

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

QUOTATION/TENDER REFERENCE NO:	
QUOTATION/TENDER NAME:	TO SUPPLY AND DELIVER PERINEAL TEAR REPAIR SET FOR MATERNITY OPERATING THEATRE (MOT), SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (CLUSTERING)

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 PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)	
PERINEAL TEAR REPAIR SET										
1	GENERAL SPECIFICATION	SET	4							
1.1	Medical grade stainless steel									
1.2	Reusable and fully autoclavable									
1.3	Rust, stain and corrosion resistant									
1.4	Suitable for general surgical procedures									
1.5	Supplied as complete set as listed below									
1.6	Packing: 1 complete set									
2	ONE (1) SET INCLUDES:									
2.1	Wire Basket <ul style="list-style-type: none"> • Size: 245 x 245 x 100 mm • Quantity: 1 unit 									
2.2	Cheron Dressing Forceps <ul style="list-style-type: none"> • Length: 25 cm • Quantity: 1 unit 									

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2.3	Museux Tenaculum Forceps <ul style="list-style-type: none"> • Straight • Tip: 10 mm • 2 x 2 teeth • Length: 24 cm • Quantity: 2 units 								
2.4	Standard Tissue Forceps <ul style="list-style-type: none"> • 1 x 2 teeth • Straight • Length: 25 cm • Quantity: 1 unit 								
2.5	Gallipot Stainless Steel <ul style="list-style-type: none"> • Capacity: 6 oz • Quantity: 1 unit 								
2.6	Mayo-Hegar Needle Holder <ul style="list-style-type: none"> • Length: 24 cm • Quantity: 1 unit 								
2.7	Auvarad Vaginal Specula (Complete set) <ul style="list-style-type: none"> • Size: 80 x 38 mm • Quantity: 1 unit 								
2.8	Mayo Scissors <ul style="list-style-type: none"> • Curved • Blunt-blunt • Length: 23 cm • Quantity: 1 unit 								
2.9	Sims Vaginal Speculum (Double Ended Set) <ul style="list-style-type: none"> • Set of 3 • Quantity: 1 unit 								
								TOTAL PRICE (B\$)	

NO	<u>TERMS AND CONDITIONS</u>	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.	
4	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.	
5	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.	
6	Brochures / catalogues should be submitted / attached with quotation/tender document.	
7	Samples should be submitted together with quotation/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).	
8	DELIVERY PERIOD: Not later than 8 weeks Staggered delivery upon request	(Yes / No) (If No, please specify)
9	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).	

FOR QUOTATION ONLY

TERMS AND CONDITIONS		Company's Official Stamp
a.	Tenderer must be registered with the Ministry of Health.	
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.	
		<i>Acknowledgement:</i> <i>Company Ref. No.:</i> I hereby certify the above quote to be correct. Signature: Name: Designation: Date: