

Rujukan Kami: **(105) MOH/HQ/P/IKLAN-SH/2025**

LAMPIRAN 2

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
2	(100) PSD/QTN/2025 – (PMMPMHAMB)	SUPPLY AND DELIVERY OF 4-SEATER PARTITION DESK SET FOR DOMESTIC UNIT, PMMPMHAMB HOSPITAL TUTONG.	28/07/2025	16/08/2025	\$5.00	HOSPITAL PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH, TUTONG, KEMENTERIAN KESIHATAN

**"SUPPLY AND DELIVERY OF 4-SEATER PARTITION DESK
SET FOR DOMESTIC UNIT, PMMPMHAMB HOSPITAL,
TUTONG"**

SPECIFICATION:

USER REQUIREMENTS	YES	NO	(IF 'YES') Please state catalogue/ brochure reference
An island of 4 (four) L-shape back-office workstation tables comes with table partitions			
Each set must consist of 4 (four) individual workstations in one connected unit			
1 mobile pedestal (3 drawers) per workstation including locks required			
Size: 246cm x 290cm			
Quantity: 2 Units			

**"SUPPLY AND DELIVERY OF 4-SEATER PARTITION DESK SET FOR DOMESTIC
UNIT, PMMPMHAMB HOSPITAL, TUTONG"**

DESCRIPTION OF ITEM	QUANTITY	SIZE	UNIT PRICE	TOTAL PRICE
<p>An island of 4 (four) L-shape back-office workstation tables comes with table partitions.</p> <p>Each set must consist of 4 (four) individual workstations in one connected unit.</p> <p>1 mobile pedestal (3 drawers) per workstation including locks required.</p>	2 sets	246cm x 290cm		
<p>DELIVERY PERIOD:</p> <p>Not more than 2-3 weeks upon confirmation</p>	<p>(Yes/ No) (If No, please specify)</p>			
<p>PRICE VALIDITY :</p> <p><i>The quotation shall remain valid for ONE YEAR 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></p>				

"SUPPLY AND DELIVERY OF 4-SEATER PARTITION DESK SET FOR DOMESTIC UNIT, PMMPMHAMB HOSPITAL, TUTONG"

TERMS AND CONDITIONS			
a.	Tenderer must be registered with the Ministry of Health	Acknowledgement: Company Ref. No..... I hereby certify the above quote to be correct. Signature: Name: Designation: Date :	Company's Official Stamp
b.	Please fill in the QUOTATION FORM completely 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 ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION		
d.	Delivery Period: NOT MORE THAN 2-3 WEEKS		
e.	Please do not use TIPPEX for amendment		

