سوئی ناردرن گیس
Sui Northern Gas

Tender Enquiry

Tender Enquiry No. **MND/TE/013/2025** Dated: **16.10.2025**

Messer's:

_____

_____

_____

Dear Sir,

PRINTING OF OFFICE STATIONERY
INVITATION TO BID / INSTRUCTION TO BIDDER
OUR TENDER ENQUIRY NO. MND/TE/013/2025
TENDER CLOSING DATE 03.11.2025 TIME: 15:00 HOURS
TENDER OPENING DATE 03.11.2025 TIME: 15:30 HOURS

1. Please submit your lowest and firm quotation with best delivery for the item given on attached sheet/sheets and return one copy of the sheet/sheets duly completed & signed by you latest by **15:00 Hours positively on 03.11.2025**.
2. Please include: -
   (a) Our items No (b) discount, if any (c) full detail of any deviation from our specification (d) Lump sum price in addition to unit price, carriage paid to our address as mention on attached sheet / sheets.
3. **The tender participation / issuance fee is Rs 500/- which should be submitted before tender opening in shape of pay order / CDR by the respective bidder along with copies of GST NTN & Professional Tax certificates with covering letter mentioning our tender number. Your bid will not be considered in case non submission of tender fee before tender opening.**
4. **All Bidders are required to submit their quotation online on PPRA E-PADS and same should also be submitted in printed form in sealed envelopes before tender closing time at the following address: Senior Officer (Procurement), S.N.G.P.L (Transmission Office), Piran Ghaib Road Multan.**
5. The envelope should be headed **"Confidential"** and marked.
   Tender Enquiry No. **MND/TE/013/2025** **Closing Date: 03.11.2025**
   YOUR QUOTATION IS LIABLE TO BE CANCELLED IF YOU FAIL TO ADHERE TO THIS CLAUSE
6. Your quotation should remain open for at least a period of **60 days** from the date of closing of this tender enquiry.
7. All tender enquiries shall be publicly opened at **15:30 Hours** on the same day in our office at above mentioned address. Only one representative of each bidder possessing "Letter of Authority" to do so may attend the bid opening, if desired.
8. In case purchase order placed on you, you will be required to execute strictly in accordance with the terms and conditions of purchase order. In case terms and conditions violated we will have the right to cancel the purchase order or part as thereof, necessary.
9. In case purchase order on you and subject to (7) above, if the purchase order on you or part thereof is cancelled, we will have the right to make purchases from other sources at your risk and cost, and difference will be recovered from you.
10. In case purchase order is placed on you on the basis of your bid / quotation, material will be required by us within 30 days; however, you may quote your best delivery period.

Registered Office:
Sui Northern Gas Pipelines Limited,
21- Kashmir Road, Lahore, Pakistan.
+92-42-99082000-06

www.sngpl.com.pk

Multan Regional Office:
Piran Ghaib Road, Samijabad,
Multan, Pakistan.
+92-61-9220079

11. We reserve the right to increase / decrease the tender quantities or cancel this enquiry in whole or in part before tender opening should our requirement. In change in the meantime. After tender opening, the quantities may be increased / decreased by 15% of the tender quantities. However, decrease beyond 15% shall be subject to concurrence by the successful bidder.
12 Relevant, leaflets/brochures should accompany your quotation.
13 Instead of writing the word "**Imported"** please give exact brand/make / Country of origin of each item quoted by you.

GENERAL CONDITIONS

1. All deliveries are to be consigned carriage paid to the address given on attached sheet / sheets.
2. Delivery challan (in triplicate) for each consignment should accompany the material.
3. Consignment will be received upto 12.30 P.M during summer on all working days and upto 3.00 P.M during winter on all working days of the week except Saturday & Sunday.
4. In case purchase order is placed on you on the basis of this tender enquiry, payment shall be made within 30 days from receipt of goods except when stores are received "Subject to Approval". In such cases 30 days limit will commence from date of "Approval".

BID SECURING DECLARATION: -

Every bidder shall furnish as part of its bid, **Bid Securing Declaration**, (as per specimen enclosed). This will serve as a guarantee of acceptance of purchase order in case his bid turns out to be the lowest bid.
Any Bid; which is not accompanied by the requisite **Bid Securing Declaration** (in original), will not be read out at the time of tender opening and will be considered as non responsive.
This **Bid Securing Declaration** will serve as guarantee in case bidder subsequently either withdraw, or unilaterally modify, vary or alter his bid after opening of the bids and before expiry of bid validity period, or fail to accept our purchase order, placed on them within the validity of their bid or its extended validity in case his bid turns out to be the most advantageous bid.

Every bidder is required to upload Bid Securing Declaration in EPAD in the respective collum.

LATE DELIVERY CHARGES: -

1. Time shall be essence of the contract/purchase order and it will include a clause on Late Delivery charges. This interalia will state that if the materials, as given in the order have not been dispatched/delivered on time and as per stipulations in the contract except on account of Force Majeure, within the delivery period given in the contract, Sui Northern Gas Pipelines Limited (SNGPL) shall be entitled to recover 1% (One Percent) of the total value (excluding Sales Tax) of the delayed part of material for each week of delay, by way of Late Delivery Charges and not by way of penalty subject to a maximum of 10% of the total value (excluding sales tax) of the delayed part of the material.
2. The payment of such Late Delivery Charges shall not relieve the supplier from performing and fulfilling its obligations under the contract nor will the corresponding rights and entitlements of Sui Northern be affected or reduced in any manner.
3. Whenever Late Delivery Charges become payable, SNGPL, in its sole discretion shall quantify the same and recover Late Delivery Charges through deduction from outstanding bills of suppliers directly by Accounts Department while making payment to supplier.

Yours faithfully,
SUI NORTHERN GAS PIPELINES LIMITED

(Muhammad Afzal)
Senior Officer (Procurement)
for **MANAGING DIRECTOR**

SUI NORTHERN GAS PIPELINES LIMITED

Annexure to Enquiry No. **MND/TE/013/2025** Sheet No._____

Suppliers G.S.T _____ Suppliers N.T.N #_____

Ref. of suppliers_____ Date. _____

Item No	Description	Brand/Make Country of Origin	Unit	Qty	Rate / Unit Ex-GST	18% GST	Total Amount	F.O.R Delivery Period
01	PRINTING OF VISITOR REGISTER (300 PAGES), AS PER SPECIMEN		NOS	6				**Within 30 days at S.N.G.P.L (Stores), Multan.**
02	PRINTING OF DOMESTIC METER REPLACEMENT FIELD ORDER, 100 PAGES/PAD, AS PER SPECIMEN		NOS	360				
03	PRINTING OF DOMESTIC METER REPLACEMENT RETURN CARD, 100 PAGES/PAD, AS PER SPECIMEN		NOS	330				
04	PRINTING OF IN / OUT VEHICLE GATE REGISTER (300 PAGES) AS PER SPECIMEN		NOS	24				
05	PRINTING OF VEHICLE LOG BOOKS (35 PAGES), AS PER SPECIMEN		NOS	412				
06	PRINTING OF ABOVE GROUND LEAKAGE RECTIFICATION ANNEXURE-1, 68 GM PAPER, 100 PAGES/PAD, AS PER SPECIMEN		NOS	540				
07	PRINTING OF DAILY SITE REPORT SERVICE LINE SHIFTING TEAM, 100 PGES/PAD, AS PER SPECIMEN		NOS	200				
08	RINTING OF SAFETY CHECK LIST DISTRIBUTION PERFORMA, 100 PAGES/PAD, AS PER SPECIMEN		NOS	100				
09	PRINTING OF DAILY SITE REPORT METER SHIFTING TEAM, 100 PAGES/PAD, AS PER SPECIMEN		NOS	150				
10	PRINTING OF DISCONNECTION PERFORMA A-4 SIZE, 80 GM		NOS	04				

	PAPER, 100 PAGES/PAD, AS PER SPECIMEN							
11	PRINTING OF VIGILANCE INSPECTION PERFORMA, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	381				
12	PRINTING OF VEHICLE FITNESS CERTIFICATE BOOK, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	200				
13	PRINTING OF CONSTRUCTION EQUIPMENT FITNESS CERTIFICATE BOOK, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	200				
14	PRINTING OF FIRE EXTINGUSHER INSPECTION CARD, AS PER SPECIMEN		NOS.	200				
15	PRINTING OF VEHICLE GATE PASS BOOKLET, 200 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	80				
16	PRINTING OF UGLD PERGORMA, A-4 SIZE, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	50				
17	PRINTING OF CP STATION INSPECTION OERFORMA, A-4 SIZE, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	30				
18	PRINTING OF PCM SURVEY PERFORMA, A-4 SIZE, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	30				
19	PRINTING OF LINE LOCATION SURVEY PERFORMA, A4 SIZE, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	20				
20	PRINTING OF UGLD DISCREPANCY PERFORMA, A4 SIZE, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	50				
21	PRINTING OF DCVG PERFORMA, A4 SIZE, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	05				
22	PRINTING OF COMPLAINT FIELD ORDER, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	20				

23	PRINTING OF DAILY DISCONNECTIONPROGRAMME, 100 PAGES/PAD, 68 GM PAPER, AS PER SPECIMEN		NOS.	40				
					Grand Total:			

NOTE:

1. ***Every bidder is required to quote only one proposal / option against purchase of one tender document set. Alternate / second option / proposal can be submitted by procuring new tender documents set. Submission of more than one option / offers against purchase of one tender document set will lead to disqualification / rejection of the whole bid.***
2. Rates should be valid up to 60 days.
3. Please mention the rates of material / Sales Tax separately instead of Lump Sum / quoted rates will be treated as inclusive of Sales Tax if Sales Tax is not mentioned separately.
4. We required good quality material with carriage (Loading / un-Loading) at our site.
5. Quotation should be complete in all respect i.e., GST/NTN No., Date & Signature, Country of origin, duly stamped and delivery period.
6. In case purchase order is placed on you on the basis of your bid / quotation, material will be required by us as per above delivery period; however, you may quote your best delivery period.
7. Material should be supplied as per our specification's substandard/defective/ inferior quality, poor workmanship, faulty design, faulty packing or short received material will have to be replaced by you on "No Charge Basis" even after our acceptance.
8. Discount if any should be boldly shown under the prices in figures. Discount, if conditional or not read at the time of bid opening shall not considered during bid evaluation.
9. Conditional offer will not be considered for evaluation.
10. Sales Tax will be paid to you on submission of documentary evidence.
11. The Company reserves the right to accept and /or to reject any offer without assigning any reason.
12. Bids will be evaluated and accepted for above offered quantity. No bid will acceptable for less than the quantity specified above in schedule of requirement.
13. Quotations should have not any over-writings. Corrections if any must be made by deleting and re-writing. All such deletions/cuttings must be authenticated by additional signature. Quotations carrying over-writing are likely to be dis-regarded.
14. Bids will be dis-qualified if relevant technical literature/ specifications are not attached to the offer.
15. The Company does not bind itself to accept the lowest priced bid or any particular bid or any part of a bid, nor will be responsible to pay the expenses or losses which may be incurred by any bidder in preparation of his bid.
16. You offer should be accompanied by a copy of valid Sales Tax Registration, NTN and Professional Tax Clearance Certificate.
17. You will be responsible / bound to supply the items on your quoted rates in case of any change / revision of rate at your end.
18. Any information required or sample if needed can be seen in the Procurement Office Multan on any working day in the office timing.
19. Each Item will be evaluated separately.

Supplier's Signature _____

Supplier's Stamp _____

سوئی ناردرن گیس
Sui Northern Gas

BID SECURING DECLARATION
TENDER ENQUIRY # ----------

M/s. Sui Northern Gas Pipelines Limited,

Dear Sirs,

We, M/s _____, hereby confirm that our bid against subject tender enquiry is firm & irrevocable.

We, M/s _____, also confirm & undertake that our said Bid Securing Declaration shall serve as guarantee that we shall not either withdraw, unilaterally modify, vary or alter our Bid after opening of the tenders and before expiry of bid validity period or extended bid validity period, and we shall accept purchase order placed on us within validity period of bid in case our bid turns out to be the most advantageous bid as per terms of the tender enquiry.

Authorized Signatories of the Bidder

Name: _____ **Date:** _____

E-mail address:-_____

Company Seal: _____ **Place:** _____

سوئی ناردرن گیس
Sui Northern Gas

SPECIMEN FOR PRINTING

Item No. 01

SUI NORTHERN GAS PIPELINES LIMITED

VISITOR LOG

MULTAN DISTRIBUTION

DOC. # SNGPL-~~BWP~~-REGION
Annexure-K

Site / Building Location: ____________ Date: ____________

Sr. NO	Name	CNIC #	Purpose of Visit	Section/Person to be visited	Time In	Time out

Specimen

Ayaz Mahmood
Chief Admin Officer
MULTAN

سوئی ناردرن گیس
Sui Northern Gas

Item No. 02

Dispatch Group:
Representative

SUI NORTHERN GAS PIPELINES LIMITED

Meter Replacement Advice (Field Order) Domestic

FA ID: Account ID: Outstanding Bal. Rs

FA Type: Last Payment Date

FA Date: Priority:

Service Route (Book No) Sequence (Page NO) Consumer Type: DOMESTIC

Name: Meter Type:

Address: Sub Region:

Badge No.

Region:

Field Order Details: Bill Cycle Code: Postal: Service Cycle:

OLD METER	NEW METER
Meter Status:	Meter Status:
Seal Status:	Seal Status:
Regulator Type / Size:	Regulator Type / Size:
Reson for FA:	Gas Commissioned:
Reason (if FA Incomplete)	Soap Test:
Regulator Replaced:	Additional Remarks
Pressure Enhancement:	
Accident / Unsafe Cond. (If Any)	

Date Entry: Old Meter: New Meter:

Meter Badge No.	Meter Badge No.
Meter Type:	Meter Type:
Meter Manufacturer:	Meter Manufacturer:
Meter Configuration: Tyre (UOM):	Meter Configuration: Tyre (UOM):
Meter Inded Reading(Seq-30 Digit: L R	Meter Inded Reading(Seq-30) Digit: L R
Billing Pressure:	Pressure Enhancement: Work / Replacement:
Reason (If FA Incomplete)	Date:
Reason For FA	

Service Details / Comments:

Consumer Signature Team Incharge Supervisor / Officer Sign

Item No. 03

SUI NORTHERN GAS PIPELINES LTD
METER RETURN CARD

Make/Type_____ Sr.No._____ Consumer No._____

New Account ID:_____ Consumer Category (DOM)_____

Name and Address of Consumer:_____

_____

Meach Counter: _____

Date Of Meter Installation: _____ Contractual Load: (DOM only) _____ MCFHr

Date Removed _____ Spot Flow Rate:(DOM) _____ MCFHr

Meter Disconnected Or Replaced _____ Date Of Replacement (If Replaced)_____

Replaced With Meter: Make / Type _____ Sr. No. _____

Meach Counter: _____

Seal No.& Condition _____

Litigation (if any) (DOM) _____

Average Monthly Bill (Rs:) For DOM only) _____

BILLING HISTORY : Regular ☐ Irregular Lat☐yment / Installment ☐

REASON REMOVAL

Accts.Advice/Non Payment ☐ s.Advice/Cons.Vecated Schedul☐anged ☐

High Bill I☐Bill Not Reg☐ng/Sticky Damage Old M☐ ☐ ☐

Don'ts Pass Gas ☐y Under☐Oversize ☐ ☐

Suspected Due To_____Other ☐

(Check appropriate reason. if other's give details)

_____

_____

Contractor Stamp (If meter is removes by contractor) _____

Supervisor Incharge Name _____ S.N No. _____

Officer / Engineer Incharge / Executive Engineer Name: _____

Officer / Incharge / Executive Engineer Signature: _____

Item No. 04

SUI NORTHERN GAS PIPELINES LIMITED

MULTAN REGION

DUTY ROSTER

0800 to 0800 ______
0800 to 1600 ______
1600 to 2400 ______

Date: ______________

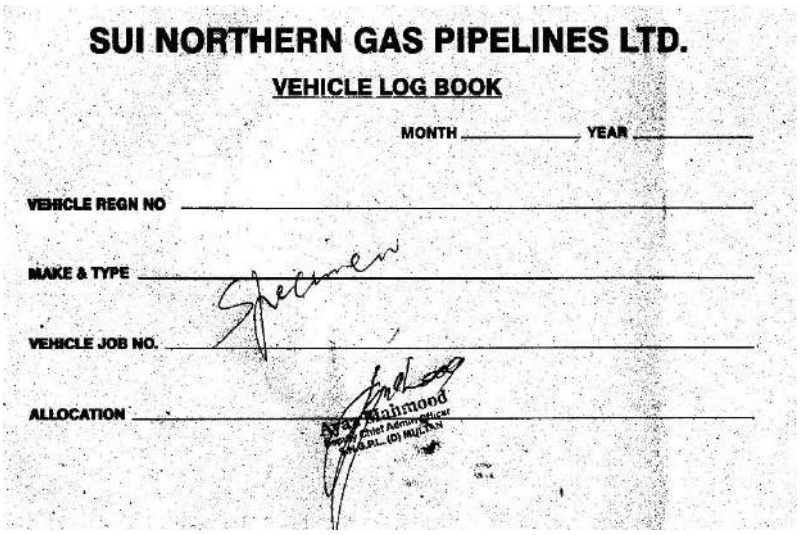
VEHICLE IN / OUT REGISTER

TIME OUT							TIME IN				
SR#	VEHICLE NO.	DEPARTMENT	TIME OUT	READING	DRIVER'S SIGN/SN #	REMARKS	TIME IN	TOTAL DUTY TIME/ DAYS	READING	DRIVER'S SIGN/SN #	REMARKS

Specimen

Ayaz Mahmood
Deputy Chief Admin Officer
S.N.G.P.L. (D) MULTAN

Item No. 05



SUI NORTHERN GAS PIPELINES LTD.

VEHICLE LOG BOOK

MONTH _____ YEAR _____

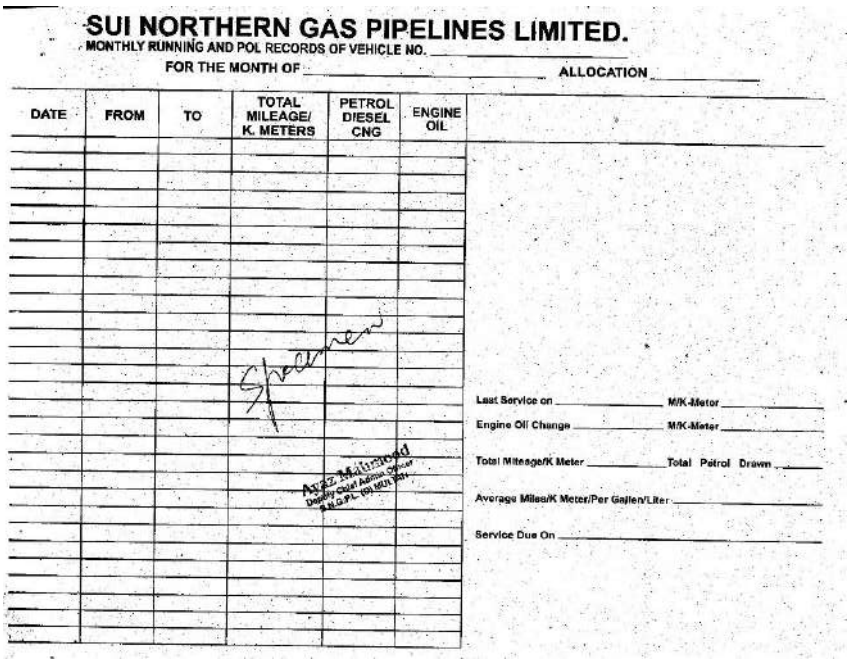
VEHICLE REGN NO _____

MAKE & TYPE _____

VEHICLE JOB NO. _____

ALLOCATION _____

Specimen



SUI NORTHERN GAS PIPELINES LIMITED.

MONTHLY RUNNING AND POL RECORDS OF VEHICLE NO. _____

FOR THE MONTH OF _____ ALLOCATION _____

DATE	FROM	TO	TOTAL MILEAGE/ K. METERS	PETROL DIESEL CNG	ENGINE OIL

Specimen

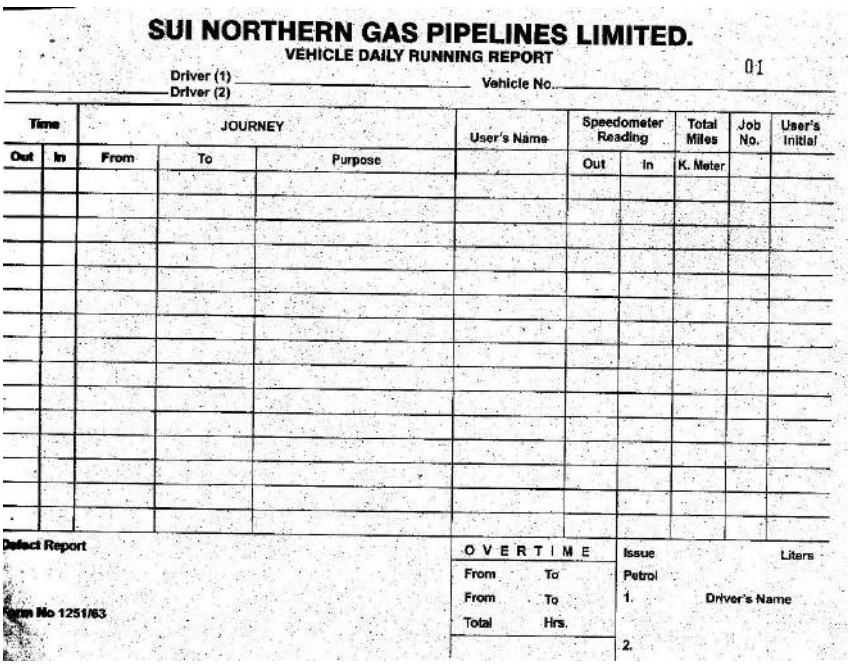
Last Service on _____ M/K-Meter _____

Engine Oil Change _____ M/K-Meter _____

Total Mileage/K Meter _____ Total Petrol Drawn _____

Average Miles/K Meter/Per Gallen/Liter _____

Service Due On _____



SUI NORTHERN GAS PIPELINES LIMITED.

VEHICLE DAILY RUNNING REPORT

Driver (1) _____ Vehicle No. _____ 01

Driver (2) _____

Time Out	Time In	JOURNEY From	To	Purpose	User's Name	Speedometer Reading Out	Speedometer Reading In	Total Miles K. Meter	Job No.	User's Initial

Defect Report

Form No 1251/63

OVERTIME

From To

From To

Total Hrs.

Issue Liters

Petrol

1. Driver's Name

2.

سوئی ناردرن گیس
Sui Northern Gas

Item No. 06

Annex-1

FORMAT- Aboveground Leakage Rectification Activity

Account ID _____

Name and Address _____

_____

Zone Code _____

Book No. _____

Page No. _____

Meter No. _____

Meter Type _____

Meter Reading _____

Leakage Status (Y/N) _____

Prior Checking By _____

Leakage Point
From GI fittings (Y/N) _____
From Company's Installation i.e Meter, regulator, service valve _____

Site Pressure (inches of wc) _____

Leakage Rectification Carried Out (Y/N) _____

Date of Rectification _____

Material Usage

GI fittings	**Full**	_____
	Partial	_____
Company's material	**Meter**	_____
	Regulator	_____
	Service Valve	_____
	Meter Couplings	_____

Clamp Installed (Y/N) _____

Remarks

_____

_____

_____

_____

Name and Signature of Consumer _____

Name of Fitter _____

Signature of Fitter _____

Name of Sub Engineer / Supervisor _____

Signature of Sub Engineer / Supervisor _____

Signature of Engineer _____

Item No. 07

SUI NORTHERN GAS PIPELINES LIMITED-MULTAN (D)

DAILY PROGRESS REPORT (P.E./M.S SERVICE LINE TEAM)

DATE:_____ CONTRACTOR:_____ TEAM SUPERVISED BY:_____

SR#	CONSUMER ID	NAME & ADDRESS	PIPE (MTR)	FITTING USED	REMARKS
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
TOTAL S/L LAID:		NOS. TOTAL PIPE USED:	MTRS	TOTAL FITTING USED:	

FITTER:_____ VEHICLE NO:_____ CHECKED BY:_____

H-FITTER:_____ Other:_____ SECTIONAL I/C:_____

سوئی ناردرن گیس
Sui Northern Gas

Item No. 08

DOC/SNGPL-HTPRM3-F-002-A	سوئی ناردرن گیس پائپ لائنز لمیٹڈ	
ISSUE-002 / ISSUE DATE	سیفٹی چیک لسٹ ڈسٹری بیوشن	

تاریخ _____

جگہ _____

کام کی جگہ پر موجود سپروائزر/انچارج کا نام _____

عہدہ _____

SN# _____

کھدائی		ویلڈنگ	
ایم ایس لائن لیک		پرچنگ	
پی ای لائن لیک		کٹنگ	
ویلڈنگ		بیک فلنگ	
پی ای جوائنٹنگ		ایلیویشن بیڈ کمپیکٹنگ ٹی پی ایس	
گرائنڈنگ		ٹرنچ جوائنٹنگ	
ٹیسٹنگ		اور کوئی	

	ہاں	نہیں	لاگو نہیں
1۔ کیا آپ کے متعلقہ کام کیلئے SOP موجود ہے؟			
2۔ کیا متعلقہ ڈرائنگ سائٹ پر دستیاب ہے؟			
3۔ کیا آپ نے اس کام کیلئے متعلقہ والو کو چیک کیا ہے، متعلقہ علیحدہ کرنے والا والو بند کئے ہیں اور پرچنگ/بلائنڈ لگایا ہے؟			
4۔ کیا آپ نے سٹینڈرڈ کے مطابق کھدائی کی، زیر زمین تاروں اور پائپ کی نشاندہی کی اور ان کو علیحدہ کیا ہے؟			
5۔ کیا آپ نے Explosivity ٹیسٹ کیا ہے؟			
6۔ کیا کام کرنے والی جگہ کو reflective ٹیپ/کون وغیرہ سے علیحدہ کیا گیا ہے اور دونوں طرف Warning بورڈ لگائے گئے ہیں؟			
7۔ کیا آپ نے آگ بجھانے والے آلات کام کرنے والی جگہ کے قریب رکھے ہیں؟			
8۔ کیا اس کام کیلئے تمام آلات یا مشینیں موجود ہیں اور محفوظ/اچھا کام کرنے کی حالت میں ہیں؟			
9۔ کیا ایمرجنسی کی صورت میں متعلقہ کام کرنے والے افراد کو کھدائی میں سے باہر نکالنے کا انتظام موجود ہے؟			
10۔ کیا متعلقہ کام کرنے والے افراد کیلئے حفاظتی آلات موجود ہیں؟			
11۔ کیا کسی فرد کی ذمہ داری لگائی ہے کہ مسلسل اس کام کی نگرانی کرے؟			
12۔ کیا اس کام کیلئے Explosion Proof آلات اور لائٹس استعمال کیے جا رہے ہیں؟			
13۔ کیا آگ لگنے کے تمام ذرائع (Live Line کے نزدیک سگریٹ نوشی، موبائل فون کا استعمال وغیرہ) کنٹرول میں ہیں؟			
14۔ کیا تمام گاڑیاں/آلات کام کرنے والی جگہ سے مناسب فاصلے پر ہیں اور ٹریفک میں رکاوٹ کا باعث نہیں ہیں؟			
15۔ کیا بند ایریا میں ہوا کی آمد و رفت کیلئے مناسب انتظامات موجود ہیں؟			
16۔ کیا Air ٹیسٹنگ، ڈرائنگ، پرچنگ اور کٹنگ کے دوران کام کرنے والے افراد مناسب فاصلے پر ہیں؟			

دستخط متعلقہ سپروائزر _____ دستخط (انچارج Executive) _____

نوٹ: یہ چیک لسٹ متعلقہ کام شروع کرنے سے پہلے کام کا انچارج/سپروائزر خود پُر کرے گا۔

Item No. 09

Daily Site Report Meter Shifting Team

DATE: _____

Sr	Account ID	Name & Address	Meter No	Reading	Material Utilized							Consumer Sign.
					Pipe	Reg	E.Cock	Elbow	Coupling	B. Nipple	Other	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
				TOTAL								

Team Members _____ Vehicle No _____ Supervisor Verification _____ Engr. (Maint) Verification _____

سوئی ناردرن گیس
Sui Northern Gas

Item No. 10

Annexure "B"

Sui Northern Gas Pipelines Limited

Date:_____

Disconnection of CMS (Field Order) Domestic

Dispatch Group:

Representative:

FA Date | Priority: | FO ID:

FA ID: | Account ID | Outstanding Bal (Rs): 0.00

Type: | Late Payment Date:

Service Route (Book No.): | Sequence (Page No.:)

Name: | Consumer Type:

Address: | Meter Type:

Region: | Sub Region: | Meter Badge No:

Field Order Details: | Bill Cycle Code: | Postal: | Service Cycle"

Reason (If FA Incomplete) _____

Meter status (when removed) _____

Service Valve removed: _____

Regulator type/size (when removed): _____

Site pressure: _____

Pressure Enhancement: _____

Regular condition (when removed): _____

Seal status: _____

Other fitting removed: _____

SL Plugged / Removed: _____

Accident/Unsfae Condition (if any): _____

Billing Pressure: _____

Enhanced Pressure: _____

Date Entry:

Meter Badge No.: | Disconnection/ Work Date: __-__-____

Meter Type:

Meter Index Reading (Seq.30): | Digits: L R

Disconnection Reason: _____

Material Removed: _____

Service Details / Comments _____

Customer Signature _____ Team Incharge/ Representative _____ Supervision Officer Sign _____

سوئی ناردرن گیس
Sui Northern Gas

Item No. 11

SUI NORTHERN GAS PIPELINES LIMITED
DOMESTIC INSPECTION REPORT

Consumer No. _____ Region. _____ Date of Inspection. _____

Name and Address. _____

_____

Connected Load. _____ Appliances _____

Flow Rate. _____ _____

Meter No. _____ Meter Type. _____ Meter Reading _____

Meter Condition [OK] [TAMPERED] Meter Seal. [OK] [TAMPERED] [MISSING]

Meter Complicity [OVER SIZE] [UNDER SIZE] [ADEQUATE]

Regulator Type Regulator Condition. [OK] [TAMPERED]

Regulator Capacity. [OVER SIZE] [UNDER SIZE] [ADEQUATE]

Billing Pressure. _____ Actual Pressure. _____ IWC

CMS Safe Position. [YES] [NO] Service Line Flushed with wall. [YES] [NO]

Distance of meter from service. 1-M 2-5 M 5-10 M 10-15 M ABOVE 15 M

House Line Size. _____ Inches

Buried line between Regulator and meter.
[YES] [NO]

Observation and remarks.

_____
_____
_____
_____

Recommendation

_____
_____
_____
_____

Consumer's Name Singature

_____

_____
Site Supervisor

_____
Engineer Incharge

Item No. 12

	SUI NORTHERN GAS PIPELINES LIMITED	DOC.#SNGPL-HPR-007-F-001	
		Issue # 03	Issue Date
	Quarterly Vehicle Fitness Certificate	Page 1 of 1	02-08-2016

Registration No:	Company / Contractor:	Contractor Name	Site / Location: Department:
Driver Name / Designation / Age :	Make / Model		Type of Vehicle / abnormal vehicle:

Sr No	Safety Check	Month: _____ Status			Month: _____ Status			Month: _____ Status			Remarks
		Ok	Not Ok	NA	Ok	Not Ok	NA	Ok	Not Ok	NA	
1	General Condition of Vehicle / abnormal vehicle (Walk around the vehicle and check for any abnormality)										
2	Any mechanical defect, repair or replacement										
3	Seat Belt										
4	Tyres Condition / Pressure/ useful life etc. as per Safety Talk # 20										
5	Steering working										
6	Clutch & Brakes										
7	Wind Screen, Side mirrors, Wiper / Washer										
8	Lights / Indicators										
9	Horns (Reverse Horn for Heavy Mobile Equipment)										
10	Engine Oil, Brake Oil and Coolant Condition / Level										
11	Battery / Terminals Condition										
12	Battery water Level										
13	Seats Condition										
14	Overall paint condition										
15	Vehicle Cleanliness										
16	All loads are secured (No loose tools, manuscripts / material etc)										
17	Engine smoke Normal										Last Emission Test Date: Result:
18	Lifting Equipment load testing										Test Date: Result:
19	Visual Inspection For Looseness Of Any Nuts And Bolts										
20	Complete tool box (Jack, wrench etc)										
21	Valid Driving License										
22	First Aid Box										
23	Fire Extinguisher										

Comments (If any):

Checked By:	Approved By:
Name:	Name:
Designation:	Designation:
Sign:	Sign:
Date:	Date:

Checked By:	Approved By:
Name:	Name:
Designation:	Designation:
Sign:	Sign:
Date:	Date:

Checked By:	Approved By:
Name:	Name:
Designation:	Designation:
Sign:	Sign:
Date:	Date:

Note: Certification based merely on visual inspection. It does not certify any mechanical part / operation or any mechanical defect is not taken into consideration).

Item No. 13

SUI NORTHERN GAS PIPELINES LIMITED

DOC #SNGPL-HPR-047

Issue # 03 | Issue Date: 02.08.2016

Quarterly Welding Plant / Compressor / Portable Generators / Dewatering Pumps Fitness Certificate | Page 1 of 1

Equipment No / Asset Code: | Company / Contractor: | Contractor Name: | Site / Location: | Department:

Operator Name / Designation / Age: | Make / Model:

Sr No	Safety Check	Month: ____ Status: Ok	Not Ok	N/A	Month: ____ Status: Ok	Not Ok	N/A	Month: ____ Status: Not Ok	N/A	Remarks
1	General Condition (Walk around and check for any abnormality)									
2	Overall paint condition									
3	Tie Rod (Inspect side connection with vehicle)									
4	Tyres condition									
5	Welding cables condition									
6	Welding holder condition									
7	All leads are secured (No loose spots / wrapped, No extra-long pipe inserts etc.)									
8	Radiator									
9	Coupling condition									
10	Smoke									Last Emission Test Date: Result:
11	Noise									Test Date: Result:
12	Preventive Maintenance schedule available/implemented									

Checked By: | Approved By:
Name: | Name:
Designation: | Designation:
Sign: | Sign:
Date: | Date:

Checked By: | Approved By:
Name: | Name:
Designation: | Designation:
Sign: | Sign:
Date: | Date:

Checked By: | Approved By:
Name: | Name:
Designation: | Designation:
Sign: | Sign:
Date: | Date:

Note: Certification based merely on visual inspection. It does not certify any mechanical part / operation

Item No. 14

	SUI NORTHERN GAS PIPELINES LIMITED	Doc.# SNGPL-GPR-012-Annexure-B
	GENERAL PROCEDURE	Issue # 03 | Issue Date
	Identifying Emergency Situation, Emergency preparedness and Response	Page 1 of 1 | 08-11-2016

SUI NORTHERN GAS PIPELINES LIMITED
FIRE EXTINGUISHER TAG

Serial No. | Type | Capacity

Asset Code No.

LOCATION

Date	Remarks Not OK	Remarks (if Not Ok)	Inspected by	
			Name	Sign.

Item No. 15

SUI NORTHERN GAS PIPELINES LTD

GATE PASS

NO. 11693

Date: _____

Please pass out: _____

With _____

_____

_____

Signature: _____

Designation: _____

Station: _____

Form 1104/64
R.P.A.

Item No. 16

Corrosion Control Department SUI NORTHERN GAS PIPELINES LIMITED	Doc. No. SNGPL-Corr. Cont.-GLD-21
SOP for Underground Gas Leak Detection with Laser Based Equipment	Issue No. 02 | Page 12 of 21 Issue Date: 11-07-2025

CORROSION CONTROL DEPARTMENT — **Appendix-A**

DAILY SURVEY REPORT

UNDERGROUND GAS LEAK DETECTION

Location:_____ DLM No_____ Survey Date:____/____/____

Total Survey:_____Km [M/L_____ S/L _____] Total Leak Points (Nos):_____

Equipment used:_____ Nature of Soil:_____

Leaks Per KM (Nos):_____ Discrepancies Observed (Nos):_____

1
Sr. No_____ Zone:_____ %age:_____ PPM:_____ Dia ____ Inch. Leak Grade: I. II. III
Pt. of Leak:_____ Connection Type: Dom/Com/Ind. Network: MS / PE
Name & Address:_____
Meter No:_____ Meter Type:_____ Consumer No:_____
GPS Coordinates (Latitudes & Longitudes):_____
Remarks:_____

2
Sr. No_____ Zone:_____ %age:_____ PPM:_____ Dia ____ Inch. Leak Grade: I. II. III
Pt. of Leak:_____ Connection Type: Dom/Com/Ind. Network: MS / PE
Name & Address:_____
Meter No:_____ Meter Type:_____ Consumer No:_____
GPS Coordinates (Latitudes & Longitudes):_____
Remarks:_____

3
Sr. No_____ Zone:_____ %age:_____ PPM:_____ Dia ____ Inch. Leak Grade: I. II. III
Pt. of Leak:_____ Connection Type: Dom/Com/Ind. Network: MS / PE
Name & Address:_____
Meter No:_____ Meter Type:_____ Consumer No:_____
GPS Coordinates (Latitudes & Longitudes):_____
Remarks:_____

4
Sr. No_____ Zone:_____ %age:_____ PPM:_____ Dia ____ Inch. Leak Grade: I. II. III
Pt. of Leak:_____ Connection Type: Dom/Com/Ind. Network: MS / PE
Name & Address:_____
Meter No:_____ Meter Type:_____ Consumer No:_____
GPS Coordinates (Latitudes & Longitudes):_____
Remarks:_____

5
Sr. No_____ Zone:_____ %age:_____ PPM:_____ Dia ____ Inch. Leak Grade: I. II. III
Pt. of Leak:_____ Connection Type: Dom/Com/Ind. Network: MS / PE
Name & Address:_____
Meter No:_____ Meter Type:_____ Consumer No:_____
GPS Coordinates (Latitudes & Longitudes):_____
Remarks:_____

Remarks (if any):_____

Surveyor

Signature:_____

Name :_____

Supervisor

Signature:_____

Name :_____

Designation:_____

Item No. 17

Corrosion Control Department SUI NORTHERN GAS PIPELINES LIMITED	Doc. No. SNGPL - Corr.Cont-CP-18
SOP for Inspection of CP Stations	Issue No. 01 | Page 12 of 18 Issue Date: 11-07-2025

C.P. STATION CHECK SHEET

Annexure "6.3"

LOCATION: _____ DATE: _____

1) Status of TR Unit / TEG Unit / Solar System ☐ On ☐ Off

2) Energy Meter Reading KWH TEG Gas Meter Reading cu.ft./cu.mtr.

3) Status of RMU ☐ On ☐ Off RMU Reset

4) Cause of failure, if found OFF: _____

5) Remedial Action Taken: _____

6) A.C. Input: Voltage: Volts Current: Amps.

7) D.C. Output: Voltage: Volts Current: Amps.

8) Tap Position / PSI / Charging:

9) Line Current distribution & Drain Point Potentials:

Pipelines Connected	Current Drained (Amps.)	Drain Point On Potential (-mv)	Drain Point Off Potential (-mv)

10) Status of Tightness of connections:

R.M.U.	Yes	☐	No	☐	N/A	☐
C.C. Panel	Yes	☐	No	☐	N/A	☐
T/R Unit / TEG Unit / Solar System	Yes	☐	No	☐	N/A	☐
AC Supply / Gas Supply	Yes	☐	No	☐	N/A	☐
Fuses (AC & DC)	Yes	☐	No	☐	N/A	☐

11)

Cleaning of TR / TEG / Solar System Carried Out	Yes	☐	No	☐	N/A	☐
Cleaning of C.C. Panel carried out	Yes	☐	No	☐	N/A	☐
Cleaning of C.P Room carried out	Yes	☐	No	☐	N/A	☐
Level of Transformer Oil / Water Level of Batteries	OK	☐	Low	☐	N/A	☐
Status of Transformer Oil / Solar Panels	Clean	☐	Dirty	☐	N/A	☐

12) Remarks / Material Utilized (if any):

CHECKED BY: _____ SN NO. _____

CORR. ENGR. / T. O. : _____

Item No. 18 (Front)

	Corrosion Control Department SUI NORTHERN GAS PIPELINES LIMITED	Doc. No. SNGPL-Corr.Cont-PCM-013-F001	
	Performa for Survey of Pipeline Current Mapping	Issue No. 01	Page 1 of 2
		Issue Date: 11-07-2025	

Region / Section:_____ Date:_____

Site:_____

Sr. No.	Details
1) Survey Information	a) Survey Date:_____ b) Surveyor Name:_____ c) Surveyor Contact:_____ d) Survey Team Lead:_____ e) Weather Conditions:_____ f) Survey Type: [ ] Initial [ ] Follow-up [ ] Maintenance
2) Pipeline Identification	a) Pipeline Name/ID :_____ b) Pipeline Diameter (Inches):_____ c) Pipeline Length (KM):_____ d) Pipeline Coating Type:_____ e) Start Point Coordinates (Lat/ Lon):_____ f) End Point Coordinates (Lat/ Lon):_____
3) Survey Details	
4) Field Data Collection	

Point No	Location Description	Coordinates (Lat. / Lon.)	Depth of Pipeline/ Cable (m)	Distance from Previous Point (m)	Measured Current (mA)	Remarks / Observations

Item No. 18 (Back)

	Corrosion Control Department SUI NORTHERN GAS PIPELINES LIMITED	Doc. No. SNGPL-Corr.Cont-PCM-013-F001
	Performa for Survey of Pipeline Current Mapping	Issue No. 01 | Page 2 of 2 Issue Date:30-04-2025

5) Survey Observations	a) Obstructions (if any): b) Presence of Existing Utilities (e.g., other Pipelines, Cables): [ ] Yes [ ] No If yes, describe: c) Environmental conditions (e.g., wetlands, roadways, buildings): d) Difficulties Encountered:
6) Map and Route Sketch	a) Route Map Attached: [ ] Yes [ ] No b) Sketch of Survey Route: [ ] Yes [ ] No c) Additional Notes:
7) Safety Measures	a) Safety Equipment Used: [ ] Helmet [ ] Gloves [ ] Boots [ ] Vest [ ] Goggles [ ] Others b) Potential Hazards Identified: [ ] Underground Utilities [ ] Traffic [ ] Water Hazards [ ] other:

Survey Conducted by:

Name of Surveyor:

Signatures of Surveyor:

Date:

Survey Verified by:

Corrosion control Executive / Incharge:

Signature of Executive:

Date:

Item No. 19 (Front)

	Corrosion Control Department SUI NORTHERN GAS PIPELINES LIMITED	Doc. No. SNGPL-Corr.Cont-PL-17-F001
	Performa for Survey of Pipeline / Cable Location	Issue No. 01 | Page 1 of 2 Issue Date: 11-07-2025

Region / Section:_____ Date:_____

Site:_____

Sr. No.	Details
1) Survey Information	a) Survey Date: _____ b) Surveyor Name (s):_____ c) Survey Requested By: [ ] Rehab [ ] Operations [ ] Maintenance [ ] Corr. Control d) Weather Conditions: [ ] Clear [ ] Rainy [ ] Windy [ ] Other:_____
2) Pipeline Identification	a) Pipeline Name/ID :_____ b) Pipeline Diameter (Inches):_____ c) Length of Pipelines Surveyed (KM):_____ d) Coating Type (if applicable):_____ e) Start Point Coordinates (Lat/ Lon):_____ f) End Point Coordinates (Lat/ Lon):_____
3) Survey Details	

Point No	Location Description	Coordinates (Lat. / Lon.)	Depth of Pipeline/ Cable (m)	Distance from Previous Point (m)	Survey Method Used	Remarks / Observations

Item No. 19 (Back)

	Corrosion Control Department SUI NORTHERN GAS PIPELINES LIMITED	Doc. No. SNGPL-Corr.Cont-PL-17-F001
	Performa for Survey of Pipeline / Cable Location	Issue No. 01 | Page 2 of 2 Issue Date: 11-07-2025

4) Survey Observations	a) Obstructions (if any): b) Presence of Existing Utilities (e.g., other Pipelines, Cables): [ ] Yes [ ] No If yes, describe: c) Environmental conditions (e.g., wetlands, roadways, buildings): d) Difficulties Encountered:
5) Map and Route Sketch	a) Route Map Attached: [ ] Yes [ ] No b) Sketch of Survey Route: [ ] Yes [ ] No c) Additional Notes:
6) Safety Measures	a) Safety Equipment Used: [ ] Helmet [ ] Gloves [ ] Boots [ ] Vest [ ] Goggles [ ] Others b) Potential Hazards Identified: [ ] Underground Utilities [ ] Traffic [ ] Water Hazards [ ] other:

Survey Conducted by:

Name of Surveyor: _____

Signatures of Surveyor: _____

Date: _____

Survey Verified by:

Corrosion control Executive / Incharge: _____

Signature of Executive: _____

Date: _____

Item No. 20

Corrosion Control Department SUI NORTHERN GAS PIPELINES LIMITED	Doc. No. SNGPL-Corr. Cont.-GLD-21
SOP for Underground Gas Leak Detection with Laser Based Equipment	Issue No. 02 | Page 19 of 21 Issue Date: 11-07-2025

DAILY DISCREPANCY REPORT — **Appendix-C**

UNDERGROUND GAS LEAK DETECTION SURVEY

DISCREPANCY No.1

- ☐ Regulator Damage
- ☐ Use of Rubber Pipe
- ☐ Illegal Meter
- ☐ Generator Use
- ☐ Buried Service Valve
- ☐ Gas theft
- ☐ Over Head Leak
- ☐ Any Other (see remarks)

Meter No: _____ Consumer No: _____ Date: _____

Name & Address: _____

Remarks: _____

DISCREPANCY No.2

- ☐ Regulator Damage
- ☐ Use of Rubber Pipe
- ☐ Illegal Meter
- ☐ Generator Use
- ☐ Buried Service Valve
- ☐ Gas theft
- ☐ Over Head Leak
- ☐ Any Other (see remarks)

Meter No: _____ Consumer No: _____ Date: _____

Name & Address: _____

Remarks: _____

DISCREPANCY No.3

- ☐ Regulator Damage
- ☐ Use of Rubber Pipe
- ☐ Illegal Meter
- ☐ Generator Use
- ☐ Buried Service Valve
- ☐ Gas theft
- ☐ Over Head Leak
- ☐ Any Other (see remarks)

Meter No: _____ Consumer No: _____ Date: _____

Name & Address: _____

Remarks: _____

DISCREPANCY No.4

- ☐ Regulator Damage
- ☐ Use of Rubber Pipe
- ☐ Illegal Meter
- ☐ Generator Use
- ☐ Buried Service Valve
- ☐ Gas theft
- ☐ Over Head Leak
- ☐ Any Other (see remarks)

Meter No: _____ Consumer No: _____ Date: _____

Name & Address: _____

Remarks: _____

Surveyor

Signature: _____

Name: _____

Designation: _____

Supervisor

Signature: _____

Name: _____

Designation: _____

Item No. 21

	Corrosion Control Department SUI NORTHERN GAS PIPELINES LIMITED	DOC. No. SNGPL-Corr.Cont-DCVG-11-F01	
	Proforma for Direct Current Voltage Gradient (DCVG) Survey	Issue No. 01	Page 1 of 1
		Issue Date: 11-07-2025	

Distribution Region / Transmission Section: _____ Date: _____

Description of Line Segment: _____

Diameter of pipe line: _____ Inch , Length of Line: _____ km

Coating Type: _____ , Current Source: _____

S1= _____ mV, S2= _____ mV d1= _____ mtr, d2 = _____ mtr

Detail of coating defects:

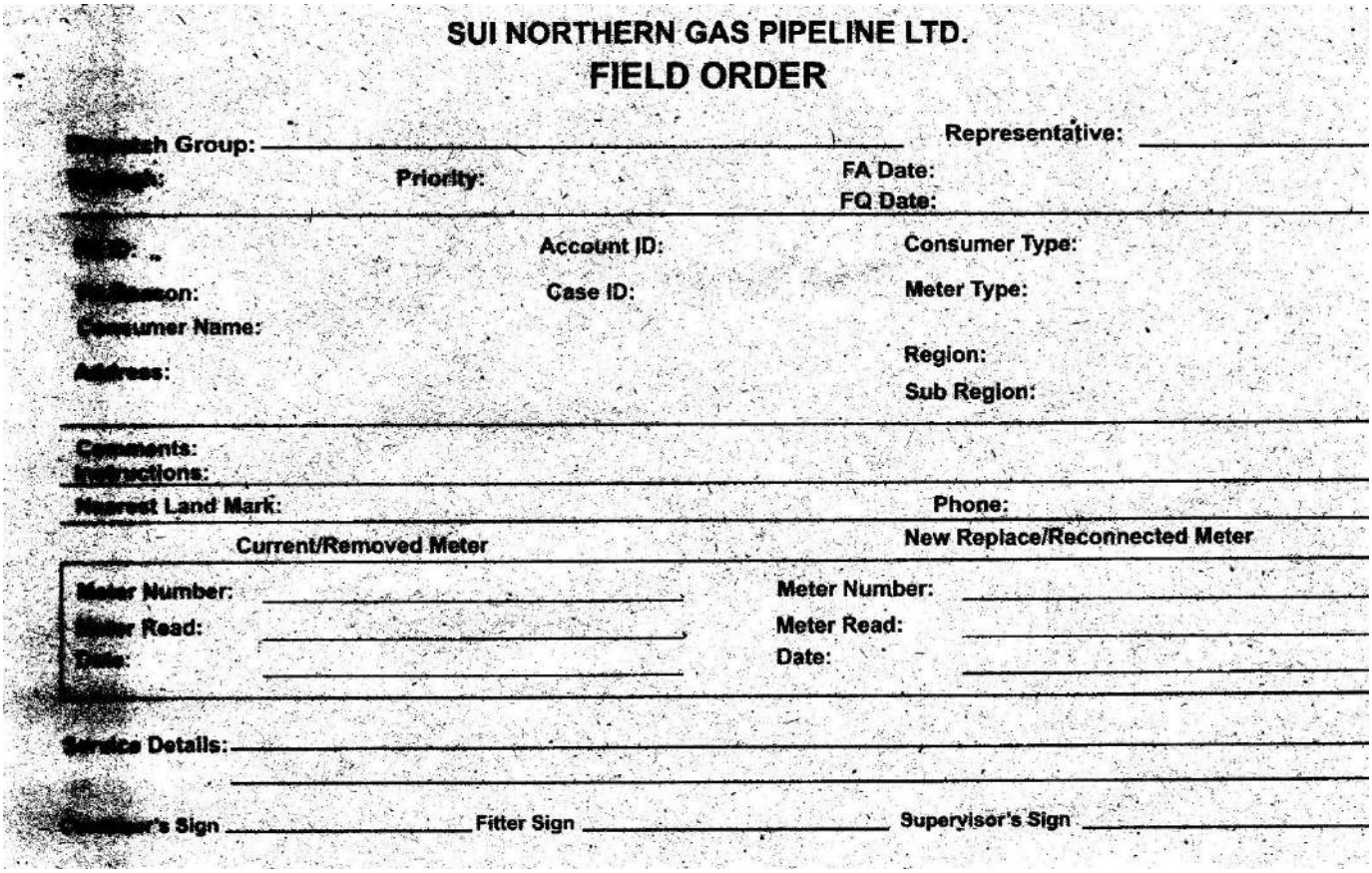
Defect No.	Chainage dx (mtr)	OL/RE (mV)	% IR	Remarks
1				
2				
3				
4				
5				
6				

** Large coating Faults: Above 35% IR, Medium Coating Faults: 16-35% IR, Small Coating Faults Less than 15% IR*

Surveyed By: _____ **Supervised By** _____ **checked By:** _____

Designation: _____ Designation: _____ Designation: _____

Item No. 22



SUI NORTHERN GAS PIPELINE LTD.

FIELD ORDER

Representative:

Priority:

FA Date:

FQ Date:

Account ID:

Consumer Type:

Case ID:

Meter Type:

Region:

Sub Region:

Phone:

Current/Removed Meter

New Replace/Reconnected Meter

Meter Number:

Meter Read:

Date:

Meter Number:

Meter Read:

Date:

Fitter Sign

Supervisor's Sign

Item No. 23

SUI NORTHERN GAS PIPELINES LIMITED

SUPERVISOR NAME: ..... VEHICLE NUMBER .....

REGION: ..... HELPER NAME .....

DATE: ..... DRIVER NAME ..... K.M. CONSUMED: ..... KM .....

DAILY DISCONNECTION PROGRAMME

SR/NO	CONSUMER NO.	NAME & ADDRESS	METER NO	BOOK NO	METER READING	COST AMOUNT	AMOUNT PAID	PAYMENT DIC. DATE	BANK NAME	REMARKS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

TOTAL DISCONNECT METERS [ ]

Signature of team incharge

Signature of team Supervisor

"Kindly mention the reason in the remarks column if paid amount is less than outstanding amount"