

INVITATION TO BID: TUR - UNHCR ITB 2861

ESTABLISHMENT OF TWO (2) + ONE (1) YEARS FRAME AGREEMENT FOR THE PROVISION OF PHARMACEUTICALS AND DRUGS TO FORCIBLY DISPLACED AND STATELESS PERSONS (FDSP) IN TÜRKİYE

ANNEX B: TECHNICAL OFFER FORM

TECHNICAL EVALUATION CRITERIA	
<p>The pharmacy shall have the necessary capacity to provide most frequently required medicines up to 100 FDSPs per month when requested. (Pass/Fail Criteria)</p>	<p align="center"><u>Supplier's Comments</u></p> <p><i>Please indicate whether you have the necessary capacity to serve 100 FDSPs per month</i></p>
	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Ability to prepare invoices on a monthly basis by detailing the name of the medicine and beneficiaries, date that medicine is provided together with the signatures obtained from the beneficiaries. (Pass/Fail Criteria)</p>	<p align="center"><u>Supplier's Comments</u></p> <p><i>Please indicate whether you have the necessary IT infrastructure to provide invoices together with detailed supporting reports indicating date, name of the patient, medicines provided, etc.</i></p>
	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>The pharmacy shall provide requested services in maximum 10 kilometres distance from UNHCR Case Management Office in Ankara, Türkiye (Address of UNHCR Case Management office: Sancak Mah. Tiflis Cad. 552. Sokak, No:3 06550 Çankaya, Ankara). (Pass/Fail Criteria)</p> <p><i>*Should the company fail to meet this criteria, it will lead to disqualification</i></p>	<p align="center"><u>Supplier's Comments</u></p> <p><i>Please indicate exact address of the pharmacy.</i></p>
<p>Confirmation on registration requirements. (Pass/Fail Criteria)</p> <p>The Pharmacy must possess all the necessary licenses, authorizations and registration documents to function as Pharmacy under the prevailing legislation framework of the Government of Türkiye and municipal authorities as appropriate. Bidders shall provide a valid copy of the company's certificate of registration as a Pharmacy issued by the Ministry of Health and Chamber of Pharmacies in Türkiye.</p> <p><i>*Should the company fail to meet this criteria, it will lead to disqualification</i></p>	<p align="center"><u>Supplier's Comments</u></p> <p><i>Please indicate whether your Pharmacy possesses all the required licences, authorizations and registration documents to function as a Pharmacy as per the requirement indicated in Annex-A.</i></p>
	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Ability to serve FDSPs across the country by using shipping companies. (Pass/Fail Criteria)</p> <p><i>*Should the company fail to meet this criteria, it will lead to disqualification</i></p>	<p align="center"><u>Supplier's Comments</u></p> <p><i>Please indicate whether you can serve FDSPs across the country by using shipping companies.</i></p>
	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

