



Republic of the Philippines

Department of Health

Central Visayas Center for Health Development

DON EMILIO DEL VALLE MEMORIAL HOSPITAL

PHILHEALTH ACCREDITED HEALTHCARE PROVIDER

ISO 9001:2015 QMS CERTIFIED

Bid Form for the Procurement of Goods

BID FORM

Supply, Delivery and Installation of Various Dental Equipment- Rebid

Date: _____
Project Identification No.: _____

To: DON EMILIO DEL VALLE MEMORIAL HOSPITAL
Bood, Ubay, Bohol

Having examined the Philippine Bidding Documents (PBDs) including the Supplemental or Bid Bulletin Numbers *[insert numbers]*, the receipt of which is hereby duly acknowledged, we, the undersigned, offer to *[supply/deliver/perform Supply, Delivery and Installation of Various Dental Equipment Rebid]*;

Item No.	Description/General Specification	Brand/Manufacturer / Source	No. of tests or quantity per kit/bot/box/vol	Unit	Quantity	Unit Price	Total
1	"AUTOCLAVE MACHINE			UNIT	1		
	Specifications:						
	* Table Top Type						
	* Capacity: 24-40L						
	* Dimension: W x H x D 540 x 450 x 630 (±10mm)						
	* Sterilization Temperature: 105 -136°C						
	* Designed Temperature: 140 - 150°C						
	* Temp Options: 118-134°C						
	* With pressure auto door locks						
	* With overheat protection						
	* With door safety latch						
	* Emergency Button						
	* With Overload protection						

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	* With Drying function, Drying Time: 0 - 60 (min)						
	* Water fill, manual						
	* Power Supply: 220 - 230V 50/60Hz						
	* Accessories: Tray set, Exhaust Filter						
	* Warranty: 1 year"						
2	"Fully Motorized Dental Chair Unit with Intra Oral Camera			UNIT	1		
	Specifications:						
	* 2 sets of Three Way Syringe						
	* Junction Box: Outside Removable Box						
	* Tissue Box, Tray, Cup Base						
	* 3 sets of Handpiece Silicon Tube						
	* 1 set of Internal Water Suction System						
	* 1 set of Internal Air Suction System						
	* 1 set of Dentist Stool						
	* 1 set of LED Lamp						
	* Warranty: 2 years						
	* Inclusions:						
	-High Speed Handpiece (Push Button Type)						
	-Low Speed Handpiece						
	-Light Curing Machine						
	-Intra Oral Camera						
	-Ultrasonic Air Scaler"						
3	"HEAVY DUTY SUCTION MACHINE			UNIT	1		
	Specifications:						
	* Power Voltage: AC220V±22V, 50Hz±1Hz						
	* Max Negative Pressure: ≥0.09MPa						
	* Noise: ≤60 dB(A)						
	* Power: ≤120VA						
	* Pumping Rate: ≥20L/min						
	* Reservoir Capacity: 2500mL/pc, 2 pieces, glass						

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	* Compressor: Swimming Type Oil-free Piston						
	* Vacuum Rang: 0-750mm Hg						
	* Warranty: 1 year"						
4	"PORTABLE CAUTERY MACHINE (HEAVY DUTY)			UNIT	1		
	Specifications:						
	* Application: Hospital						
	* Frequency: 1.5 to 1.7 MHz						
	* Power Settings: 10 Different Power Settings						
	* Output Power: 70 Watt						
	* Warranty: 1 year"						
5	"VACSTATION SUCTION MACHINE			UNIT	1		
	Specifications:						
	* Type: Oral Suction						
	* Operation Mode: Semi-Automatic						
	* Usage/Application: Dental						
	* Voltage: AC 220V						
	* Frequency: 50Hz						
	* Warranty: 12 months						
	* Weight: not more than 16kgs.						
	* Motor: Brushless DC Motor or its equivalent						
	* Dimensions: At Least 406L x 232W x 464H mm						
	* Total HEPA Filter Area: 1281 cm2 or more						
	* Maximum Suction Volume: 3700 LPM (With 10 Levels of Adjustment)						
	* Noise Level: not more than 62dB						
	* Arm Length: 1.5 m"						

Grand Total _____

in conformity with the said PBDs for the sum of [total Bid amount in words and figures] or the total calculated bid price, as evaluated and corrected for computational errors, and other bid

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modifications in accordance with the Price Schedules attached herewith and made part of this Bid. The total bid price includes the cost of all taxes, such as, but not limited to: *[specify the applicable taxes, e.g. (i) value added tax (VAT), (ii) income tax, (iii) local taxes, and (iv) other fiscal levies and duties]*, which are itemized herein or in the Price Schedules,

If our Bid is accepted, we undertake:

- a. to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements of the Philippine Bidding Documents (PBDs);
- b. to provide a performance security in the form, amounts, and within the times prescribed in the PBDs;
- c. to abide by the Bid Validity Period specified in the PBDs and it shall remain binding upon us at any time before the expiration of that period.

[Insert this paragraph if Foreign-Assisted Project with the Development Partner:

Commissions or gratuities, if any, paid or to be paid by us to agents relating to this Bid, and to contract execution if we are awarded the contract, are listed below:

Name and address Amount and Purpose of
of agent Currency Commission or gratuity

(if none, state "None")]

Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your Notice of Award, shall be binding upon us.

We understand that you are not bound to accept the Lowest Calculated Bid or any Bid you may receive.

We certify/confirm that we comply with the eligibility requirements pursuant to the PBDs.

The undersigned is authorized to submit the bid on behalf of *[name of the bidder]* as evidenced by the attached *[state the written authority]*.

We acknowledge that failure to sign each and every page of this Bid Form, including the attached Schedule of Prices, shall be a ground for the rejection of our bid.

Name: _____

Legal capacity: _____

Signature: _____

Duly authorized to sign the Bid for and behalf of: _____

Date: _____

Printed Name and Signature of Proprietor/Manager/Authorized Representative