

# Ministry of Human Rights Government of Pakistan



## MINISTRY OF HUMAN RIGHTS

### EXPRESSION OF INTEREST FOR HIRING OF CONSULTANT FIRM(S) THROUGH EPADS

1. The Ministry of Human Rights invites expression of interest through EPADS (e-Pakistan Acquisition & Disposal System) as prescribed in e-PAK Procurement Regulations 2023, Public Procurement Regulatory Authority Rules 2004 read with Procurement of Consultancy Services Regulations, 2010 from Consultancy Firms registered with Securities and Exchange Commission of Pakistan (SECP) or Registrar of Firms and registered with sale/income tax departments for carrying assigned task at Quality & Cost Based Selection Method:
2. The Assignment is as follows: -  
**Hiring of a Consultant Firm for Obtaining ISO 9001:2015 Certification for Ministry of Human Rights**
3. The selected consultant firm will be responsible for:
  - i. Conducting a gap analysis of the Ministry's current practices against ISO 9001 standards.
  - ii. Designing and implementing a QMS aligned with **ISO 9001:2015** standards.
  - iii. Developing necessary documentation, including organogram, wing-wise functions, Job Descriptions, Quality objectives, SOPs, Quality policy, Client survey, risk assessment of internal and external clients and mitigation measures, quality manuals, and work instructions.
  - iv. Conducting training and capacity building for relevant Ministry staff.
  - v. Conducting internal audits and assisting in corrective actions.
  - vi. Preparing the Ministry for the external audit and certification process.
  - vii. Liaising with the certification body until certification is obtained.

4. Have a minimum of five (5) years' experience in providing ISO consultancy services and Demonstrate successful completion of at least one (1) ISO 9001 certifications for public sector or governmental organizations.
5. All the Bids must be submitted through EPADS, bids submitted by any method other than EPADS shall be rejected as per e-Pak Procurement Regulations 2023.
6. Proposals shall be opened and evaluated and only viable proposals shall be short-listed and only short-listed bidders / firms shall be provided with the Request For Proposal (RFP) document.
7. The last date of submission of complete prequalification documents is 15 days after date of publication at EPADS.
8. This advertisement is available at PPRA's Website [www.ppra.prg.pk](http://www.ppra.prg.pk) and Ministry of Human Rights Website [www.mohr.gov.pk](http://www.mohr.gov.pk)

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**PREQUALIFICATION DOCUMENT**

**PRE QUALIFICATION CRITERIA**

**A-QUESTIONNAIRE**

**QUESTION 01:**      WHAT IS THE NAME OF THE BIDDER?

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**QUESTION 02:**      WHAT IS THE ADDRESS OF THE BIDDER?

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**QUESTION 03:**

National Tax Number	
Sales Tax Number	

*(Attach copy of NTN & Sales Tax Certificate along with copy of last months deposited sales tax receipts)*

**QUESTION 04:** PLEASE SPECIFY THE YEAR OF ESTABLISHMENT?

**QUESTION 05:** TYPE OF FIRM AND REGISTRATION AUTHORITY?

Sole Proprietor/ Individual	
Partnership	
Private Limited Company	
SECP / Cooperatives / Registrar of Firms	
HEC Recognized University	
Research Institute	

**QUESTION 06:**      NAME OF THE OWNER (s)

<b><u>S.No.</u></b>	<b><u>Name</u></b>	<b><u>NIC No.</u></b>	<b><u>Address &amp; Tel. No.</u></b>

**QUESTION 07: HEAD OFFICE LOCATION**

ADDRESS OF EACH OFFICE	OWNED/RENTED	OWNER NAME

**QUESTION 8: HOW MANY PERSONNEL ARE BEING EMPLOYED AT THE ABOVE MENTIONED FACILITIES? (Please tick the appropriate box)**

1 to 5	
6 to 10	
11 to 15	
15 Plus	

**QUESTION 9: DESCRIBE THE NUMBER OF PEOPLE WORKING AT EACH OFFICE, SEGREGATED ACCORDING TO THE JOB TITLE.**

**B- FINANCIAL STANDING**

BANK STATEMENT		
Name of Banks	Title of Account	Monthly Average Balance

FIXED & MOVABLE PROPERTIES			
Type of Property	Title of Property	Relation with Owner of Firm	Approximate Value

**LIST OF LOCAL/MULTINATIONAL ORGANIZATIONS, GOVT. DEPARTMENTS AND UN AGENCIES AS CUSTOMERS FOR THE LAST 05 YEARS**

Name	Type of Organization	Contact Name & Tel. No.	Date of Prequalification	Turnover for the last three years in Rs.

**PERFORMANCE CERTIFICATE**

(For each major customer during the last three year)

Name of Customer

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Contact Name, Address & Telephone Number

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Date of Prequalification: \_\_\_\_\_

Turnover since Prequalification: \_\_\_\_\_

Quality of Services Offered & Remarks by Customer:

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**Bidder's Representative**  
(Signature & Stamp)

**Customer**  
(Signature & Stamp)

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