

TENDER REFERENCE NO.: KK/47/2026/PPN(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY AND DELIVERY OF LOCAL ANASTHETIC
CARTRIDGES FOR DEPARTMENT OF DENTAL SERVICES,
MINISTRY OF HEALTH FOR A PERIOD OF THREE (3)
YEARS**

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE : 28th April 2026

TIME : 2.00 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

SPECIFICATIONS

TENDER REF. NO.: KK/47/2026/PPN(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF LOCAL ANAESTHETIC CARTRIDGES FOR DEPARTMENT OF
DENTAL SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS**

DELIVERY PERIOD	NOT MORE THAN 60 DAYS UPON CONFIRMATION
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NO.	ITEM DESCRIPTION	QUANTITY
1.	<p>LOCAL ANAESTHETIC CARTRIDGES</p> <p>Specifications:</p> <ul style="list-style-type: none">▪ Self-aspirating glass cylinder▪ Containing the local anaesthetic drug 2% lignocaine hydrochloride and 1:80,000 adrenaline injection▪ Minimum volume per cartridge: 1.8 mls▪ Plunger/bung should allow smooth delivery of solution when depressed▪ Indicated for the production of local anaesthesia in routine dental procedures and oral surgery by means of infiltration and nerve block techniques▪ Expiry date should be at least 18 months from time of delivery▪ Samples must be provided for accurate evaluation upon submission of quotation	60,000 CARTRIDGES

SECTION 3
FORMS TO BE USED
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SECTION 3
TENDER FORM

To:

TENDER REF. NO.: KK/47/2026/PPN(TC)

INVITATION TO TENDER
SUPPLY AND DELIVERY OF LOCAL ANAESTHETIC CARTRIDGES FOR DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH 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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NO.	ITEM DESCRIPTION	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE (B\$)	TOTAL PRICE PER YEAR (B\$)	TOTAL PRICE FOR THREE (3) YEARS (B\$)
1.	LOCAL ANAESTHETIC CARTRIDGES Specifications: <ul style="list-style-type: none">▪ Self-aspirating glass cylinder▪ Containing the local anaesthetic drug 2% lignocaine hydrochloride and 1:80,000 adrenaline injection	60,000 CARTRIDGES					

NO.	ITEM DESCRIPTION	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE (B\$)	TOTAL PRICE PER YEAR (B\$)	TOTAL PRICE FOR THREE (3) YEARS (B\$)
	<ul style="list-style-type: none"> ▪ Minimum volume per cartridge: 1.8 mls ▪ Plunger/bung should allow smooth delivery of solution when depressed ▪ Indicated for the production of local anaesthesia in routine dental procedures and oral surgery by means of infiltration and nerve block techniques ▪ Expiry date should be at least 18 months from time of delivery ▪ Samples must be provided for accurate evaluation upon submission of quotation 						

NO.	ITEM DESCRIPTION	USER REQUIREMENT	YES	NO	<p align="center">PLEASE SPECIFY THE SPECIFICATION / SCOPE OFFERED</p> <p>FAILURE TO FILL THE OFFER DETAIL SHALL BE IDENTIFIED AS NON-COMPLIANCE TO THE OFFER</p>
1.	LOCAL ANAESTHETIC CARTRIDGES	Self-aspirating glass cylinder			
		Containing the local anaesthetic drug 2% lignocaine hydrochloride and 1:80,000 adrenaline injection			
		Minimum volume per cartridge: 1.8 mls			
		Plunger/bung should allow smooth delivery of solution when depressed			
		Indicated for the production of local anaesthesia in routine dental procedures and oral surgery by means of infiltration and nerve block techniques			
		Expiry date should be at least 18 months from time of delivery			
		Samples must be provided for accurate evaluation upon submission of quotation			
		60,000 cartridges			

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 _____, _____.

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 & Delivery of Consumables Items*
- (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 4.1 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 REF. NO.: KK/47/2026/PPN(TC)

INVITATION TO TENDER
SUPPLY AND DELIVERY OF LOCAL ANAESTHETIC CARTRIDGES FOR DEPARTMENT OF
DENTAL SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

ITEM NO.	DESCRIPTION	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with X)	OFFERED/ NOT OFFERED (indicate as appropriate)
1.	LOCAL ANAESTHETIC CARTRIDGES			

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: _____