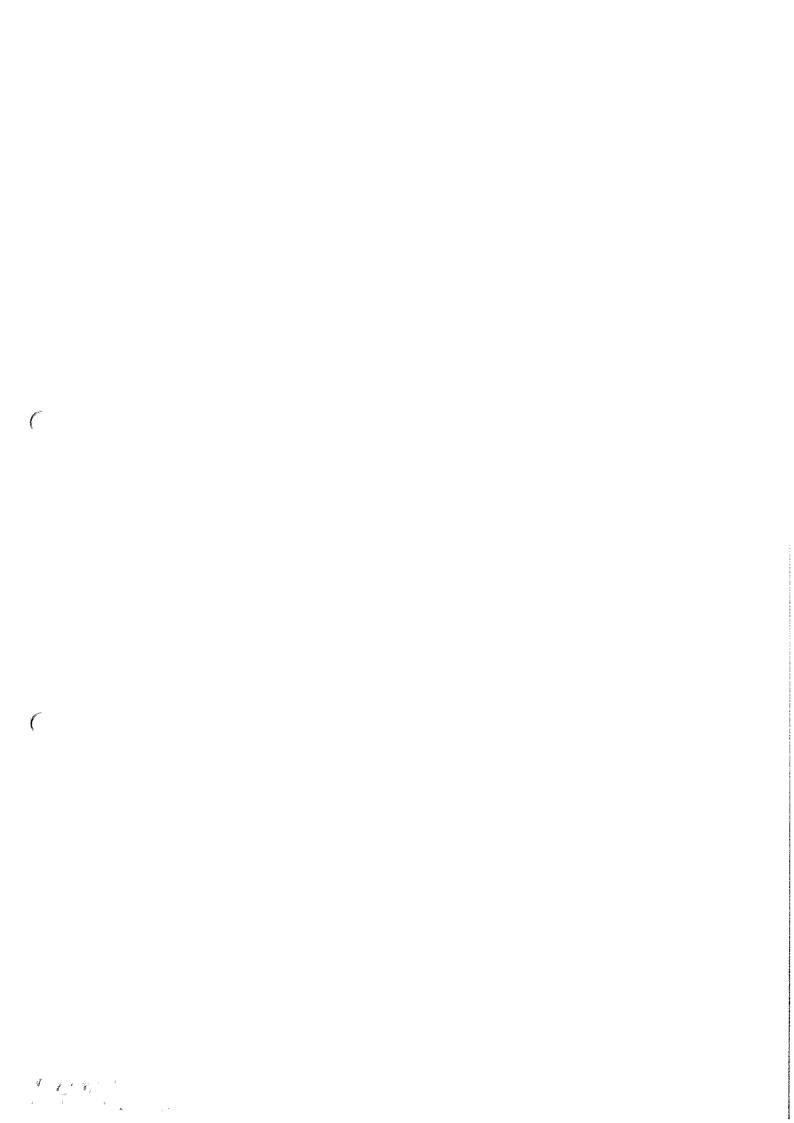
BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department	Focal Person
2	(014) IKLAN- QTN/UPP.HRIPAS/2025/ORTHOPAEDIC	SUPPLY AND DELIVERY MEDICAL CONSUMABLES FOR ORTHOPAEDIC DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALRHA HOSPITAL (NON- CLUSTERING)	27/03/2025	19/04/2025	\$5.00	ORTHOPAEDIC DEOARTMENT, HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.	DR DYG HJH LIZA BINTI HJ ISHAK DEPUTY HEAD 1 ORTHOPAEDIC DEPARTMENT TEL: 2242424 ext. 5617

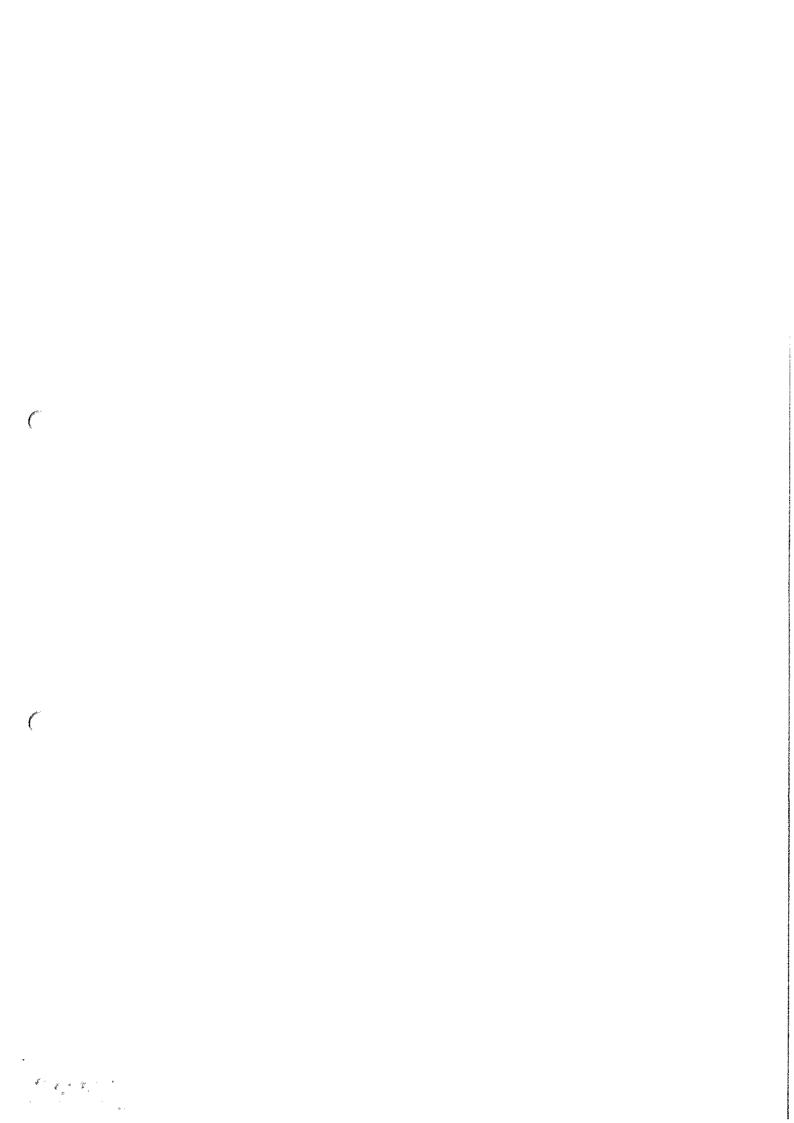
ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE \$2000)

QUOTATION/TENDER REFERENCE NO:	(14)IKLAN-QTN/UPP.HRIPAS/2025/ORTHOPAEDIC
QUOTATION/TENDER	SUPPLY AND DELIVERY MEDICAL CONSUMABLES FOR ORTHOPAEDIC DEPARTMENT
NAME	AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (NON-CLUSTERING)

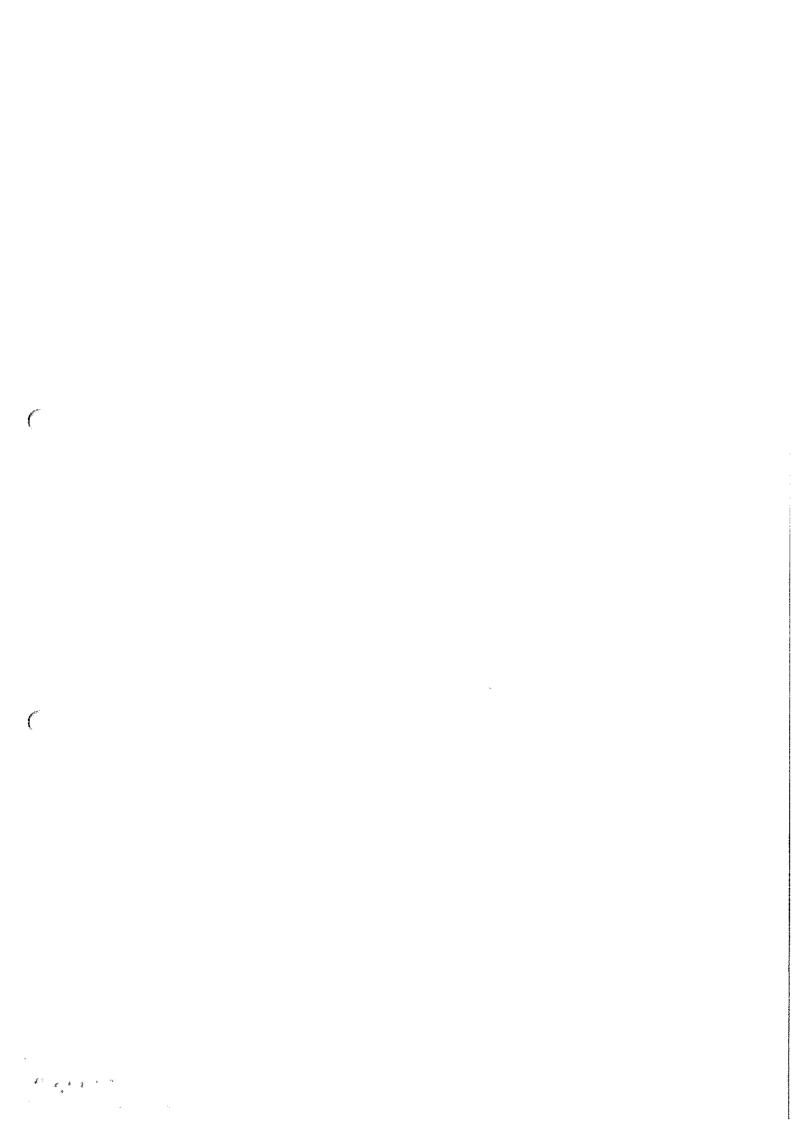
	USER'S REQUIREMEN	VENDOR'S OFFER							
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
4-4	OSTEOTOMES - Straight, 10MM TIP, 9 3/4"	PER UNIT	1 UNIT			man park from 1:5-m difficulty of Malance Company			
2	OSTEOTOMES - Straight, 15MM TIP, 9 1/4"	PER UNIT	1 UNIT						AND THE PARTY OF T
3	OSTEOTOMES - Straight, 25MM TIP, 9 3/4"	PER UNIT	1 UNIT						
4	OSTEOTOMES - Curved, 13MM TIP, 9 3/4"	PER UNIT	1 UNIT						
5	OSTEOTOMES - Curved, 25MM TIP, 9 ¾"	PER UNIT	1 UNIT						Serminological Management (See Section 1998)
6	HOHMANN BONE LEVERS - Curved, 17MM Tip, 9 ½"	PER UNIT	2 UNITS				ann Maidhine a saon a maeann i dha a a ga ga ann an chinh air th Ma	The state of the s	STATE OF THE PROPERTY AND THE PROPERTY A



	USER'S REQUIREMEN	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\$)
7	IRIS SCISSOR - Curved, S/Sharp, 3 ¾"	PER UNIT	14 UNITS			MAP TO STATE OF THE PROPERTY O			
8	LCP DRILL BIT - Code: 310.284 - diameter 2.8MM with stop Length 165MM, 2-Flute, For quick coupling - Must be compatible with the Synthes brand	PER UNIT	3 UNITS			and the control of th			
9	LCP DRILL BIT - Code: 310,430 - diameter 4,3MM with stop Length 221MM, 2-Flute, For quick coupling - Must be compatible with the Synthes brand	PER UNIT	3 UNITS				and the second s		
10	DRILL BIT - Code: 310.221 - for 3.0MM cannulated screw diameter 2.0MM - Must be compatible with the Synthes brand	PER UNIT	1 UNIT						
						Andrew Control			

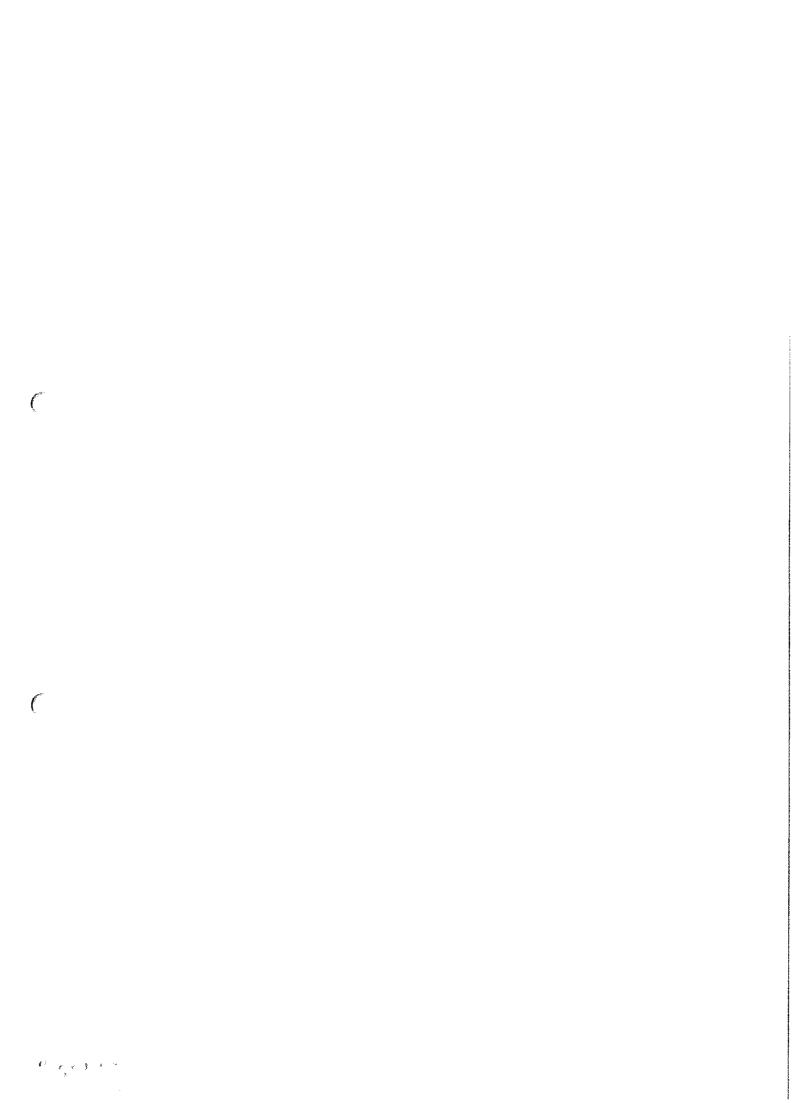


	USER'S REQUIREMENTS			VENDOR'S ÖFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1	DRILL BIT - Code: 310.670 - for 4.0MM cannulated screw diameter 2.7MM - Must be compatible with the Synthes brand	PER UNIT	2 UNITS						
	TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE								



NO	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
3	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.	
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 (STAGGERED DELIVERY)	(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.:	
reison to Contact	E-mail :	Fax No.:	



FOR QUOTATION ONLY

TERMS AND CONDITIONS								
а.	Tenderer must be registered with the Ministry of Health	3	Company's Official Stamp					
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION	Company Ref. No.:						
С.	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	Name:						
d.	Please do not use TIPPEX for amendment	Designation: Date:						