

VENDOR ASSESSMENT PROFORMA

HVAC CONSULTANCY COMPANIES

COMPANY'S NAME _____

ADDRESS _____

CONTACT PERSON _____ DESIGNATION _____

TEL. NO. _____ CELL NO. _____

FAX _____

E MAIL _____ WEBSITE _____

NOTE:

- The following factors have been considered as the basis of evaluation:

Section A: Mandatory Requirement

Section B: Category Based Requirements

1. *Status of Firm and Financials.*
2. *References and Past Experiences.*
3. *Human Resource.*
4. *HSE Compliance*

You have any reservation in submitting any information, please let us have it in writing with proper justification.

- **Submission of incomplete/false information in response to this query or late submission of information shall result in automatic disqualification.**
- **All parties who will be pre-qualified have to participate in tendering. Otherwise, PSO reserves the right not to consider their organization in future tendering and pre-qualification processes**

INSTRUCTIONS:

1. Tick mark on the correct option. Use the Details field to elaborate or give comments.
2. Sign and stamp each page of all the documents being submitted.
3. Attach copies of all relevant Certificates/Documents wherein required. Attachments must have corresponding section number clearly written on top.
4. Submission of incomplete/false information shall result in automatic disqualification
5. For photographic evidence (if any), please mention (on the back of the picture) the question number to which the picture corresponds to.
6. Each section should be answered according to the directions given and there should be no deviations from the given format. Any section left blank shall be rated as nil.

Stamp & Signature of Applicant

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7. Further queries (if any) shall be communicated to you accordingly.
8. This is without any commitment on our part at this stage

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SECTION –A

Mandatory Requirement

S.NO	Parameters	Yes	No
1	Has your firm been in litigation /blacklisted by PSO or any other firm? If yes, please provide details.		
2	NTN Certificate <i>(Please attach NTN Certificate copy)</i>		
3	GST Certificate <i>(Please attach GST Certificate copy)</i>		
4	Pakistan Engineering Council registration in relevant category <i>(Please attach PEC registration certificate copy)</i>		
5	Past experience (for HVAC Contracts) <i>(Please attach work/job orders copy)</i>		

DETAILS:

If the answer to point#1 is yes, please provide details below:

**If the answer to point #01 is no, please provide undertaking on Rs.50/-Stamp paper that your firm is currently not blacklisted by any firm.

Stamp & Signature of Applicant

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1.0 STATUS OF FIRM & FINANCIALS

Sr.	DESCRIPTION	DETAILS
1.1	Type of Firm <input type="checkbox"/> Public / Private <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <i>(Please attach copy of NTN certificate)</i>	
1.2	Office Setup <input type="checkbox"/> Telephone, Fax & E-mail <input type="checkbox"/> Telephone & Fax only <input type="checkbox"/> Telephone only <i>(Please attach a list of all offices with complete contact information)</i>	
1.3	Average Annual Turnover in last 3 years <input type="checkbox"/> Over Rs. 40 Million <input type="checkbox"/> Over Rs. 30 Million <input type="checkbox"/> Over Rs. 20 Million <input type="checkbox"/> Over Rs. 10 Million <input type="checkbox"/> Below 10 Million <i>(Please provide relevant documents as evidence)</i>	

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2. REFERENCES AND PAST EXPERIENCES (FOR HVAC WORKS)

Sr.	DESCRIPTION	DETAILS
2.1	<p>Number of projects handled and successfully completed in last 03 year</p> <p><input type="checkbox"/> More than 10</p> <p><input type="checkbox"/> From 6-10</p> <p><input type="checkbox"/> From 3-6</p> <p><input type="checkbox"/> Less than 3</p> <p><i>(Please provide copies of orders awarded as evidence)</i></p>	
2.2	<p>Clientele in HVAC (centrifugal) consultancy services</p> <p><input type="checkbox"/> Oil & Gas Sector</p> <p><input type="checkbox"/> Multinationals</p> <p><input type="checkbox"/> Public Sector</p> <p><input type="checkbox"/> Private Sector</p> <p><input type="checkbox"/> Others</p> <p><i>(Please provide copies of work orders as evidence)</i></p>	
2.3	<p>Equipment owned</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>(Please provide copies of leasing/ownership documents of HVAC related equipments)</i></p>	

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3. HUMAN RESOURCE

Sr.	DESCRIPTION	DETAILS
3.1	Number of Engineers <input type="checkbox"/> 2 or more <input type="checkbox"/> 1 <i>(Please provide list of mechanical engineers on company letter head duly signed by company official)</i>	
3.2	HVAC Engineer <input type="checkbox"/> 2 or more <input type="checkbox"/> 1 <i>(Please provide list of design engineers on company letter head duly signed by company official)</i>	
3.3	Number of Supervisory Staff <input type="checkbox"/> 6 or more <input type="checkbox"/> 4 or more <input type="checkbox"/> Less than 4 <i>(Please provide list of supervisory staff on company letter head duly signed by company official)</i>	
3.4	Number of Technicians <input type="checkbox"/> 10 or more <input type="checkbox"/> 5 or more <input type="checkbox"/> Less than 5 <i>(Please provide the list of technicians on company letter head duly signed by company official)</i>	

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4. HSE COMPLIANCE

Sr.	DESCRIPTION	DETAILS
4.1	HSE Certification, Affiliation, Accreditation <input type="checkbox"/> Both Company and Staff <input type="checkbox"/> Only Staff. <input type="checkbox"/> Only Company <i>(Please provide copy of relevant certificate as evidence)</i>	
4.2	Consultant will abide PSO's HSE policy, standards, guidelines and procedures. <input type="checkbox"/> Written commitment <input type="checkbox"/> No <i>(Please provide copy of relevant document as evidence)</i>	
4.3	HVAC Certification, Affiliation or relevant Certification <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please provide copy of relevant HVAC document as evidence)</i>	
4.4	Job Profile of Staff <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please provide profiles of staff as evidence)</i>	
4.5	Training Record of Staff (Provide List) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please provide copy of training record as evidence)</i>	