

TENDER REFERENCE NO.: KK/10/2026/UPP(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES
FOR OBSTETRICS AND GYNAECOLOGY DEPARTMENT,
RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS)
HOSPITAL FOR A PERIOD OF THREE (3) YEARS**

TENDER FEES : \$10.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 03 MARCH 2026

TIME : 12.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(CLUSTERING)

SECTION 2

SPECIFICATION

TENDER REFERENCE NO.: KK/10/2026/UPP(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR OBSTETRICS AND
GYNAECOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL
FOR A PERIOD OF THREE (3) YEARS**

DELIVERY PERIOD	NOT LATER THAN 4 WEEKS (STAGGERED DELIVERY)
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ITEM NO.	ITEM NAME	PACKING SIZE	TOTAL USAGE ONE (1) YEAR
1	Maternity pad <ul style="list-style-type: none">▪ With loop▪ Material has high absorbent grade▪ Leak proof▪ Approx. 23cm – 28cm▪ Non-autoclavable	PIECE	12,000
2	Maternity pad <ul style="list-style-type: none">▪ With loop▪ Material has high absorbent grade▪ Leak proof▪ Approx. 23cm – 28cm▪ Autoclavable	PIECE	10,000

NO.	TERMS AND CONDITIONS
1	Tenderer must be registered with the Ministry of Health.
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF 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 TENDER.
4	All consumables supplied throughout this tender <u>shall</u> 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 tender document.
6	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable).
7	DELIVERY PERIOD: NOT LATER THAN 4 WEEKS (STAGGERED DELIVERY)
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 3
FORMS TO BE USED

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SCHEDULE 1 – TENDER FORM

To:

TENDER REFERENCE NO.: KK/10/2026/UPP(TC)

INVITATION TO TENDER

SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR OBSTETRICS AND GYNAECOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR A PERIOD OF THREE (3) YEARS

TENDER OF (*name of tenderer*) _____

Company/Business Registration No.: _____

Tender Closing Date: _____

DELIVERY PERIOD	
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USER'S REQUIREMENTS				VENDOR'S OFFER						
ITEM NO.	ITEM NAME	PACKING SIZE	TOTAL USAGE ONE (1) YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS PER YEAR (B\$)	TOTAL COSTS FOR THREE (3) YEARS (B\$)
1	Maternity pad <ul style="list-style-type: none"> ▪ With loop ▪ Material has high absorbent grade ▪ Leak proof ▪ Approx. 23cm – 28cm ▪ Non-autoclavable 	PIECE	12,000							

USER'S REQUIREMENTS				VENDOR'S OFFER						
ITEM NO.	ITEM NAME	PACKING SIZE	TOTAL USAGE ONE (1) YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS PER YEAR (B\$)	TOTAL COSTS FOR THREE (3) YEARS (B\$)
2	Maternity pad <ul style="list-style-type: none"> ▪ With loop ▪ Material has high absorbent grade ▪ Leak proof ▪ Approx. 23cm – 28cm ▪ Autoclavable 	PIECE	10,000							
TOTAL PRICE PER YEAR (B\$)										
TOTAL PRICE FOR THREE (3) YEARS (B\$)										

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF 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 TENDER.	
4	All consumables supplied throughout this tender <u>shall</u> 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 tender document.	
6	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable).	
7	DELIVERY PERIOD: 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).	

1. We offer and undertake on your acceptance of our Tender to supply and deliver the above mentioned goods in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDER MONTHS FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this day of 20 .

Signature of authorised officer of Tenderer
Name:
Designation:

Tenderer's official stamp:

SCHEDULE 2 - INFORMATION SUMMARY

2.1 Tenderers shall provide in this Schedule the following information:

- (a) Management summary
- (b) Company profile (including Contractor and sub-contractor(s), if any)
- (c) Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in the:
 - *Supply and delivery of Ultrasound Consumables*
- (d) Other information which is considered relevant

SCHEDULE 3 – SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 Responsibility Table

Company Name	Responsibility Description	Alliance Relationship between Contractor and Sub-contractor(s)		
		Alliance Exists? (Y/N)	Date Established	Alliance Description
Contractor				
		Not Applicable	Not Applicable	Not Applicable
Sub-contractor(s)				

SCHEDULE 4 – COMPANY’S BACKGROUND

- 4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company’s background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE 5 – REFERENCES

5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 References of previous customers

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

***Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.**

5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.

5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE 6 - SUBMISSION OF SAMPLE

- 6.1 Tenderers shall submit the Submission of Sample form below in respect of the items specified in this tender.
- 6.2 Samples of the items to be submitted shall be:
- (a) identical in packing and manufacture to the items to be offered by the Tenderer; and
 - (b) marked with the corresponding item number of the tender.

SUBMISSION OF SAMPLE FORM

To:

TENDER REFERENCE NO.: KK/10/2026/UPP(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR OBSTETRICS AND
GYNAECOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL
FOR A PERIOD OF THREE (3) YEARS**

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

ITEM NO.	DESCRIPITON	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
1	Maternity pad <ul style="list-style-type: none">▪ With loop▪ Material has high absorbent grade▪ Leak proof▪ Approx. 23cm – 28cm▪ Non-autoclavable			
2	Maternity pad <ul style="list-style-type: none">▪ With loop▪ Material has high absorbent grade▪ Leak proof▪ Approx. 23cm – 28cm▪ Autoclavable			

We understand as stated in the Instructions To Tenderers that Tenders without samples shall not be considered.

(signature of authorized officer of Tenderer)

Name:

Designation:

Date:

Tenderer's official stamp:

FOR OFFICE USE

Date of receipt : _____

Receiving Officer : _____