

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 02.00PM)	Quotation Fee	Requesting Department	Focal Person
3	(21) IKLAN-QTN/UPP.HRIPAS/2024/DERMATOLOGY	<p><b>SUPPLY AND DELIVERY MEDICAL CONSUMABLES (STERILE DISPOSABLE BIOPSY PUNCH) FOR DERMATOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING)</b></p> <p>PLACE OF SUBMISSION: QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	26/03/2024	20/04/2024	\$5.00	HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.	<p>Dr Chu Yee Fei Konsultan, Jabatan Dermatologi Hospital Raja Isteri Pengiran Anak Saleha</p> <p>Tel : 2242424 Ext : 5109</p>

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

QUOTATION/TENDER REFERENCE NO:	( )IKLAN-QTN/UPP.HRIPAS/2024/DERMATOLOGY
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY MEDICAL ITEMS (STERILE CONSUMABLES BIOPSY PUNCH) FOR DERMATOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (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\$)
1	STERILE DISPOSABLE BIOPSY PUNCH Size: 4mm	PER BOX	20 BOXES						
2	STERILE DISPOSABLE BIOPSY PUNCH Size: 6mm	PER BOX	3 BOXES						
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									

NO	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1.	Tenderer must be registered with the Ministry of Health.	
2.	<b>QUOTATION/TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION/TENDER</b> .	
3.	Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION/TENDER</b> .	
4.	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> . 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.	<b>Brochures / catalogues should be submitted / attached</b> with quotation/tender document.	
6.	<b>Samples should be submitted together with quotation/ tender or within fourteen (14 days)</b> of the quotation/tender closing date (if applicable).	
7.	<b>DELIVERY PERIOD:</b> (Please state) Not later than 4 weeks	(Yes / No) (If No, please specify)
8.	<b>PRICE VALIDITY:</b> The quotation shall remain valid for <b>12 MONTHS</b> 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	DERMATOLOGY UNIT	Section/Unit Ref No.:	-
Person to Contact	Name : DR CHU YEE FEI	Tel.No. :	2242424 ext: 5109
	E-mail : -	Fax No.:	-

## FOR QUOTATION ONLY

## TERMS AND CONDITIONS

a.	Tenderer must be registered with the Ministry of Health	<i>Acknowledgement:</i>	Company's Official Stamp
b.	Please fill in the <b>QUOTATION FORM</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION</b>	<i>Company Ref. No.:</i> ..... I hereby certify the above quote to be correct. Signature: .....	
c.	Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION</b>	Name: .....	
d.	Please do not use <b>TIPPEX</b> for amendment	Designation: ..... Date: .....	