Telex : KK BU 2421
Telegram : MINHEALTH BRUNEI
Telephone : 2381640
Fax : 2381440

كمنترين كصيحاتن
KEMENTERIAN KESIHATAN
MINISTRY OF HEALTH
JALAN MENTERI BESAR
BANDAR SERI BEGAWAN BE3910
NEGARA BRUNEI DARUSSALAM

Rujukan Kami :
*Our Reference* **(97) PSD/QTN/2026 – (IT)**

**03 AUGUST 2026**

Messrs: ALL SUPPLIERS
Dear Sir / Mdm,

**QUOTATION**
**(QUOTATION FEE: B$ 5.00 NON-REFUNDABLE)**

Please send us your Price quotation, CIF Brunei by Air / surface for the following

**SUPPLY AND DELIVERY OF NETWORK INDUSTRIAL ETHERNET DSX CABLE ANALYZER KIT BAGI JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN**

**(SPECIFICATION AS PER ATTACHED)**

**DIST:** PENGARAH, JABATAN TEKNOLOGI PENJAGAAN KESIHATAN,
KEMENTERIAN KESIHATAN
**ATTN:** RUDY BIN HAJI HARUN

| | |
|---|---|
| **CLOSING DATE** | **: 29 AUGUST 2026** |
| **TIME** | : 02.00 PM |
| **PLACE OF SUBMISSION** | : QUOTATION BOX (GROUND FLOOR)<br>MINISTRY OF HEALTH<br>COMMONWEALTH DRIVE<br>BANDAR SERI BEGAWAN, BB 3910<br>NEGARA BRUNEI DARUSSALAM |

**QUALIFICATION OF SUPPLIER / TENDERER:**
**MUST BE REGISTERED WITH MINISTRY OF HEALTH**

Copy of business registration, brochures and samples must be submitted with the quotation or within seven **(7) days** of closing date. All tenderers required to fill in and submit the Tenderer's Declaration Form together with the Tender Document. **Kindly state the brand, model manufacturer, price validity, delivery and warranty period and submit your quotation in duplicate together with the copy of your quotation fee receipt.** Please quote reference as above on the envelope as well as on the quotation. For further details and enquiries please contact by telephone: **Hjh Siti Salmah binti Hj Abdul Samad, Bahagian Informatik Kesihatan,** tel: **2380031** or email: salmah.samad@moh.gov.bn.

Yours Sincerely,

**(ABANG AHMAD FARHAN BIN HAJI ABANG RASHIDI)**
For Permanent Secretary

SALINAN DALAMAN:
JKK SEBUTHARGA
PENGGUNA: KK/HTD/MEMO/2026- (T11-2026) – Tarikh: 08 SAFAR 1448H / 23 JULY 2026

**TITLE OF TENDER: SUPPLY AND DELIVERY OF NETWORK INDUSTRIAL ETHERNET DSX CABLEANALYZER KIT FOR HEALTHCARE TECHNOLOGY DEPARTMENT, MINISTRY OF HEALTH**

**TENDER REFERENCE NO: MOH/HTD/T11/2026**

| Item | Hardware & Specifications | Quantity (Unit) | Comply? (Y/N) | Please Specify the Proposed Equipment & Specification | Unit Price ($) | Total Cost ($) | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | To supply and deliver of Network Industrial Ethernet DSX CableAnalyzer Kit equivalent to Fluke Networks DSX2-5000 AP | 1 set | | | | | |
| | ***Minimum requirement :*** | | | | | | |
| | 1xVersiv Mainframe & Remote | | | | | | |
| | 2xDSX-5000 CableAnalyzer Modules | | | | | | |
| | Set of CAT6A/Class EA Channel Adaptors | | | | | | |
| | 2 x Headsets | | | | | | |
| | 2 x Handstraps | | | | | | |
| | 2 x Shoulder Straps | | | | | | |
| | Carry Case | | | | | | |
| | USB Interface Cable | | | | | | |
| | 2 x AC Charges | | | | | | |
| | 2 x Universal Couplers | | | | | | |
| | 2 x AxTalk Terminators, Integrated Wi-Fi | | | | | | |
| | Statement of Calibration and Getting Started Guides | | | | | | |
| | **- included support manual and Training usage needed** | | | | | | |
| | ***Warranty : 1 Year*** | | | | | | |
| | | | | | **Grand Total:** | | |

**Term and Conditions**

| Description | |
|---|---|
| Quotation: Validity 12 months | |
| Delivery Period : 6 weeks | |
| ***Please Also Observe The Following:*** | ***Acknowledgement:*** |
| a. Fill in the form completely | Company Ref. No.: ..... |
| b. Must state the COMPLY column and specify proposed | I hereby certify the above quote to be correct. |
| c. Must specify the proposed equipment & specification. | Signature : ..... |
| d. If fail to do above, your particiaptions wii be disqualified. | Name : ..... |
| | Designation : ..... |

***Company's Official Stamp***