

<b>BIL</b>	<b>Quotation Reference</b>	<b>Description</b>	<b>Advertisement Date</b>	<b>Closing Date (Not Later Than 2.00PM)</b>	<b>Quotation Fee</b>	<b>Requesting Department</b>	<b>Focal Person</b>
9	(149) PSD/QTN/2022 – (SSBH)	<p><b>"TO SUPPLY AND DELIVERY MEDICAL CONSUMABLES FOR OPERATING THEATRE DEPARTMENT, SURI SERI BEGAWAN HOSPITAL FOR A PERIOD OF ONE (1) YEAR (CLUSTERING)"</b></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>	21/12/2022	07/01/2023	\$5.00	HOSPITAL SURI SERI BEGAWAN, KUALA BELAIT.	HAJAH RAJIAH BINTI HAJI HARIS  PEGAWAI JURURAWAT  TEL: 3335331

**"TO SUPPLY AND DELIVERY MEDICAL CONSUMABLES FOR OPERATING THEATRE DEPARTMENT, SURI SERI  
BEGAWAN HOSPITAL FOR A PERIOD OF ONE (01) YEARS (CLUSTERING)"**

NO	DESCRIPTION OF ITEM	QUANTITY (FOR 1 YEAR)	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE	TOTAL PRICE
1.	<b>COVIDIEN Valleylab REM Polyhesive Adult Patient Return Electrode Code: E7507</b>	10 CASES (500 PCS)				
<b>DELIVERY PERIOD:</b> Not more than 4 weeks upon confirmation		<b>(Yes/ No)</b> <b>(If No, please specify)</b>				
<b>PRICE VALIDITY :</b> <i>The quotation shall remain valid for 6 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 the written consent of the suppliers.</i>						

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<b>TERMS AND CONDITIONS</b>			
a.	Tenderer must be registered with the Ministry of Health	<p><i>Acknowledgement:</i></p> <p><i>Company Ref. No.:</i> .....</p> <p>I hereby certify the above quote to be correct.</p> <p><b>Signature:</b></p> <p>.....</p> <p><b>Name:</b></p> <p>.....</p> <p><b>Designation:</b></p> <p>.....</p> <p><b>Date:</b></p> <p>.....</p>	<b>Company's Official Stamp</b>
b.	Please fill in the QUOTATION FORM <b>completely</b> including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>may</u> cause DISQUALIFICATION OF QUOTATION		
c.	Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION		
d.	Delivery Period: <b>NOT MORE THAN 90 DAYS</b>		
e.	Please do not use TIPPEX for amendment		

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THEATRE DEPARTMENT, SURI SERI BEGAWAN HOSPITAL FOR A PERIOD  
OF ONE (01) YEARS (CLUSTERING)”**

USER REQUIREMENTS	YES	NO	(IF 'YES') Please state catalogue/ brochure reference
<b>1. COVIDIEN Valleylab REM Polyhesive Adult Patient Return Electrode</b>			
• Code: E7507			
• Length: 2.7m			
• Quantity: 10 cases (500 pcs)			
• Case of 50's			
<b>WEIGHT : (IF Applicable)</b>			
<b>BRAND :</b>			
<b>MODEL :</b>			
<b>COUNTRY OF ORIGIN :</b>			
<b>WHERE MARKETED :</b>			
<b>YEAR MANUFACTURE :</b>			
<b>UNIT PRICE :</b>			
<b>TOTAL PRICE :</b>			
<b>WARRANTY :</b>			
<b>DELIVERY TIME :</b>			
<b>SUPPLIER (Official use)</b>			
<b>PRICE STANDING (Official use)</b>			