

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Point
1	(59) IKLAN-QTN/UPP.HRIPAS/2022/ RADIOLOGY DEPARTMENT	<p>SUPPLY AND DELIVERY 1 UNIT COMPRESSION SLIDING PADDLE FOR SIEMENS INSPIRATION MAMMOGRAPHY EQUIPMENT FOR RADIOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL</p> <p><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	29/11/2022	17/12/2022	\$5.00	RADIOLOGY DEPARTMENT, HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.	HJH HASLIENAWATI BIN HJ MD SALLEH TEL: 2242424 EXT 1902

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE \$2000)



INSPIRATION

QUOTATION/TENDER REFERENCE NO:	(59)IKLAN-QTN/UPP.HRIPAS/2022/ RADIOLOGY DEPARTMENT
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY 1 UNIT OF COMPRESSION SLIDING PADDLE FOR SIEMENS INSPRATION INSPIRATION MAMMOGRAPHY EQUIPMENT FOR RADIOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1.	COMPRESSION SLIDING PADDLE FOR SIEMENS INSPRATION INSPIRATION MAMMOGRAPHY EQUIPMENT <ul style="list-style-type: none"> Sliding Paddle Paddle size: 18 x 24cm Must be compatible for use with the existing Siemens Inspiration Mammography System 	 UNIT	1 UNIT						
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									

NO	<u>TERMS AND CONDITIONS</u>	VENDOR'S OFFER (PLEASE STATE)
1	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
2	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION/TENDER.	
3	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
4	All consumables supplied throughout this tender shall have a minimum expiry date of twelve (12) months / on delivery. Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.	
5	Brochures / catalogues should be submitted / attached with quotation/tender document.	
6	Samples should be submitted together with quotation/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).	
7	DELIVERY PERIOD: (Please state) Not later than 4 weeks	(Yes / No) (If No, please specify)
8	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

Section/Unit		Section/Unit Ref No.:	
Person to Contact	Name :	Tel.No. :	
	E-mail :	Fax No.:	

FOR QUOTATION ONLY

TERMS AND CONDITIONS		
a.	Tenderer must be registered with the Ministry of Health	<p style="text-align: center;">Company's Official Stamp</p>
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION	
c.	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION	
d.	Please do not use TIPPEX for amendment	
		<p><i>Acknowledgement:</i></p> <p><i>Company Ref. No.:</i></p> <p>I hereby certify the above quote to be correct.</p> <p>Signature:</p> <p>Name:</p> <p>Designation:</p> <p>Date:</p>