐

3. Authorized Distributors ***(Drug Medicine)*** ☐

M/s _____ hereby authorizes Mr./Ms. _____

Designation _____ CNIC No. _____

Official Email_____ Mobile No. _____

*Firm's NTN:*_____ *Firm's STN:*_____

Authorized By

Name_____ Signature _____

Designation _____ Contact No. _____

Stamp _____