# Annex-2

**Bidder Response Document**

***(On comany letterhead paper)***

**SECTION 1 (GENERAL INFORMATION)**

**Confidential Business Questionnaire**

*(Please note that giving false information under this section will result in your application being disqualified automatically)*

1. The questionnaire must be fully and comprehensively completed in all respects.
2. Information given by the applicant shall be treated in strict confidence.
3. Digital Healthcare Solutions reserves the right to visit and inspect the business premises of the company/firm that will participate.
4. Any information given under and later found to be incorrect shall lead to disqualification from the tendering process.

**Corporate Information**

|  |  |  |
| --- | --- | --- |
| **No.:** | **PARTICULARS** | **RESPONSE** |
| 1. | Full name of organization Firm: |
| 2. | Is your Organization (please tick as appropriately) | 1. A Public limited company?
2. Public listed company?
3. A limited company?
4. A partnership?
5. A sole trader?
6. Other, (please specify)
 |  |
| 3. | Date of Registration: |  |
| 4. | Full physical address of principle place of business:Full postal address: |  |
| 5. | Telephone No.: |  |
| 6. | Email Address; |  |
| 7. | Website address (if any) |  |
| 8. | Business started year |  |
| 9. | Associated company (if any) |  |

**Contact Point between buyer and supplier**

Please list your employees who would be involved with Digital Healthcare Solutions. One employee should be the key point of contact for Digital Healthcare Solutions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Role for Digital Healthcare Solutions** | **Direct telephone number** | **Email address** |
|  |  |  |  |  |
|  |  |  |  |  |

**Business activities and Compliance**

Please mention the following things:

1. State your organization’s main business activities.
2. Can your company meet our expectations and requirements specified in “ANNEX-1”?
3. How much does your company comply with the requirements?
4. Ans:
5. Ans:
6. Ans:

**SECTION 2 (EVALUATION CRITERIA)**

**Required Essential Qualifications of the Vendor:**

**Supplier has legitimate business/official premises, or they are registered for trading and tax as appropriate.**

[Yes / No]

**Compliance with Digital Healthcare Solutions’s standard requirements stated in Annex-1 and Annex-2**

[Yes / No]

**Meet service specifications stated in Annex-1 (ToR).**

[Yes / No]

**Required Capability Qualifications of the Vendor:**

**Previous Experience in this field or this type of work.**

Total = \_\_\_\_\_\_\_ Years

*[Send scanned (supporting) documents]*

**Quality Protocols & Certificates**

How many certificates =\_\_\_\_\_\_ Nos

*[Send scanned documents*]

Are you registered with the Government as a Contracting Agency as per provisions of Bangladesh Labor Act? Can you provide proof of such registration?

[Yes / No]

*[If Yes then provide the scanned document]*

**Reliability & Experience**

(through identifying their customers, speaking/seeing references) / No of Customers & PO references from your customers/clients.

Number of customers deal with = \_\_\_\_\_\_\_ Nos

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.;** | **Customer Organization (Name)** | **Customer Contact name & Phone no.:** | **Brief description and contact amount** | **Date contract awarded** | **Period of contract** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |

*[Send 3-5 scanned PO references]*

**Number of staff members (consultants in case of services)**

Permanent Employees = \_\_\_\_\_\_\_ Nos

Number of Temporary Employees = \_\_\_\_\_\_\_ Nos

Number of Field Employees = \_\_\_\_\_\_\_\_ Nos

Number of consultants (in case of services) = \_\_\_\_\_\_\_\_\_ Nos

**Financial Health**

[revenue and net profit for last three years]

|  |  |  |  |
| --- | --- | --- | --- |
| Classification | 2018 BDT amount | 2019 BDT amount | 2020 BDT amount |
| Revenue |  |  |  |
| Net Profit |  |  |  |

*[send Audit report for the years of 2018 & 2019]*

**Capacity to meet our supply needs.**

[output for last three years]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Classification | 2018 PO/WO Quantity | 2018 Business Volume (BDT) | 2019 PO/WO Quantity | 2019 Business Volume (BDT) | 2020 PO/WO Quantity | 2020 Business Volume (BDT) |
| Business capacity |  |  |  |  |  |  |

**Geographic Coverage**

Number of districts with physical presence = \_\_\_\_\_\_\_\_ Nos

Number of districts covered = \_\_\_\_\_\_ Nos

**Required Commercial Qualifications of the Vendor:**

**Description of your service and the way you like to provide the service.**

**Ans:**

**Price Quotation**

Please provide your monthly **Service Charge in percentage (%)** inclusive of VAT and AIT against responsibility and payment modality stated in Annex-1. VAT (Mushok) Challan must be provided by the supplier and AIT will be deducted as per government rule.

|  |
| --- |
|  |

**Lead time**

Tentative date: Starting from May/June 2021 onwards.

Will you able to okay with this time frame?

|  |
| --- |
| [Yes / No] |

**SECTION 3 (OTHER FACTORS)**

**Dependencies on Digital Healthcare Solutions**

Please mention below all dependencies that you would have on Digital Healthcare Solutions to ensure proper establishment of this assignment. Please expressly mention all activities and deliveries that you would need from Digital Healthcare Solutions to ensure optimum service delivery.

|  |
| --- |
| Please specify any assistance need from DH for accomplishing the project. If yes, please describe therefor user department will be aligned. |

 **Required Documents**

 The following documents and items **MUST** be included as bid Document:

1. Copy of Trade License (Updated)
2. Incorporation certificate (if applicable)
3. Copy of utility bill (latest)
4. Copy of TIN.
5. Copy of NID against Trade License
6. Copy of VAT registration Certificate (BIN)
7. Tax exemption certificate (if applicable)
8. Copy of cheque’s void leaf.

**Declaration, acceptance by the Bidder-**

I declare that to the best of my knowledge the answers submitted in this tender questionnaire (and any supporting documentation) are correct. I understand that any misrepresentation will render my organization ineligible to participate in any future business activities with **Digital Healthcare Solutions.**

|  |
| --- |
| ……………………………………………………………Signature ……………………………………………………………Name……………………………………………………………Job Title……………………………………………………………Company……………………………………………………………Date......................................................................................................  |

 Official Stamp (Here)