

Rujukan Kami: (177) MOH/HQ/P/IKLAN-SH/2024

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 02.00PM)	Quotation Fee	Requesting Department	Focal Person
3	(64) IKLAN-QTN/UPP.HRIPAS/2024/ORL	<p><b>SUPPLY AND DELIVERY MEDICAL CONSUMABLES (BIPOLAR FORCEPS) FOR OTORHINOLARYNGOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING)</b></p> <p>PLACE OF SUBMISSION:            QUOTATION BOX (GROUND FLOOR)            MINISTRY OF HEALTH            COMMONWEALTH DRIVE            BANDAR SERI BEGAWAN, BB 3910            NEGARA BRUNEI DARUSSALAM</p>	31/12/2024	18/01/2025	\$5.00	HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA, KEMENTERIAN KESIHATAN.	<p>PG DR HJH SITI RAFIDAH BINTI PG HJ IDRIS</p> <p>KONSULTAN</p> <p>JABATAN OTORINOLARINGOLOGI</p> <p>TEL: 2242424 ext. 5307</p>

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

<b>QUOTATION/TENDER REFERENCE NO:</b>	( 64 )IKLAN-QTN/UPP.HRIPAS/2024/URL
<b>QUOTATION/TENDER NAME</b>	SUPPLY AND DELIVERY MEDICAL CONSUMABLES (BIPOLAR FORCEPS) FOR OTORHINOLARYNGOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING)

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	BIPOLAR COAGULATION FORCEPS [ITEM CODE: 843219] INSULATED, ANGULAR, BLUNT WITH INTEGRATED SUCTION CHANNEL FOR EPISTAXIS	UNIT	2 UNITS						
2	BIPOLAR COAGULATION FORCEPS [ITEM CODE: 844321] INSULATED, WITH INTEGRATED SUCTION CHANNEL AND CUT-OFF HOLE, BAYONET-SHAPED	UNIT	1 UNIT						
3	BIPOLAR COAGULATION FORCEPS [ITEM CODE: 845721] INSULATED, FOR NASOPHARYNX AND ADENOIDECTOMY, TIP WITH LONG 90 DEGREE CURVE WITH INTEGRATED SUCTION CHANNEL WITH CUT-OFF HOLE	UNIT	1 UNIT						

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\$)
4	<b>BIPOLAR COAGULATION FORCEPS</b> [ITEM CODE: 845821]  INSULATED, FOR ORAL CAVITY AND TONSILLECTOMY, TIP WITH SHORT 45 DEGREE CURVE WITH INTEGRATED SUCTION CHANNEL, WITH CUT-OFF HOLE	UNIT	2 UNITS						
5	<b>BIPOLAR HIGH FREQUENCY CODE</b> [ITEM CODE: 847000V]  LENGTH 300CM, PI-DISTANCE 28, 58CM FOR KARL STORZ® II 400SCB SYSTEMS (112, 114, 116, 122, 125)	UNIT	3 UNITS						
								<b>TOTAL PRICE (B\$) :</b>	

NO	<u>TERMS AND CONDITIONS</u>	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	<b>QUOTATION/TENDER FORM</b> should be filled completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION/TENDER</b> .	
3	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 <b>DISQUALIFICATION OF QUOTATION/TENDER</b> .	
4	All consumables supplied throughout this tender shall have a minimum expiry date of <b>twelve (12) months / on delivery</b> . 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	<b>Brochures / catalogues</b> should be submitted / attached with quotation/tender document.	
6	<b>Samples</b> should be submitted together with quotation/ tender or within <b>fourteen (14 days)</b> of the quotation/tender closing date (if applicable).	
7	<b>DELIVERY PERIOD: STAGGERED DELIVERY UPON REQUEST</b>  (Please state) Not later than 4 weeks	(Yes / No)  (If No, please specify)
8	<b>PRICE VALIDITY:</b>  The quotation shall remain valid for <b>12 MONTHS</b> 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**

<b>TERMS AND CONDITIONS</b>		
a.	Tenderer must be registered with the Ministry of Health	<i>Acknowledgement:</i>  
b.	Please fill in the <b>QUOTATION FORM</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION</b>	<i>Company Ref. No.:</i> .....  I hereby certify the above quote to be correct.  Signature:  .....  
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 <b>DISQUALIFICATION OF QUOTATION</b>	Name:  .....  
d.	Please do not use <b>TIPPEX</b> for amendment	Designation:  .....  Date:  .....  
<b>Company's Official Stamp</b>		