



**ROYAL GOVERNMENT OF BHUTAN  
MINISTRY OF HEALTH  
DEPARTMENT OF MEDICAL SERVICES  
DRUGS VACCINE AND EQUIPMENT DIVISION**

**APPLICATION FOR REGISTRATION AS SUPPLIER OF DRUGS/NON-DRUGS ONTO THE DVED  
SUPPLIER REGISTER**

**Name of the company:** \_\_\_\_\_

**Applicant's name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Person's Tel no:** \_\_\_\_\_

**For use by DVED Officials only**

Date of submission:.....

Received by:.....



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**Terms of Reference for Registration onto DVED Suppliers Register**

**1. PURPOSE**

**1.1.** The DVED shall maintain a Supplier Register containing detailed information on all suppliers registered with the division for the supply of drugs and non-drugs. This is being done to ensure that there are sufficient qualified suppliers for the supply of drugs/non drugs and medical items/services of ensured quality as and when required.

**1.2. Maintenance of the Suppliers Register:** The DVED will update suppliers' information on an ongoing basis. Registered suppliers shall be responsible for providing DVED with any change in the information initially provided, including banking details. Failing to do so, DVED reserves the right to cancel the registration. It is the supplier's responsibility to ensure that the information reflected on the Suppliers Register is correct and up to date at all times.

**2. CRITERIA FOR REGISTRATION**

**2.1** all suppliers who wish to be registered onto the Supplier Register must meet the set criteria, as specified below:

- Valid Physical Address
- Contact details such as physical Business Address, postal Address, telephone or cell number, fax number
- Company/Business Profile
- A line of products intended to supply or specialized in.
- Banking details. Personal banking details will not be acceptable except in the case where the supplier is a Sole Trader.
- Bank Guarantee from any recognized financial institute in Bhutan or in the country of origin
- Proof of financial soundness.
- Tax Clearance Certificate
- CID copies of all proprietors or partners ( where applicable)
- Trade licence issued by the Ministry of Economics and Affairs, Royal Government of Bhutan. For non-national suppliers, a valid trade licence issued by relevant authority in their country where the business is registered should be submitted.
- Manufacturing license
- WHO GMP certificates in case where the supplier manufacturers any products such as pharmaceuticals and laboratory re-agents etc.

*Note: all the above documents should be valid at the time of submission and during the validity period of registration. A physical inspection by a team shall also be carried out at site if deemed necessary.*

**3. HOW TO REGISTER**

**3.1** Any supplier who wishes to register onto the DVED Suppliers Register should complete the following:

- a) *The Application Form- Application for Registration as a Supplier of drugs, vaccines, medical supplies and Services onto the Suppliers Register*
- b) *If a firm has more than one branch office and would like to register them all, separate application forms must be filled for each branch*

NB- Please uses a black pen. Please print so that all information is legible. Forms which are not readable or incomplete will be rejected

**3.2 Availability of Application Forms:** Application Forms can be downloaded from MOH website (<http://www.health.gov.bt>). Application forms can also be collected from the DVED. No faxed or e-



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mailed applications will be accepted. Only original and signed copies of application will be accepted. Suppliers may not alter the Application Form in any way.

**3.3** *The* applications forms for registration onto the Suppliers Register shall be processed at DVED. Suppliers should therefore ensure that they submit their Application Forms to the address below:

**DRUGS VACCINE AND EQUIPMENT DIVISION**

**MINISTRY OF HEALTH**

**THIMPHU BHUTAN**

**PO BOX 985 TELEPHONE: 00975-325458/325955/325956/326217**

*Note: Please keep copies of the Application form and all supporting documentation submitted as no copies will be made by DVED*

**3.4** Any queries regarding registration can be directed to: DVED TELEPHONE: 00975-325458/325955/325956/326217 FAX 323809

EMAIL: [dved@health.gov.bt](mailto:dved@health.gov.bt) or [cpodved@health.gov.bt](mailto:cpodved@health.gov.bt)

**3.5** Ensure that all applicable sections in the Application Form are complete. Incomplete Application Forms will not be processed by DVED. Verification of information provided by suppliers may be done against third party sources such as financial institutes, relevant authorities such as embassies or physically.

**3.6** Important fields to be completed:

3.6.1 Contact Person: Please provide details of one (1) individual that the DVED should contact pertaining to Bids and/or Contract and/or clarification and/or supply follow-up.

3.6.2 Type of Company: Ensure the appropriate documentary proof pertaining to your type of Company is attached and submitted together with the Application Form.

View below for the required documentary proof:

- a) Partnership: Certified copy of Partnership Agreement
- b) Sole Proprietor: CID copy
- c) Public Company: Certified copy of Certificate of Incorporation of companies
- d) Close Corporation.
- e) Private Company: Certified copy of Certificate of Incorporation of companies
- f) Trust: Certified copy of Trust deed or other founding document
- g) Other: Please provide appropriate documentary proof

**3.7 Shareholder/Owner/partners Information** please complete all information for every shareholder/Owner listed on the form who has equal ownership in the Company. Please ensure that Total percentage of ownership amount to 100%. Should the space provided in page No. 7 (Form III) be inadequate for the required information, please ensure that you make a copy of form, complete it and submit it together with the Application Form.

**3.8** Applicants will be notified about the outcome of the application within 30 working days from the date of submission of forms to DVED, unless otherwise notified in advance by the division.

**3.9** A non-refundable registration fee of Nu. 1,000/- (one thousand only) shall be charged to all the applicants at the time of submission of application.



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**4. REGISTRATION VALIDITY**

4.1 Suppliers that have been registered onto the Suppliers Register shall be eligible to participate in the DVED annual tender for the supply of drugs and non-drugs. Registration onto the Suppliers Register however does not guarantee business opportunities as all acquisition will be subject to the Procurement Manual of Bhutan.

4.2 **Registration Period onto the Suppliers Register:** the validity of the Registration shall be for a period of 3 years from the date of acceptance onto the suppliers register.  
*The Division reserves the right to accept or reject any application*

**5. Supplier Performance Evaluation**

5.1 All registered suppliers shall be continuously monitored and evaluated on their performance based on the work awarded to them by DVED as per the guideline. This shall form the basis for annual suppliers' performance evaluation which will have an impact on future registration and work opportunities with the DVED.

5.2 The overall summary of the suppliers' performance evaluation is presented to the Annual Tender Selection Committee meeting and those who have performed well in the past year may be given due preference during selection, where applicable/feasible.

5.3 The supplier has to attain a minimum of 75% in their yearly performance depending on the orders received. Failing to do so, they will not be eligible to participate in the following year's tender.

Supplier's who score more than 75% are further ranked as per the following:

75 – 80%	Satisfactory
80 – 85%	Good
85 – 95%	Very good
> 95%	Excellent

An example of how the evaluation is done is shown below:

Supplier name: X  
Number of items ordered: 10

CRITERIA	PERFORMANCE	SCORE	SCORE (in terms of %)
Quantity supplied in full *	Supplied 9 out of 10 items in full	9 / 10	90%
Delivery of supply	8 out of 10 items supplied within the given deadline	8 / 10	80%
Quality of supply	4 items rejected during physical QC inspection. Had to be replaced	6 / 10	60%
<b>Average Score</b>			83.33%

\* Note: quantity supplied in full is defined as quantity > 90% of the ordered quantity. E.g. if 100,000 tablets of Drug A is ordered, and the supplier is able to deliver 95,000 tabs (95%), then the score given is 1. However, if the supplied quantity is 85,000 tabs (85%) of the ordered quantity, then the score is 0.

**Special considerations:**

For non-drugs, the items are categorized into 16 departments such as laboratory, OT, dental etc., and therefore tender is also sold department wise. In this case, a supplier's performance shall be rated department wise. So supplier X gets 60% for his performance in Dental Department and 80% for Anesthetic Department, the supplier shall be barred from participating in tender for Dental Department only.



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**6. Confidentiality**

All information provided by suppliers for registration purposes shall remain confidential and shall be used by DVED for official purposes only unless otherwise required by law.



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**I. COMPANY'S BASE DATA: (Compulsory)**

1	Name of Company:	
2	Business license from trade number <b>( attach copy)</b>	
3	TYPE OF COMPANY( Tick applicable box and provide documentary proof):	<input type="radio"/> Close corporation <input type="radio"/> Public Company <input type="radio"/> One person business / sole trader <input type="radio"/> Partnership <input type="radio"/> Private Company <input type="radio"/> Trust <input type="radio"/> Other: (Specify)
4	Telephone Number	
5	Fax Number	
6	Business Physical Address	
7	Postal Address:	Postal Code:
8	Date Company Established	
9	BIT Registration Number	
10	Company Website Address	
11	Tax Clearance Certificate Number:..... Certificate Expiry Date:..... Tax Certificate Approved Date:.....	



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**II. CONTACT PERSON DETAILS: (Complete for at least two Persons – Preferably Management)  
(Compulsory)**

		CONTACT PERSON 1	CONTACT PERSON 2
1	NAME		
2	Job title		
4	Telephone number:		
5	Fax Number		
6	Cellular Number		
7	E-Mail Address		

**III. DETAIL OF ALL SHAREHOLDERS AND OWNERS: (Compulsory – APPLICABLE TO OWNERS AND SHAREHOLDERS ONLY)**

Full name	CID/passport	Citizenship	Date of ownership	% owned
Total				100%



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**IV. REFERENCES** (List 5 contracts/projects/organizations, which your Company has been engaged in for the last 2 years) related to medical supplies

Description	Location	Client	Client telephone number	Amount contracted	Completed/expected completion date





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**VI. DETAILS OF PERSON(S) AUTHORIZED TO ACT ON BEHALF OF THE COMPANY (Mandatory)  
RESOLUTION OF OWNERS/DIRECTORS/ MEMBERS/PARTNERS**

RESOLUTION of a meeting of the Board of \*Directors / Members / Partners/ Owners of:

\_\_\_\_\_ *(Legally correct full name and registration number of the Enterprise, if applicable)*

Held at \_\_\_\_\_ *(Place)*

On \_\_\_\_\_ *(Date)*

RESOLVED that:

1. The Company submits an application to the DVED for registration on DVED's Supplier Register.

2. \*Mr/Mrs/Ms: \_\_\_\_\_

in \*his/her Capacity as: \_\_\_\_\_ *(Position in the Enterprise)* and who will sign as follows: *(insert specimen signature)* \_\_\_\_\_ be, and is hereby, authorised to sign any documents and/or correspondence in connection with and relating to the Application Form as well as to sign any Contract, and any and all documentation on behalf of the Company.

Name	Capacity	Signature

**Note:**

1. \* Delete which is not applicable
2. This resolution must be signed by all the Directors / Members / Partners and Owners of the Bidding Enterprise
3. Should the number of Directors /Members/Partners and Owners exceed the space available above, additional names and signatures must be supplied on a separate page

Enterprise stamp:

Attach power of attorney:



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**VII. DECLARATION:**

By completing this application form, the Company declares that:

1. All the information provided in this application is true and correct.
2. The Company will, without protest submit itself to procedures instituted by the DVED
3. The Company will, if requested to do so supply further information and documentary evidence for scrutiny.
4. The Company will update their registration particulars whenever a significant change in their details occurs.
5. The Company acknowledges that any false information provided can lead to disqualification from the Supplier
6. Register and being listed on DVED supplier list.
7. The Company acknowledges that it can be penalized for poor performance.

Is there any relationship between your organization and any of the DVED officials/staffs?

Yes

No

If yes, please specify nature of relationship and name of person

Family

Friend

Business

Partner

Full Name:

Full Name:

Full Name:

Full Name:

Duly authorized to sign on behalf of: \_\_\_\_\_ *(Name of Company)*

The undersigned who warrants that he / she is duly authorized to do so on behalf of the Company, confirms that the contents of the application are within my personal knowledge and are to the best of my belief both true and correct.

<b>Signature (Affix a legal stamp)</b>	<b>Full Name</b>	<b>Capacity</b>	<b>Date</b>