

Rujukan Kami: **(115) MOH/HQ/P/IKLAN-SH/2025**

LAMPIRAN 8

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
8	(15) PPN/QTN/2025 (POCD)	SUPPLY AND DELIVERY OF AMALGAM (SINGLE SPILL CAPSULES) FOR DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH.	14/08/2025	30/08/2025	\$5.00	JABATAN PERKHIDMATAN PERGIGIAN, PUSAT PERGIGIAN NEGARA, KEMENTERIAN KESIHATAN

SUPPLY AND DELIVERY OF AMALGAM (SINGLE SPILL CAPSULES) FOR DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH

NO	ITEM DESCRIPTION	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE	TOTAL PRICE
1.	AMALGAM (SINGLE SPILL CAPSULES) Specifications: <ul style="list-style-type: none">• Regular set• High compressive strength, high polishability, superior handling• Low microleakage• Optimal handling characteristics• Not affected by moisture• A jar of 500 capsules• Long shelf life (expired date should be at least 18 months from delivery date)	40 Jars				

SUPPLY AND DELIVERY OF AMALGAM (SINGLE SPILL CAPSULES) FOR DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH

<p>DELIVERY OF PERIOD:</p> <p>Not more than 60 days upon confirmation</p>	<p>(Yes/No) (If No, please specify)</p>	
<p>PRICE VALIDITY:</p> <p><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 with 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>		

QTN REF: (15) PPN/QTN/2025 (POCD)
SUPPLY AND DELIVERY OF AMALGAM (SINGLE SPILL CAPSULES) FOR DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH

TERMS AND CONDITIONS			
a.	Tenderer must be registered with the Ministry of Health	<i>Acknowledgement:</i> <i>Company Ref No:</i>	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	I hereby certify the above quote to be correct. Signature: Name: 	
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.	Designation: 	
d.	Delivery Period: NOT MORE THAN 60 DAYS	Date: 	
e.	Please do not use TIPPEX for amendment.	

QTN REF: (15) PPN/QTN/2025 (POCD)
SUPPLY AND DELIVERY OF AMALGAM (SINGLE SPILL CAPSULES) FOR DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH

NO	ITEM DESCRIPTION	USER REQUIREMENT	YES	NO	PLEASE SPECIFY THE SPECIFICATION / SCOPE OFFERED FAILURE TO FILL THE OFFER DETAIL SHALL BE IDENTIFIED AS NON-COMPLIANCE TO THE OFFER
1.	AMALGAM (SINGLE SPILL CAPSULES) Specifications:	Regular set			
		High compressive strength, high polishability, superior handling			
		Low microleakage			
		Optimal handling characteristics			
		Not affected by moisture			
		A jar of 500 capsules			
		Long shelf life (expired date should be at least 18 months from delivery date)			
		40 Jars			