

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 02.00PM)	Quotation Fee	Requesting Department	Focal Person
6	(32) PSD/QTN/2024 – (SSBH)	<p><b>TO SUPPLY AND DELIVER CONSUMABLE ITEMS FOR AUDIOLOGY UNIT, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR PERIOD OF ONE (1) YEAR USAGE. (NON-CLUSTERING)</b></p> <p><u>PLACE OF SUBMISSION:</u>            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 SURI SERI BEGAWAN HOSPITAL, KUALA BELAIT.	<p>Siti Qurratu Aini            Nawang            Pegawai Pengkaji Dengar            Unit Audiologi,            Jabatan Otorhinolaryngology            Hospital Suri Seri Begawan</p> <p>Tel : 3335331            Ext : 4030</p>

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

<b>QUOTATION/TENDER REFERENCE NO:</b>	
<b>QUOTATION/TENDER NAME:</b>	<b>TO SUPPLY AND DELIVER CONSUMABLE ITEMS FOR AUDIOLOGY UNIT, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF ONE (1) YEAR USAGE. (NON-CLUSTERING)</b>

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE FOR ONE (1) YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED FOR ONE (1) YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1	ZINC AIR HEARING AID BATTERIES ➤ Size: 675 ➤ At least 3 years from expiry date ➤ Packaging: 1 packet (6 pcs)	Packet	150						
2	ZINC AIR HEARING AID BATTERIES ➤ Size: 13 ➤ At least 3 years from expiry date ➤ Packaging: 1 packet (6 pcs)	Packet	450						
3	ZINC AIR HEARING AID BATTERIES ➤ Size: 312 ➤ At least 3 years from expiry date ➤ Packaging: 1 packet (6 pcs)	Packet	100						
4	OTOFORM ➤ At least 5 years from expiry date ➤ Must compatible with Ds50 Dreve injector gun (4545) ➤ Packaging: 1 box contain of 8 x 5ml double cartridge	Box	4						

**FORM A**

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE FOR ONE (1) YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED FOR ONE (1) YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
5	<b>MIXING CANULA</b> <ul style="list-style-type: none"> <li>➤ Must compatible with Ds50 Dreve injector gun (3242 green)</li> <li>➤ Packaging: 1 box contain of 100 pcs</li> </ul>	Box	2						
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									

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

## 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: .....	