

**Supply, Delivery, Installation, Termination, Testing and Commissioning of Fiber Optics Cabling Works Infrastructure for
MINISTRY OF HEALTH (MOH) LIFESTYLE CENTRE, LEVEL 2, YAYASAN SHHB COMPLEX
Reference No: MOH/HTD/T25/2025**

Item	Description	Qty	Comply Yes/No	Please Specify the Proposed Equipment & Specification	Unit Price	Total Cost	Remarks
1	UTP Infrastructure Cabling						
1	Supply & install 6 Cores Fiber outdoor SM Fiber Optic Cable from Basement Block C to Level 2 Block B. Total length not exceeding 250m	1 lot					
2	Supply & install 6port SC SM Optical Distribution Frame -rackmount type	1 no					
3	Supply & install 6port SC SM Optical Distribution Frame -wallkmount type	1 no					
4	Supply & install SM Duplex Fiber Patch Cord (SC/LC, SC/SC)- 1 meter	2 nos					
5	Professional Services Termination of SM FO cable to be carried out by certified installer, including: -Carry out tests using FLUKE DSX5000 tester for all FO cables to ensure compliance with EIA/TIA 568 standard. -Test report and labelling at both ends	1 lot					
6	Delivery and Install existing 27U rack, supplied by MOH	1 no.					
GRAND TOTAL							
Term and Conditions							
Description			Comply Yes/No	Proposed from Vendor			
				Must Specify the Proposed Equipment & Specification			

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Quotation: Validity 12 months							
Delivery Period: Installation & Commission : 4 - 8 weeks							
Installation by certified with NETWORK CABLING SYSTEMS certification. Must provide copy of the certification.							
Cabling testing MUST be using professional network tester that able to auto generate test reports / documentations. Must state the details of the network tester.							
Warranty : Minimum 1 year							
Please Also Observe The Following:			Acknowledgement:			Company's Official Stamp	
a. Fill in the form completely			Company Ref. No.:				
b. Must state the COMPLY column			I hereby certify the above quote to be correct.				
c. Must specify the proposed equipment & specification.							
d. If fail to do above, your participations wii be disqualified.							
			Name :				
			Designation :				