REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 2.00PM	FOCAL PERSON
KK/109/2024/UPP	SUPPLY AND DELIVERY OF MEDICAL ITEM (RESCUENET RETRIEVAL DEVICE) FOR GASTROENTEROLOGY AND HEPATOLOGY UNIT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL	-	RIPAS HOSPITAL	\$30.00	11 [™] JUNE 2024	Dr Hjh Dewi Norwani binti Haji Basir Consultant and Head Division of Gastroenterology & Hepatology Hospital Raja Isteri Pengiran Anak Saleha Ministry of Health Negara Brunei Darussalam Contact No: 2242424 Ext 6239 email: dewinorwani.basir@moh.gov.bn

NOMBOR TAWARAN: KK/109/2024/UPP

KEMENTERIAN KESIHATAN NEGARA BRUNEI DARUSSALAM

SUPPLY AND DELIVERY OF MEDICAL ITEM (RESCUENET RETRIEVAL DEVICE) FOR GASTROENTEROLOGY AND HEPATOLOGY UNIT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL

YURAN TAWARAN: \$30.00

NOMBOR RESIT:

TARIKH TUTUP : HARI SELASA, 11HB JUN 2024

JAM : 2.00 PETANG

KEPADA:

PENGERUSI LEMBAGA TAWARAN KECIL
PETI TAWARAN, TINGKAT BAWAH
BANGUNAN KEMENTERIAN KESIHATAN
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB 3910
NEGARA BRUNEI DARUSSALAM

(NON CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/109/2024/UPP

INVITATION TO TENDER

SUPPLY AND DELIVERY OF MEDICAL ITEM (RESCUENET RETRIEVAL DEVICE) FOR GASTROENTEROLOGY AND HEPATOLOGY UNIT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL

DELIVERY PERIOD	NOT MORE THAN 4 WEEKS UPON CONFIRMATION
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NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR
	RESCUENET RETRIEVAL DEVICE		
	SPECIFICATIONS:	LINUT	000 LINUTO
1	 NET SIZE: 3CM X 5.5CM SHEATH OD – 2.5MM MINIMUM WORKING CHANNEL 2.88MM 	UNIT	800 UNITS

NO.	TERMS AND CONDITIONS
1	Tenderer must be registered with the Ministry of Health.
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF TENDER.
3	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 TENDER.
4	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.
5	Brochures / catalogues should be submitted / attached with tender document.
6	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable).
7	DELIVERY PERIOD: NOT LATER THAN 4 WEEK STAGGERED DELIVERY UPON REQUEST
	PRICE VALIDITY:
8	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).

Section/Unit		nterology and Hepatology Unit Raja Isteri	Section/Unit	
Section/Offic	Pengirar	Anak Saleha (RIPAS) Hospital	Ref No.:	
Person to Contact	Contact Anak Saleha (RIPAS) Hospital		Tel. No.:	2242424 ext. 6239
	E-mail:	dewinorwani.basir@moh.gov.bn	Fax No.:	

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO: KK/109/2024/UPP

INVITATION TO TENDER

SUPPLY AND DELIVERY OF MEDICAL ITEM (RESCUENET RETRIEVAL DEVICE) FOR GASTROENTEROLOGY AND HEPATOLOGY UNIT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL

ISTERI PENGIRAN ANAK SALEHA HOSPITAL				
TENDER OF (name of tenderer)	:			
Company/Business Registration No.	:			
Tender Closing Date	:			
DELIVERY PERIOD				

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED PER YEAR	COST PER UNIT (B\$)	TOTAL COSTS (B\$)
	RESCUENET RETRIEVAL DEVICE								
	SPECIFICATIONS:								
1	 NET SIZE: 3CM X 5.5CM SHEATH OD – 2.5MM MINIMUM WORKING CHANNEL 2.88MM 	UNIT	800 UNITS						

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF TENDER.	
3	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 TENDER.	
4	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.	
5	Brochures / catalogues should be submitted / attached with tender document.	
6	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable).	
7	DELIVERY PERIOD: Not Later Than 4 Week Staggered Delivery Upon Request	(Yes / No) (If No, please specify)
8	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).	

- 1. We offer and undertake on your acceptance of our Tender to provide the above mentioned services in accordance with your Invitation To Tender.
- 2. Our Tender is fully consistent with and does no 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. OUR OFFER IS VALID FOR <u>TWELVE (12)</u> CALENDAR MONTHS FROM THE TENDER CLOSING DATE.
- 4. When requested by you, we shall extend the validity of this offer.
- 5. We further undertake to give you any further information which you may require.

Dated thisday of	
	Tenderer's official stamp
Signature of authorised officer of Tenderer Name: Designation:	·

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