FORM A

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

QUOTATION/TENDER REFERENCE NO:	(72) IKLAN-QTN/UPP.HRIPAS/2025/ICU
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY MEDICAL ITEM (STOOL CHAIR) – 38 UNITS FOR INTENSIVE CARE UNIT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL

	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 UNIT (B$)	TOTAL COSTS (B$)
1	STOOL CHAIR • Professional grade • Round seat with large ergonomic backrest • Comfortable fully padded seat and back • Easy to clean or wipe • Pneumatic seat-height adjustment • 360° swivel seat for ease of access • Smooth rolling, non-marking casters with anti-static properties • Heavy duty foot ring metal • Heavy duty black PP 5-Pronged Base • Heavy duty casters • Chair height: 65 – 75cm • Suitable for table height 95 – 100cm	UNIT	38						

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	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 UNIT (B$)	TOTAL COSTS (B$)
								TOTAL PRICE (B$)	

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	**(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	Perkhimatan Rawatan Kritikal (ICU)		Section/Unit Ref No.:	
Person to Contact	Name	: Hasnidayati Binti Haji Hidup	Tel.No. :	2242424 Ext. 3466
	E-mail	: hasnidayati.hidup@moh.gov.bn	Fax No.:	

FOR QUOTATION ONLY

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 **MAY** 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.	Please do not use **TIPPEX** for amendment		