**Section III: Returnable Bidding Forms**

**eSourcing reference**: [Insert UNOPS tender reference number]

Note to Bidders: The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their quotation. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Biding Forms as instructed and return them as part of your quotation by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

This Section comprises the following Returnable Bidding Forms:

* Form A: Quotation Submission Form
* Form B: Price Schedule Form
* Form C: Technical Quotation Form
* Form D: Previous Experience Form
* Form E: Joint Venture Partner Information Form
* Form G: Bid Securing Declaration
* Form H: INDEPENDENT BID DECLARATION
* FORM I: UNITED NATIONS SUPPLIER CODE OF CONDUCT DECLARATION OF ELIGIBILITY

**Form A: Quotation submission form**

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

**Subject: Quotation for the supply of** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** RFQ Case No. [Insert RFQ ref number], dated **[insert date]**

We, the undersigned, declare that:

* 1. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
  2. Our quotation shall be valid for the period of time of [insert number of days which shall not be less than the specified in the Tender Particulars section, Period of Validity of Quotations] from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  3. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS[If you have any actual or potential conflict of interest as defined in Article 3 of Section II: Instructions to Bidders, please disclose it here];;
  4. Our firm confirms that the offeror and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
  5. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the Contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 3, Eligibility;
  6. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
  7. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

I, the undersigned, certify that I am duly authorized by [***insert full name of bidder***] to sign this quotation and bind [***insert full name of bidder***] should UNOPS accept this quotation:

Name: [complete]

Title: [complete]

Date: [complete]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

# Form B: Price Schedule Form

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

\*\*Please fill in all your prices in the attached excel sheet and send it as (excel book) along with the below table\*\*

RFQ reference no: [Insert UNOPS tender reference number]

**Bills of quantity Lot# 5: Supply ,delivery of Medical Furniture for Several Hospitals – Multi Cities in Yemen as shown below .**

| Item | AlSabeen Hospital- Sana'a | Althawrah Hospital -Taiz | 22 May Hospital- Sana'a | Althawrah Hospital - Ibb | Aljumhori Hospital- Hajjah | Aljumhori Hospital - Mahweet | Ibn Khaldoun Hospital - Lahj | Al Salam Rural Hospital - Lahj | Al Ra'zi General Hospital- Abyan | Sayoun Hospital - Sayoun | Shibam Hospital - Mahweet |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I.C.U Bed , Electrical with Bed Side Cabinet and Overbred Table and mattress | 12 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 16 | 5 |
| Adjustable Exam Bed | 7 | 2 | 5 | 2 | 3 | 3 | 5 | 2 | 2 | 4 | 2 |
| Gynecological examination beds | 6 | 2 | 3 | 3 | 2 | 2 | 3 | 2 | 2 | 3 | 2 |
| Bed, hospital ,2- sections with mattress | 50 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Bedside Cabinet | 50 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Waiting Bench 3 Persons | 100 | 20 | 20 | 20 | 20 | 20 | 20 | 25 | 20 | 30 | 20 |
| Rotating Chair | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Partition curtains | 25 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Table for waiting area | 20 | 15 | 15 | 15 | 15 | 15 | 0 | 0 | 0 | 0 | 0 |
| IV stands | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 10 | 10 | 25 | 10 |
| Crash Cart ,w/access | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 2 |
| Instrument Trolley | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 7 | 6 | 0 |
| Patient Stretcher, Transport | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 5 | 12 | 5 | 3 |
| Wheel Chair | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 6 | 8 | 5 | 2 |
| X-Ray Viewer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| Visitor Chairs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 0 | 0 | 0 |

| **Currency** | USD |
| --- | --- |

| **No.** | **Item** | **Unit** | **Qty** | **Unit Price DAP** | **Total Price DAP** |
| --- | --- | --- | --- | --- | --- |
| **5.1** | I.C.U Bed , Electrical with Bed Side Cabinet and Overbred Table and mattress | Each | 71 | insert | insert |
| **5.2** | Adjustable Exam Bed | Each | 37 | insert | insert |
| **5.3** | Gynecological examination beds | Each | 30 | insert | insert |
| **5.4** | Bed, hospital ,2- sections with mattress | Each | 250 | insert | insert |
| **5.5** | Bedside Cabinet | Each | 250 | insert | insert |
| **5.6** | Waiting Bench 3 Persons | Each | 315 | insert | insert |
| **5.7** | Rotating Chair | Each | 220 | insert | insert |
| **5.8** | Partition curtains | Each | 125 | insert | insert |
| **5.9** | Table for waiting area | Each | 95 | insert | insert |
| **5.10** | IV stands | Each | 230 | insert | insert |
| **5.11** | Crash Cart ,w/access | Each | 6 | insert | insert |
| **5.12** | Instrument Trolley | Each | 16 | insert | insert |
| **5.13** | Patient Stretcher, Transport | Each | 29 | insert | insert |
| **5.14** | Wheel Chair | Each | 26 | insert | insert |
| **5.15** | X-Ray Viewer | Each | 4 | insert | insert |
| **5.16** | Visitor Chairs | Each | 20 | insert | insert |
|  | **Total** | | | | insert |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/services under this Contract and the type of work being subcontracted, if applicable.

1. \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, certify that I am duly authorized by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form C: Technical Quotation Form**

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of Bidder]

| **Item No** | **UNOPS minimum technical requirements** | **Qty.** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| **5.1** | **I.C.U Bed , Electrical with Bed Side Cabinet and Overbred Table and mattress** | | | |
|  | **Name of Manufacturer** | **71** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | High acuity ICU bed: It must be stated clearly in the original catalogue that the offered item is intended for critical care. |  | ☐ Yes ☐ No |  |
|  | Heavy-duty construction suitable for rugged use. |  | ☐ Yes ☐ No |  |
|  | Safe working load of the bed to be at least 240 Kg | ☐ Yes ☐ No |  |
|  | The dimensions of the sleeping surface platform to be a minimum of (88 x 210) cm (without bed extension). | ☐ Yes ☐ No |  |
|  | The dimensions of the mattress (sleeping surface) to cover the whole sleeping platform | ☐ Yes ☐ No |  |
|  | Flat sleep surface | ☐ Yes ☐ No |  |
|  | Configuration: Four sections platform: | ☐ Yes ☐ No |  |
| - Backrest (head of bed) section | ☐ Yes ☐ No |  |
| - Seat section | ☐ Yes ☐ No |  |
| - Thigh section | ☐ Yes ☐ No |  |
| - foot (calf section) | ☐ Yes ☐ No |  |
|  | Radiolucent back section (head of bed) | ☐ Yes ☐ No |  |
|  | The bed should be fully electrically operated; the following manoeuvres must be included: | ☐ Yes ☐ No |  |
| a- Height adjustment of the bed: ≤ 45 cm to ≥ 80 cm. (measured without mattress from floor to the top of the platform) | ☐ Yes ☐ No |  |
| b- Backrest adjustable: 0° to ≥65° | ☐ Yes ☐ No |  |
| c- Knee gatch (break): 0° to ≥15° | ☐ Yes ☐ No |  |
| **d- Foot: 0° to ≥45°** | ☐ Yes ☐ No |  |
| e- Trendelenburg/ Reverse trendelenburg: +12°/-12° or more | ☐ Yes ☐ No |  |
|  | Zero clearance between mattress and headboard | ☐ Yes ☐ No |  |
|  | Backrest and leg section movements are accompanied by auto-regression to reduce pressure on the abdomen. | ☐ Yes ☐ No |  |
|  | Clearance between dropped-down side rails and the floor on bed's lowest position (underbed clearance) should be at least 10 cm | ☐ Yes ☐ No |  |
|  | CPR, easy foot released. CPR should be fully accessible even when side rails are in lowest position. | ☐ Yes ☐ No |  |
|  | Full functionality Back-up battery | ☐ Yes ☐ No |  |
|  | Regular Ac operation must be independent of battery status. | ☐ Yes ☐ No |  |
|  | Built in electronic weighing scale with a digital readout on an LCD display; display should be integrated in the bed control panel | ☐ Yes ☐ No |  |
|  | Left and right side rails: | ☐ Yes ☐ No |  |
| Split and heavy duty model | ☐ Yes ☐ No |  |
| Moulded (one piece) | ☐ Yes ☐ No |  |
|  | With embedded integrated caregiver control panels on both sides of the bed (upper left and upper right) on the outer side of the rails. | ☐ Yes ☐ No |  |
|  | The side rails can be manually raised up and dropped down with damping and top locking mechanism. | ☐ Yes ☐ No |  |
|  | With safe gap concept that prevents patient head or limbs entrapment (free of hazardous gaps). | ☐ Yes ☐ No |  |
|  | Maximum height of side rail above the sleep surface platform ≥ 40 cm to prevent patient fall | ☐ Yes ☐ No |  |
|  | Side rails must cover at least ⅔ of the sleeping platform and at the same time does not cover the whole sleeping surface to facilitate patient exit in emergency cases (stuck side rails). | ☐ Yes ☐ No |  |
|  | Heavy duty non-metallic removable Headboard and Footboard. | ☐ Yes ☐ No |  |
|  | Four heavy-duty medical grade electro-conductive, nonmarking castors of not less than 14 cm diameter. | ☐ Yes ☐ No |  |
|  | Central brake system with steering function | ☐ Yes ☐ No |  |
|  | Override backup pedal to control bed height. | ☐ Yes ☐ No |  |
|  | Four original protective revolving bumpers: Two of which should be located at the corners of the bed end, the other two should be located at the head of the bed | ☐ Yes ☐ No |  |
|  | At least two IV-pole receptacles to be located at two sides of the bed. | ☐ Yes ☐ No |  |
|  | One compatible IV pole with double hooks | ☐ Yes ☐ No |  |
|  | Drainage bag hook located at each side of the bed | ☐ Yes ☐ No |  |
|  | Sleeping surfaces (active mattresses) | ☐ Yes ☐ No |  |
| a- Powered medical grade therapy mattresses with protocol reminder | ☐ Yes ☐ No |  |
| b- Pressure ulcer preventive by delivering powered pressure redistribution and lateral patient repositioning, the mattress should prevent and treat fourth degree pressure ulcers | ☐ Yes ☐ No |  |
| c- Low air loss technology | ☐ Yes ☐ No |  |
| d- Must cover the whole sleeping surface platform | ☐ Yes ☐ No |  |
| e- Thickness: at least 15 cm | ☐ Yes ☐ No |  |
| f- Patient weight capacity: up to 200 kg or more | ☐ Yes ☐ No |  |
| g- Fire retardant | ☐ Yes ☐ No |  |
| h- Anti-microbial and anti-fungus | ☐ Yes ☐ No |  |
| i- Complete with fluid resistant, non-latex, breathable and washable cover. | ☐ Yes ☐ No |  |
|  | Cradiac Chair Positioning | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition | ☐ Yes ☐ No |  |
| **5.2** | **Adjustable Exam Bed** | | | |
|  | **Name of Manufacturer** | **37** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Size: L1900\*W600\*H650mm Approx. |  | ☐ Yes ☐ No |  |
|  | Functions |  | ☐ Yes ☐ No |  |
| 1)Angle of backrest: 0-85 degree |  | ☐ Yes ☐ No |  |
| 2)stainless steel grade 201, durable and antirust; |  | ☐ Yes ☐ No |  |
| 3)backrest lift manual by autolocking system with rack; |  | ☐ Yes ☐ No |  |
| 4)stable support frame,Made of stainless steel |  | ☐ Yes ☐ No |  |
| 5)Bed top with 5cm thickness mattress,waterproof artificial leather cover; |  | ☐ Yes ☐ No |  |
| 6) Paper role |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.3** | **Gynecological examination beds** | | | |
|  | **Name of Manufacturer** | **30** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Functions |  | ☐ Yes ☐ No |  |
| 1)Angle of backrest: 0-80 degree |  | ☐ Yes ☐ No |  |
| 2)Angle of footrest: 0-(-60degree) |  | ☐ Yes ☐ No |  |
| 3)It's simples,and easy to control. Simp deliverybed ,made from stainless steel grade 201; |  | ☐ Yes ☐ No |  |
| 4)Size:1800×650×750mm Approx. |  | ☐ Yes ☐ No |  |
| 5)Price with washable mattress,shoulder rest, Pair Of Legrests ,handle,basin, Paper role. |  | ☐ Yes ☐ No |  |
| 6) the body and frame should be made from Stainless steel. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.4** | **Bed, hospital ,2- sections with mattress** | | | |
|  | **Name of Manufacturer** | **250** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Size:L2120×W970×H485mm approx. |  | ☐ Yes ☐ No |  |
|  | Description Of Product: | ☐ Yes ☐ No |  |
| 1)Two manual crank system | ☐ Yes ☐ No |  |
| 2)Cold steel plate wholly molded surface | ☐ Yes ☐ No |  |
| 3)P.P head and foot board | ☐ Yes ☐ No |  |
| 4)Aluminum alloy gardrails,which can be foldable up and down easily | ☐ Yes ☐ No |  |
| 5)5" noiseless caster with brake | ☐ Yes ☐ No |  |
|  | Parameter: |  | ☐ Yes ☐ No |  |
| 1)Angle of back section: 0° - 80°(±5°） | ☐ Yes ☐ No |  |
| 2)Angle of leg section: 0° - 40°(±5°） |  |  |
|  | Accessories: |  | ☐ Yes ☐ No |  |
| 1)I.V. holes and Urine hooks | ☐ Yes ☐ No |  |
| 2) Washable mattress | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.5** | **Bedside Cabinet** | | | |
|  | **Name of Manufacturer** | **250** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 1 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | Locker bed side, 2 legs, & 2 castors: made of fiberglass coated with white epoxy resin rust resistant, size D 450 x 470 x 940mm Approx. , Top cover, white hard plastic, non-scratch and heat resistant. Guard rails on both sides. Above one smooth running metal drawer, cupboard with one shelf, with magnet locking door. Front two legs, rear two ball bearing anti-static rubber castors. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.6** | **Waiting Bench 3 Persons** | | | |
|  | **Name of Manufacturer** | **315** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 1 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | Waiting Bench for three Persons made of steel and wooden with back and arm rest ( L X B X H) 2000 X 450 X 900 mm. Aprox. |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | the data sheet should include a clear drawing for the proposed model |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
| **5.7** | **Rotating Chair** | | | |
|  | **Name of Manufacturer** | **220** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 1 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | 1.Air pressure pump for lifting seat adjustment with backrest; |  | ☐ Yes ☐ No |  |
| 2.It can be rise and fall freely; | ☐ Yes ☐ No |  |
| 3.Comfortable chairs,suitable for many areas; | ☐ Yes ☐ No |  |
| 4.Air pressure pump stool lift up and down; | ☐ Yes ☐ No |  |
| 5.Size:Φ320×400/550mm | ☐ Yes ☐ No |  |
| Please specify Max weight and height adjustment | ☐ Yes ☐ No |  |
| it should have arm rest and leg rest. 4 to 5 castors & means to lock positions with adjustbale back rest | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
| **5.8** | **Partition curtains** | | | |
|  | **Name of Manufacturer** | **125** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 1 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | Frame made of Chrome-Plated tubular steel with a minimum diameter of 14mm |  | ☐ Yes ☐ No |  |
| Unit shall consist of 4 foldable components mobile on castors Each panel shall be covered with PVC washable plastic. White-Colored | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.9** | **Table for waiting area** | | | |
|  | **Name of Manufacturer** | **95** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 1 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | table with bench. Round 42" diameter or square 42" X 42". Tops are high pressure laminate on 1" particle board core edged with a choice of wood, PVC or poly-resin edge designs. Sturdy tubular steel legs to support the tops. Used in dining facilities and can comfortably seat up to four (4) persons. seats should be included. |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
| **5.10** | **IV stands** | | | |
|  | **Name of Manufacturer** | **230** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | **Dirp stand IV** |  | ☐ Yes ☐ No |  |
| Drip stand for IV procedures, mobile with 5 castors and shall have a smooth running | ☐ Yes ☐ No |  |
| Rod made of chrome-plated steel tubing. Adjustable height | ☐ Yes ☐ No |  |
| Rod equipped with 2 hooks configuration | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.11** | **Crash Cart ,w/access.** | | | |
|  | **Name of Manufacturer** | **6** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | A set of trays/drawers/shelves on wheels used in hospitals for transportation and dispensing of emergency medication/equipment at the site of a medical/surgical emergency for life support protocols (ACLS/ALS) to potentially save someone's life |  | ☐ Yes ☐ No |  |
|  | The crash cart should be made of Stainless steel tubular frame work. |  | ☐ Yes ☐ No |  |
|  | Shall have Epoxy / Anti-Microbial powder paint inside and out |  | ☐ Yes ☐ No |  |
|  | Dual push handles on either side |  | ☐ Yes ☐ No |  |
|  | S.S. shelves, six drawers . |  | ☐ Yes ☐ No |  |
|  | Facility to carry ECG Monitors, Defibrillators etc., on open areas at top . |  | ☐ Yes ☐ No |  |
|  | Two accessory mounting brackets to mount accessories anywhere without the need of prethreaded holes. |  | ☐ Yes ☐ No |  |
|  | Mounted on 12.5 cms dia non-rusting swivelling castor wheels. Two having locking arrangement. |  | ☐ Yes ☐ No |  |
|  | Oxygen cylinder stand epoxy powder coated, on one side |  | ☐ Yes ☐ No |  |
|  | Overall size shall be more than 900mm L x 500mm W x 1500mm H. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.12** | **Instrument Trolley** | | | |
|  | **Name of Manufacturer** | **16** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Stainless steel Instrument trolley |  | ☐ Yes ☐ No |  |
|  | Stainless steel square tubes/round tubes |  | ☐ Yes ☐ No |  |
|  | Stainless steel top & bottom shelves with 3 side railing on top shelf. |  | ☐ Yes ☐ No |  |
|  | Trolley mounted on castors, two with brakes. |  | ☐ Yes ☐ No |  |
|  | SS parts finished with Matt Polish. |  | ☐ Yes ☐ No |  |
|  | **Overall dimensions** |  |  |  |
| Length not less than 720 mm |  | ☐ Yes ☐ No |  |
| Width not less than 450 mm |  | ☐ Yes ☐ No |  |
| Height not less than - 800 mm |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.13** | **Patient Stretcher, Transport** | | | |
|  | **Name of Manufacturer** | **29** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Stretcher used for internal patient transportation. |  | ☐ Yes ☐ No |  |
|  | Strong and stable structure |  | ☐ Yes ☐ No |  |
|  | Manufactured from tubular steel, base in carbon Steel top in tubular special antibacterial epoxy coated easy to wash and hygienic for the hospital environment. |  | ☐ Yes ☐ No |  |
|  | Mounted on four 200mm anti-static swivel castors with at least 2 breaks |  | ☐ Yes ☐ No |  |
|  | Foldable / collapsible protection sides |  | ☐ Yes ☐ No |  |
|  | Removable patient plane. |  | ☐ Yes ☐ No |  |
|  | Two drip rod fittings at each end of the trolley as well as a drip rod holder, secured to the underside of the trolley. |  | ☐ Yes ☐ No |  |
|  | Adjustable height |  | ☐ Yes ☐ No |  |
|  | Mattress, washable, anti-static and waterproof for the trolley. |  | ☐ Yes ☐ No |  |
|  | Handles on both side of the stretcher. |  | ☐ Yes ☐ No |  |
|  | Rubber protection rail all around the perimeter of the stretcher. |  | ☐ Yes ☐ No |  |
|  | Telescopic IV holder. |  | ☐ Yes ☐ No |  |
|  | Transport oxygen cylinder holder |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.14** | **Wheel Chair** | | | |
|  | **Name of Manufacturer** | **26** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Basic foldable wheelchair for adult |  | ☐ Yes ☐ No |  |
|  | Heavy carriage mounted on 4 ball-bearing wheels | ☐ Yes ☐ No |  |
|  | Front wheels free rolling, 360 degrees swivel | ☐ Yes ☐ No |  |
|  | Both rear wheels with brake |  | ☐ Yes ☐ No |  |
|  | Foot lever, integrated in frame, facilitates tilting the wheelchair backwards |  | ☐ Yes ☐ No |  |
|  | Two push-handles at the rear are fit with plastic rims | ☐ Yes ☐ No |  |
|  | Side-to-side legs support |  | ☐ Yes ☐ No |  |
|  | Swing-away foot and arm supports for easy stepping on/off |  | ☐ Yes ☐ No |  |
|  | Armrests, seat and back are upholstered | ☐ Yes ☐ No |  |
|  | High resistance to corrosion (tropical environment) |  | ☐ Yes ☐ No |  |
|  | Frame: chrome plated or epoxy coated tubular steel | ☐ Yes ☐ No |  |
|  | All seating parts are upholstered | ☐ Yes ☐ No |  |
|  | Cover: plastic, flexible highly tear resistant, anti-static, flame retardant, disinfectant- and liquid proof, washable. |  | ☐ Yes ☐ No |  |
|  | Tires: heavy duty solid rubber |  | ☐ Yes ☐ No |  |
|  | Overall: 40-50 x 40-62.5 x 81-99 cm (d x w x h). |  | ☐ Yes ☐ No |  |
|  | Seat depth: 42-43cm. | ☐ Yes ☐ No |  |
|  | Back support: 43.5-49 x4 0.5-42 cm (w x h). | ☐ Yes ☐ No |  |
|  | Side-to-side legs support: 47-50x8.5-23 cm. |  | ☐ Yes ☐ No |  |
|  | Frame, diameter: 2.2cm. | ☐ Yes ☐ No |  |
|  | Frame: 2.2cm (outside, across), 1.2mm thickness. |  | ☐ Yes ☐ No |  |
|  | Wheels, diameter: Front 18-22 cm, rear 58-60 cm. |  | ☐ Yes ☐ No |  |
|  | Carrying capacity: >150 Kg. | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.15** | **X-Ray Viewer** | | | |
|  | **Name of Manufacturer** | **4** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Bright white fluorescent tubes, flicker-free illumination or preferably (for critical areas) LED lights illumination, providing sufficient diffused light To accommodate X-ray films up to size 35cm x 43cm |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |
| A 220-240V, 50Hz single-phase electrical source | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **5.17** | **Visitor Chair** | | | |
|  | **Name of Manufacturer** | **20** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 1 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | Visitors chair with arms |  | ☐ Yes ☐ No |  |
|  | Sled base |  | ☐ Yes ☐ No |  |
|  | Heavy duty steel sled base and frame |  | ☐ Yes ☐ No |  |
|  | Thickly padded seat and backrest cushions |  | ☐ Yes ☐ No |  |
|  | Built in lumbar support |  | ☐ Yes ☐ No |  |
|  | ~~Key lock with at least 2 keys.~~ |  | ~~☐ Yes ☐ No~~ |  |
|  | Padded loop arms |  | ☐ Yes ☐ No |  |
|  | **Dimension: approx.** |  |  |  |
| Width : 53.00 cm |  | ☐ Yes ☐ No |  |
| Depth : 50.00 cm |  | ☐ Yes ☐ No |  |
| Seat Height : 45.00 cm |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |

| **General Requirement** | | | |
| --- | --- | --- | --- |
|  | For the medical Furniture , the authorization of manufacturer included in your offer | ☐ Yes ☐ No | Insert details |
|  | For the medical Furniture manufactured in China, the supplier shall provide an FDA Certificate / approval | ☐ Yes ☐ No | Insert details |
|  | *The supplier shall provide High quality and heavy duty furniture .* | ☐ Yes ☐ No | Insert details |
|  | All electrically operated devices must be designed to run on the Yemeni standard AC power (voltages and frequencies) | ☐ Yes ☐ No | Insert details |
|  | The furniture package shall be well labelled, with instructions for handling, lifting, etc. | ☐ Yes ☐ No | Insert details |
|  | The Supplier shall be responsible for shipping and delivery and assembling of the equipment to the specified location as in the tender invitation and within the time frame stipulated in the tender invitation. | ☐ Yes ☐ No | Insert details |
|  | The Supplier is responsible for loading, unloading, rigging and inside delivery of the medical equipment to its final destination room inside the building. | ☐ Yes ☐ No | Insert details |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods **3 months** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Delivery at Place **DAP to Several Hospitals – Multi Cities in Yemen.**  **Unloaded, customs cleared**  Incoterms rules as per Incoterms 2020. | ☐ Yes ☐ No | Insert details |
| **Consignee details** |  |  |  |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- [20%] , without any change in the unit prices or other terms and conditions of the RFQ. | ☐ Yes ☐ No | Insert details |

**00ax: +45 45 33 75 01**

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section II: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Form D: Previous Experience Form

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of Bidder]

**In the table below bidder should fill their previous experience showing that the bidder is in continuous business of supplying same goods for the last (2) Years, please make sure to fill all requested cells**

| **Description of services/goods** | **Country** | **Total amount of Contract** | **Contract Identification and Title and**  **Contact details of Client**  **(Name, Address, telephone, email, fax)** | **Year project was undertaken** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form E: Joint Venture Partner Information Form**

The Bidder shall fill in this Form in accordance with the instructions indicated below.

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association.

| **JV / Consortium/ Association Information** | |
| --- | --- |
| **Name** | [complete] |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, e-mail address) | [complete] |
| **Name of leading** partner (with authority to bind the JV, Consortium, Association during the Bidding process and, in the event a Contract is awarded, during contract execution) |  |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the goods/services to be delivered by each** | [complete] |

**Signatures of all partners of the JV:**

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the fulfillment of the provisions of the Contract.

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form F: Manufacturer’s Authorization Form**

A letter issued by the manufacturer authorizing the applicant to participate in this particular RFQ must be submitted with the bid in the format provided in this Form.

To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one.

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: **[bidder to insert]**

**WHEREAS**

We ***[insert complete name of manufacturer***], who are official manufacturers of [***insert type of goods manufactured],*** having factories at ***[insert full address of manufacturer’s factories***], do hereby authorize ***[insert complete name of bidder]*** to submit a bid the purpose of which is to provide the following goods, manufactured by us ***[insert name and or brief description of the goods]***, and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 13 of the General Conditions for Goods, with respect to the goods offered by the above firm.

Signed: [***insert signature(s) of authorized representative(s) of the manufacturer]***

Name***: [insert complete name(s) of authorized representative(s) of the manufacturer]***

Title: ***[insert title]***

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ ***[insert date of signing]***

**Form G: Bid Securing Declaration**

Date: [Insert date]

Tender reference number: [Insert UNOPS tender reference number]

We, the undersigned, declare that:

1. We understand that, according to your conditions, offers must be supported by a bid securing declaration.
2. We accept that we could be declared ineligible to participate in future UNOPS tenders in accordance with the regulations stipulated in the Procurement Manual section 3.3 Vendor Ineligibility if we violate our obligation (s) under the conditions of the offer if:
3. we withdraw our offer during the period of the offer validity specified by us in the offer submission form; or
4. we do not accept the correction of errors in accordance with the Instructions to Bidders in the bidding documents; or
5. after having been notified of the acceptance of our offer during the period of bid validity thereof, (i) we do not execute or refuse to execute the Contract form, if required; or (ii) we do not supply or refuse to provide the performance security.
6. We understand that this bid securing declaration will expire if we are not the successful bidders, and when one of the following events occurs first: (i) we receive a copy of your notification with the name of the successful bidder; or (ii) twenty-eight days have elapsed after the expiration of our offer.

I, the undersigned, certify that I am duly authorized by [insert full name of bidder] to sign this bid and bind [insert full name of bidder] should UNOPS accept this bid:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM H: INDEPENDENT BID DECLARATION**

**This document does not require notarization.**

Bid for the supply of *[*[……….]*]* in *[*……….]*]*, invitation to bid no.: [……….], dated [……….]

The undersigned, on submission of a bid for the competitive procurement process or invitation to bid (hereinafter referred to as “the bid”) for the *[insert brief description of the goods and/or services]* in *[name of country/city] –* invitation to bid no.: [insert invitation to bid ref. no.], in response to the call for bids made by the United Nations Office for Project Services (UNOPS), I hereby make the following statements, which I declare to be true and complete in all respects.

On behalf of [name of bidder or joint venture], hereinafter “the Bidder”, **I declare** that:

1. I understand that the bid submitted shall be disqualified if this statement is found not to be true and complete in all respects.
2. I am authorized by the Bidder to sign this declaration and to submit the attached bid on behalf of the Bidder.
3. Each person whose signature appears on the submitted bid has been authorized by the Bidder to establish its terms and to sign it on behalf of the Bidder.
4. For the purposes of this statement and the bid submitted, I understand that the word “competitor” shall include any natural or legal person, other than the Bidder, whether affiliated with the Bidder or not, who:
5. has been asked to submit a bid in response to this invitation to bid
6. might potentially submit a bid in response to this invitation to bid, based on their qualifications, skills or experience.
7. The Bidder discloses that (select the appropriate option from the following subsections, 5 (a) or 5 (b)):
8. The Bidder has submitted the bid independently and without consultation, communication, agreement or arrangement with any competitor: YES ☐ NO ☐
9. The Bidder has entered into consultation, communication, agreement or arrangement with one or more competitors with respect to this invitation to bid, full details of which the Bidder discloses in the accompanying documents, including the names of the competitors and the nature of and reasons for such consultation, communication, agreement or arrangement: YES ☐ NO ☐
10. In particular, and without limiting the generality of paragraphs 5 (a) or 5 (b) above, there has been no consultation, communication, agreement or arrangement with any competitor with respect to:
11. prices
12. methods, factors or formulas used to calculate prices
13. the intention or decision to submit a bid or not, or
14. the submission of a bid that does not meet the specifications of the invitation to bid, except as specifically disclosed under paragraph 5 (b) above.
15. In addition, there has been no consultation, communication, agreement or arrangement with any competitor as to the quality, quantity, specifications or delivery details for the products or services to which this invitation to bid relates as specifically disclosed under paragraph 5 (b) above.
16. The terms of the bid submitted have not been and shall not be knowingly disclosed by the Bidder, whether directly or indirectly, to any competitor prior to the date and time of the official bid-opening ceremony, or contract-awarding ceremony, whichever comes first.
17. I declare that the company I represent has commercial links with the following
18. corporations: [indicate the corporations that may or may not submit a bid for the purpose of this invitation to bid, detailing their commercial names and the type of links that exist with them.[[1]](#footnote-0) If there are no commercial links with any corporations, please enter “None”].

The above statements are also true and complete for the members of the joint venture: YES ☐ NO ☐ [If the answer is NO, details must be included of the members for whom any of the above statements are not met. This paragraph may be deleted if the Bidder is not a joint venture].

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM I: UNITED NATIONS SUPPLIER CODE OF CONDUCT DECLARATION OF ELIGIBILITY**

**UNOPS expects all bidders to act in accordance with the highest ethical standards throughout the competitive procurement process, as well as during the validity of any contract that may be awarded to them through the process. Therefore, all bidders must declare and ensure the following.**

**If the bidder’s status in relation to this declaration changes, it must inform UNOPS immediately. Failure to comply with this requirement shall automatically render the bidder ineligible. This document does not require notarization.**

Bid for the supply of *[…………]* in *[……………….]*, invitation to bid no.: [……….], dated [……….].

The undersigned, on submission of a bid for the competitive procurement process or invitation to bid (hereinafter referred to as “the bid”) for the *[insert brief description of the goods and/or services]* in *[name of country/city] –* invitation to bid no.: Invitation to bid no.: [insert invitation to bid ref. no.], in response to the call for bids made by the United Nations Office for Project Services (UNOPS), I hereby make the following statements:

1. We have not and shall not engage in proscribed practices in connection with the UNOPS competitive procurement processes. For the purposes of this provision, a “proscribed practice” means any of those listed on the UNOPS website under “Vendor Sanctions”, including those listed below:

* Corrupt practice: the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party.
* Fraudulent practice: any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation.
* Coercive practice: any act or omission that impairs or harms, or threatens to impair or harm, directly or indirectly, any party or the property of the party to improperly influence the actions of a party.
* Collusive practice: an arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party.
* Unethical practice: conduct or behaviour that is contrary to the conflict of interest, gifts and hospitality, post-employment provisions or other published requirements of doing business with UNOPS.
* Obstruction: acts or omissions by a vendor that prevent or hinder UNOPS from investigating instances of possible proscribed practices.

1. We understand that in the event of any breach of these declarations or guarantees, UNOPS shall have the right to reject any bid submitted by us and may terminate any contract awarded to us as a result of any competitive procurement process, giving immediate notice thereof, and that UNOPS shall not be liable for termination charges or any other charges. In addition, UNOPS may exclude us from future work with the organization or other entities within the United Nations system.
2. We commit to adhering to the highest ethical standards during the execution of any contract, in accordance with point *40. Ethics and corrupt practices* of *Section II: instructions to bidders* of the bidding document.
3. We understand that UNOPS may cancel or terminate the contract, without penalty and without notice, if we are found to have engaged in collusion, corrupt practices or unethical behaviour, and may also declare us – both our organization and its board of directors and/or individual staff – ineligible indefinitely or for a limited period of time. We understand that UNOPS may also cancel or rescind contracts for the same reason.
4. We shall not employ, nor do we plan to employ, any person who has been a United Nations official in the past year. If an employee has been a United Nations official, they shall have had no professional relationship with us in the last three (3) years of their service with the United Nations.

The above statements are also true and complete for the members of the joint venture: YES ☐ NO ☐ [If the answer is NO, details must be included of the members for whom any of the above statements are not met. This paragraph may be deleted if the Bidder is not a joint venture].

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Bidders with commercial links are **required** to clearly state such links. Failure to do so may be interpreted as a proscribed practice as set out in Section 1.5.3.2 of the UNOPS Procurement Manual. [↑](#footnote-ref-0)