



UNIVERSITY OF HEALTH SCIENCES LAHORE

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Pre-qualification/Registration Form

(For the year 2008-2009)

1. Name of the Firm/Company: -----

2. Name of the Owner/Proprietor:-----
3. Address:-----

4. Phone No: -----
5. Fax No: -----
6. E.mail : -----
7. Name/Tel of contact person:.....
8. Name of Stores for which registration is applied for: -----

9. General Sale Tax No:------(enclose copy)
10. Income Tax No:------(enclose copy)

11. Is your firm registered as approved suppliers with any of the Government Purchase Organization (attested copy of Registration Certificate should be enclosed) _____

12. Was your firm ever blacklisted from any Government Department Purchase Organization. _____

13. Type of supplies provided to govt / semi govt. organizations previously and their list : -----

14. References: (Government Offices)

(i) -----

(ii) -----

15. Any other pertinent information:-----

16. For Furniture / wood work supplier only:

(i) Owning Integral manufacturing base/workshop Yes/No

(ii) Owning facility of wood seasoning plant Yes/No

(iii) Provide business catalogue / any other pertinent information about the suppliers profile.

17. Bank Draft/Pay Order drawn in favour of UHS OR Bank Receipt for Rs. 1000/- deposited in UHS Account No. 1711-6 at National Bank of Pakistan, Sheikh Zayed Hospital Branch, Lahore.

Signature /Stamp of Proprietor/owner

Date: -----