

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	
3	(12) PSD/QTN/2023 – (PMMPMHAMB)	<p>"TO SUPPLY AND DELIVER MEDGYN ENDOSAMPLER II FOR O&G CLINIC PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL MUHTADEE BILLAH HOSPITAL TUTONG (PMMPMHAMB) (CLUSTERING)"</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>	25/02/2023	11/03/2023	\$5.00	PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL MUHTADEE BILLAH HOSPITAL TUTONG (PMMPMHAMB)	ABDUL AFIQ BIN AHMAD MAHMUD B.P KETUA PEGAWAI EKSEKUTIF TINGKAT 1 TEL: 4221010 ext. 307

**"TO SUPPLY AND DELIVER MEDGYN ENDOSAMPLER II FOR O&G CLINIC, PENGIRAN MUDA MAHKOTA
PENGIRAN MUDA AL-MUHTADEE BILLAH HOSPITAL TUTONG (PMMPMHAMB) (CLUSTERING)."**

USER REQUIREMENTS	YES	NO	(IF 'YES') Please state catalogue/ brochure reference
INCLUDES 3MM CURETTE & 10CC SYRINGE WITH LOCK-SPRING MECHANISM			
HIGHLY-VISIBLE, GRADUATED MARKINGS ON CURETTE			
SEMI-RIGID CURETTE ALLOWS FOR EASIER INSERTION AND INJECTION OF SALINE OR CONTRAST			
CURVED DESIGN FOR EASIER MANIPULATION			
BACK -FLOW PREVENTED BY SYRINGE LOCK-SPRING MECHANISM			
SHARPER SLOT AT CURETTE TIP FOR BETTER SAMPLING			
" CLOSED" SYSTEM PREVENT SAMPLE CONTAMINATION			

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NO	DESCRIPTION OF ITEM	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE	TOTAL PRICE
1	MEDGYN ENDOSAMPLER II ITEM CODE : 022722 PACKED SIZE: BOX OF 25'S	40 Boxes				
DELIVERY PERIOD: Not more than 4 weeks upon confirmation		(Yes/ No) (If No, please specify)				
PRICE VALIDITY : <i>The quotation shall remain valid for ONE YEARS 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 the written consent of the suppliers.</i>						

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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 QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>may</u> cause DISQUALIFICATION OF QUOTATION	<i>Company Ref. No.:</i>	
		I hereby certify the above quote to be correct.	
		<i>Signature:</i>	
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	<i>Name:</i>	
d.	Delivery Period: NOT MORE THAN 3-4 WEEKS	<i>Designation:</i>	
		<i>Date :</i>	
e.	Please do not use TIPPEX for amendment	