**Before filling “Annex C” you are kindly requested to carefully read “Annex A” and “point 3.4.1.2 Section 2. Technical Requirements” in the cover page**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Description** | **Qty** | **Offered Product** | | | | | | | | | | | | | | |
| **Requirement #:** | | | | | | | | | | | | | | |
| **1** | | | | | | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Brand** | **Model** | **Manufacturer Name** | **Data Sheet Attached  YES/NO** | **Meets Requirement YES/NO** | **Comments on conformity of offered goods to the product specifications in Annex A** | **Do you accept the mentioned Incoterms  (Option A and B)  YES/NO** | **Manufacturer Authorization attached  YES/NO** | **Specify delivery capacity / Lead time** | **Specify country of origin of the supplier and place of manufacturer** | **Acceptance and willingness abide by the Supply, delivery, installation, testing, commissioning and training requirement  YES/NO** | **Indicate Shelf life and usable lifespan** | **Acceptance of the Inspection requirement  YES/NO** | **FDA and/or CE certificate or equivalent attached  YES/NO** | **Indicate the warranty period, terms and start date** |
| 1 | Ultrasound Machine (4probes) | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Adult/ Pediatric Anesthesia machine | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Blood Irradiation machine | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Blood Apheresis Machine (plasma and platelets) | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Blood Bank Refrigerator | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Steam Sterilizer | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Lab Electrolyte analyzer machine | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Newborn Infant Incubator, automatic, basic, w/access | 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | Photo therapy unit, w/access | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Phototherapy irradiance meter | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | SMART critical care monitor | 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Central Station | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Ultrasound machine scanner, with probes for heart, lungs & abdomen and vascular (pediatrics and neonatal) | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Transportable/Mobile Incubator | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Note (1):** You may submit a partial bid for any of the requested items listed above; however, the full quantity specified for each item must be quoted.

**Note (1**): Kindly indicate any discrepancies between the offered product and the required specifications under requirement 1 last column.

**Note (2):** Data sheet of offered product, manufacturing authorization, FDA and/or CE certificate, for each offered product, must be attached to your offer.

**Bid Form – To be completed and signed by companies submitting offer.**

Name of the Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of the Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Person on behalf of the Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_