**Section V: Returnable Bidding Forms**

**(Lot-3 - Diagnostic & Treatment Equipment)**

**Note to Bidders:** **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 their bid submission.**

This Section comprises the following Returnable Bidding Forms:

* Form A: Joint Venture Partner Information Form
* Form B: Bid Submission Form
* Form C: Price Submission Form
* Form D: Technical Bid Form
* Form E: Manufacturer’s Authorization Form
* Form F: Performance Statement Form

**Form A: Joint Venture Partner Information Form (Lot-3)**

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

ITB reference no: [insert ITB reference No.]

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) | [complete] |
| **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 B: Bid Submission Form – (Lot-3- Diagnostic & Treatment Equipment)**

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: *ITB for the Supply of Assorted Medical Equipment to Primary and Secondary Health Centers in Damaturu, Yobe State, Republic of Nigeria*,** ITB Case No**. ITB/2023/48148,** dated **17th August 2023**

We, the undersigned, declare that:

* 1. We have examined and have no reservations to the bidding documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
  3. The total price of our bid, excluding any discounts offered in item (d) below, is: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];
  4. The discounts offered and the methodology for their application are:
* **Discounts**: If our bid is accepted, the following discounts shall apply. [Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.]
* **Methodology of application of the discounts**: The discounts shall be applied using the following method: [Specify in detail the method that shall be used to apply the discounts];
  1. Our bid shall be valid for the period of time of [insert number of days which shall not be less than the specified in Section I: ITB Particulars, Period of Validity of Bids] from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  2. If our bid is accepted, and if so requested in Section I: ITB Particulars, we commit to obtain a performance security in accordance with Instructions to Bidders, Article 34 and the General Conditions of Contract;
  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;
  4. 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;
  5. Our firm confirms that the Bidder 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;
  6. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  7. 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 4, Eligibility;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded;
  9. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*Stamp form of bid with official stamp of the bidder*]

**Form C: Price Schedule Form (Lot-3)**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.

**Bid Summary**

|  |  |  |
| --- | --- | --- |
| **Bidder’s Total prices CIF Lagos Port of Entry (Price of goods CIF + Related Services if applicable)** | [insert amount and currency] | |
| **Bidder’s Total prices CPT Nnamdi Azikiwe International Airport, Abuja (Price of goods CPT + Related Services if applicable)** | [insert amount and currency] | |
| **Total Price of Goods CIF Lagos Port of Entry** | [insert amount and currency] | |
| **Total Price of Goods CPT Nnamdi Azikiwe International Airport, Abuja** | [insert amount and currency] | |
| **Total Price of Related Services** | [[insert amount and currency) - **CIF** | [insert amount and currency) - **CPT** |
|  |  |
| **Freight Cost per 20/40 ft. container (if applicable)** | [insert amount and currency] | |
| **Customs clearance costs (if applicable)** | [insert amount and currency] | |

1. **Prices for Goods**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item/ lot** | **Description** | **Qty**  **(a)** | **Unit** | **Currency: United States Dollars** | | | |
| **Unit Price CIF**  **(b)** | **Unit price CPT**  **(c)** | **Total price**  **CIF**  **(a)x(b)** | **Total price CPT**  **(a)x(c)** |
| 1. | Weighing scale (Adult) | 16 | Pcs |  |  |  |  |
| 2. | Weighing scale (Child) | 16 | Pcs |  |  |  |  |
| 3. | Suction Machine | 8 | Pcs |  |  |  |  |
| 4 | LED Examination Lamp (Angle poised lamp) | 16 | Pcs |  |  |  |  |
| 5 | Neonatal Resuscitation kit | 8 | Pcs |  |  |  |  |
| 6 | Manual Vacuum Aspiration (MVA) kit | 8 | Pcs |  |  |  |  |
| 7 | Sphygmomanometer (Mercury Sphygmomanometer) | 16 | Pcs |  |  |  |  |
| 8 | Stethoscope | 16 | Pcs |  |  |  |  |
| 9 | Dental Sinus Lift Instruments | 6 | Sets |  |  |  |  |
| 10 | Dental Ultrasonic scaler | 4 | Sets |  |  |  |  |
| 11 | Otoscope (Handheld) | 10 | Pcs |  |  |  |  |
| 12 | Ear syringe | 10 | Pcs |  |  |  |  |
| 13 | Laryngoscope | 6 | Sets |  |  |  |  |
| 14 | Diagnostics Set | 38 | Sets |  |  |  |  |
| **Total Price of Goods** | | | | | |  |  |

1. **Related services – Installation, end users training, and commissioning.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/ lot** | **Description of the services** | **Qty** | **Unit** | **Unit Price** | **Total Price** |
| 1. | Weighing scale (Adult) | 16 | Pcs |  |  |
| 2. | Weighing scale (Child) | 16 | Pcs |  |  |
| 3. | Suction Machine | 8 | Pcs |  |  |
| 4 | LED Examination Lamp (Angle poised lamp) | 16 | Pcs |  |  |
| 5 | Neonatal Resuscitation kit | 8 | Pcs |  |  |
| 6 | Manual Vacuum Aspiration (MVA) kit | 8 | Pcs |  |  |
| 7 | Sphygmomanometer (Mercury Sphygmomanometer) | 16 | Pcs |  |  |
| 8 | Stethoscope | 16 | Pcs |  |  |
| 9 | Dental Sinus Lift Instruments | 6 | Sets |  |  |
| 10 | Dental Ultrasonic scaler | 4 | Sets |  |  |
| 11 | Otoscope (Handheld) | 10 | Pcs |  |  |
| 12 | Ear syringe | 10 | Pcs |  |  |
| 13 | Laryngoscope | 6 | Sets |  |  |
| 14 | Diagnostics Set | 38 | Sets |  |  |
| Total | | | | |  |

1. **Bidder’s delivery data**

|  |  |  |
| --- | --- | --- |
| **Country of origin of offered products** | Item 1 |  |
| Item 2 |  |
| Item 3 |  |
| Item 4 |  |
| Item 5 |  |
| Item 6 |  |
| Item 7 |  |
| Item 8 |  |
| Item 9 |  |
| Item 10 |  |
| Item 11 |  |
| Item 12 |  |
| Item 13 |  |
| Item 14 |  |

|  |  |  |
| --- | --- | --- |
| **FCA point(s) of delivery for offered products** | Item 1 |  |
| Item 2 |  |
| Item 3 |  |
| Item 4 |  |
| Item 5 |  |
| Item 6 |  |
| Item 7 |  |
| Item 8 |  |
| Item 9 |  |
| Item 10 |  |
| Item 11 |  |
| Item 12 |  |
| Item 13 |  |
| Item 14 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | ***Containers (if applicable)*** | |
| ***Number*** | ***Size*** |
| Item 1 |  |  |  |  |
| Item 2 |  |  |  |  |
| Item 3 |  |  |  |  |
| Item 3 |  |  |  |  |
| Item 4 |  |  |  |  |
| Item 5 |  |  |  |  |
| Item 6 |  |  |  |  |
| Item 8 |  |  |  |  |
| Item 9 |  |  |  |  |
| Item 10 |  |  |  |  |
| Item 11 |  |  |  |  |
| Item 12 |  |  |  |  |
| Item 13 |  |  |  |  |
| Item 14 |  |  |  |  |

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 D: Technical Bid Form (Lot-3)**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section IV: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

1. **Technical specifications for Goods and Comparative Data Table**

**LOT 3: Diagnostic & Treatment Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No** | **UNOPS minimum technical requirements** | **Qty** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| 1 | **Weighing scale (Adult)** | **16 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Adult Weighing Scale with Height | ☐ Yes ☐ No | Insert details of goods offered |
| Digital Scale with Height Rod | ☐ Yes ☐ No | Insert details of goods offered |
| Digital display | ☐ Yes ☐ No | Insert details of goods offered |
| Capacity: 300 kg or more | ☐ Yes ☐ No | Insert details of goods offered |
| Units: kg, lbs | ☐ Yes ☐ No | Insert details of goods offered |
| Graduation: 100 g or less | ☐ Yes ☐ No | Insert details of goods offered |
| Platform Size: 11.5" x 3" x 11.80"450 lb or more | ☐ Yes ☐ No | Insert details of goods offered |
| An anti-tilt cast iron base | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |
| One year warranty including preventive, curative maintenance and spare parts | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | **Weighing scale (Child)** | **16 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Digital Scale with the length for a child | ☐ Yes ☐ No | Insert details of goods offered |
| Capacity: 45 lbs / 20 kg (at least) | ☐ Yes ☐ No | Insert details of goods offered |
| Graduation: 5 g or better | ☐ Yes ☐ No | Insert details of goods offered |
| Digital display | ☐ Yes ☐ No | Insert details of goods offered |
| Dimension of baby tray: 600 x 280 x 90 mm (or more) | ☐ Yes ☐ No | Insert details of goods offered |
| Weight: 3.4 kg (at least) | ☐ Yes ☐ No | Insert details of goods offered |
| Length measuring range: 400 - 800 mm (minimum range) | ☐ Yes ☐ No | Insert details of goods offered |
| Graduation: 2mm or less | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |
| One year warranty including preventive, curative maintenance and spare parts | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | **Suction Machine** | **8 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Electric Suction Machine | ☐ Yes ☐ No | Insert details of goods offered |
| Max negative pressure: ≥0.09MPa (680mmhg) | ☐ Yes ☐ No | Insert details of goods offered |
| Noise:≤ 65 dB (A) | ☐ Yes ☐ No | Insert details of goods offered |
| Power supply: 200-240VAc/50Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Max continuous working time: 30-40 minutes (minimum) | ☐ Yes ☐ No | Insert details of goods offered |
| Pumping/Flow rate: Terminal ≥20L/min, Exit ≥ 30 L/min | ☐ Yes ☐ No | Insert details of goods offered |
| Reservoir capacity: 2500mL/pc, 2 pieces (or more) | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate |  |  |  |
| Certification: ISO 13485 |  |  |  |
| One year warranty including preventive, curative maintenance and spare parts |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | **LED Examination Lamp (Angle poised lamp)** | **16 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| LED Examination Lamp (Angle poised lamp) | ☐ Yes ☐ No | Insert details of goods offered |
| - Light source: LED - Source of light oriented to limitless positions | ☐ Yes ☐ No | Insert details of goods offered |
| Electric supply: 220-230V 50/60Hz | ☐ Yes ☐ No | Insert details of goods offered |
| - Cable length 150cm (at least) | ☐ Yes ☐ No | Insert details of goods offered |
| Configuration: rolling wheels -with at least 3 of them brakes | ☐ Yes ☐ No | Insert details of goods offered |
| - Adjustable height Spiral to be fixed into different positions should be possible | ☐ Yes ☐ No | Insert details of goods offered |
| - Illumination 15000 -20000 Lux to 50cm (at least) | ☐ Yes ☐ No | Insert details of goods offered |
| Electrostatic powder coated metal structure | ☐ Yes ☐ No | Insert details of goods offered |
| Chrome-nickel plated mechanism | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |
| One year warranty including preventive, curative maintenance and spare parts | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | **Neonatal Resuscitation kit** | **8 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Neonate resuscitator, Foot suction, Silicone facemasks, Silicone airways, Laryngoscope with a set of blades, and Kitbag | ☐ Yes ☐ No | Insert details of goods offered |
| \*Capacity: 240 ml with 40 cm H²O Pop-Off Valve | ☐ Yes ☐ No | Insert details of goods offered |
| \*Reservoir Bag 600 ml | ☐ Yes ☐ No | Insert details of goods offered |
| \*Laryngoscope-infant - With 0,1 No. Millar Blades | ☐ Yes ☐ No | Insert details of goods offered |
| \*Guedel Airways -00, 0, 1 No. | ☐ Yes ☐ No | Insert details of goods offered |
| \*Silicone Face Mask- 0, 1 No. | ☐ Yes ☐ No | Insert details of goods offered |
| \*Oxygen Reservoir Bag with Valve | ☐ Yes ☐ No | Insert details of goods offered |
| \*Oxygen Tube | ☐ Yes ☐ No | Insert details of goods offered |
| \*Hand Suction or foot suction | ☐ Yes ☐ No | Insert details of goods offered |
| \*Laryngeal Mask Airway & E.T. Tube | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | **Manual Vacuum Aspiration (MVA) kit** | **8 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| MTP Syringe / MVA Kit: DOUBLE VALVE / SINGLE VALVE MTP | ☐ Yes ☐ No | Insert details of goods offered |
| The syringe is used for the Manual Aspiration procedure. | ☐ Yes ☐ No | Insert details of goods offered |
| \*Single-valve Syringe 24.5cm length, 3cm diameter, 60ml volume, 375 mmHg vacuum | ☐ Yes ☐ No | Insert details of goods offered |
| \*MVA Flexible Cannula: Made from non-toxic plastic, Smooth catheter surface, Rounded Tip, Smooth edged eye/eyes near the tip for trauma free insertion, Cannula sizes: 4mm – 12mm | ☐ Yes ☐ No | Insert details of goods offered |
| Length: 22-23 cm | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | **Sphygmomanometer (Mercury Sphygmomanometer)** | **16 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Mercury Sphygmomanometer | ☐ Yes ☐ No | Insert details of goods offered |
| Type: Manual sphygmomanometer | ☐ Yes ☐ No | Insert details of goods offered |
| Cuff size: Extra-large adult, Large adult, paediatric, and thigh sizes | ☐ Yes ☐ No | Insert details of goods offered |
| Accuracy: +/- 3 mmHg (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Range: 0-300 mmHg (minimum range) | ☐ Yes ☐ No | Insert details of goods offered |
| Inflation: Manual inflation bulb | ☐ Yes ☐ No | Insert details of goods offered |
| Deflation: Screw-type valve | ☐ Yes ☐ No | Insert details of goods offered |
| Gauge: Easy-to-read 60 mm dial (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Calibration: Individually tested and calibrated to ensure accuracy | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | **Stethoscope** | **16 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| PROFESSIONAL STETHOSCOPE: | ☐ Yes ☐ No | Insert details of goods offered |
| Excellent for general auscultation and blood pressure | ☐ Yes ☐ No | Insert details of goods offered |
| -Lightweight chest pieces with nonchill rims | ☐ Yes ☐ No | Insert details of goods offered |
| -Chrome-plated, flat diaphragm chest piece | ☐ Yes ☐ No | Insert details of goods offered |
| -Rotatable binaural | ☐ Yes ☐ No | Insert details of goods offered |
| -Flexible single-channel tubing | ☐ Yes ☐ No | Insert details of goods offered |
| -Adult version only | ☐ Yes ☐ No | Insert details of goods offered |
| -Not made with natural rubber latex 2 | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | **Dental Sinus Lift Instruments** | **6 Sets** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Sinus Lift Instruments Set of 12 Pieces (at least) | ☐ Yes ☐ No | Insert details of goods offered |
| Implant Dental Dentistry Double-Ended Instruments | ☐ Yes ☐ No | Insert details of goods offered |
| Material: Stainless Steel AISI 410 - AISI 420 - AISI 304 | ☐ Yes ☐ No | Insert details of goods offered |
| Highly resistant to corrosion and rust. | ☐ Yes ☐ No | Insert details of goods offered |
| Fully autoclavable/reusable. Carrying case | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | **Dental Ultrasonic scaler** | **4 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Ultrasonic scaler with auto-water supply  Water supply: Auto-water supply Foot control pedal or switch Hand piece: Metal Scaler Power Input: AC 100~240V 50/60Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Function: Scaling, Perio, Endo irrigation | ☐ Yes ☐ No | Insert details of goods offered |
| Receiving sensitivity: -114Db (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| The vibration frequency of the tip: 25~31KHz (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Primary vibration excursion of the tip: ≤ 100μm (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Output half-excursion: < 2N (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Ultrasonic output power: 3W~20W (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Water pressure: 0.01MPa~0.05MPa (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

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| --- | --- | --- | --- | --- |
| 11 | **Otoscope (Handheld)** | **10 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Handheld Fiber optic otoscope with port for pneumatic testing, fiber optic illumination | ☐ Yes ☐ No | Insert details of goods offered |
| Power Source: Electric | ☐ Yes ☐ No | Insert details of goods offered |
| Current (Battery): 2 AA batteries | ☐ Yes ☐ No | Insert details of goods offered |
| Material: Steel | ☐ Yes ☐ No | Insert details of goods offered |
| Type: Visual Acuity Examination Apparatus | ☐ Yes ☐ No | Insert details of goods offered |
| Function: triple magnification | ☐ Yes ☐ No | Insert details of goods offered |
| Tips: 2.4mm 3mm 4mm 5mm | ☐ Yes ☐ No | Insert details of goods offered |
| Product Warranty: Two years Warranty | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with a set of 250 tips of each size | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

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| --- | --- | --- | --- | --- |
| 12 | **Ear syringe** | **10 Pcs** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Ear syringe metallic complete with an automatic plunger, four tips, plate, and two-way valve system in a plastic case | ☐ Yes ☐ No | Insert details of goods offered |
| Stainless Steel Operating Surgical Instruments | ☐ Yes ☐ No | Insert details of goods offered |
| Material: Stainless Steel, | ☐ Yes ☐ No | Insert details of goods offered |
| Power Source: Hydraulic | ☐ Yes ☐ No | Insert details of goods offered |
| Corrosion Resistant | ☐ Yes ☐ No | Insert details of goods offered |
| Reusable | ☐ Yes ☐ No | Insert details of goods offered |
| Warranty: 3 years | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with a set of 100 tips. | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

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| --- | --- | --- | --- | --- |
| 13 | **Laryngoscope** | **6 Sets** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| LARYNGOSCOPE SET | ☐ Yes ☐ No | Insert details of goods offered |
| BL. 1-2-3-4 – adult standard rechargeable sets (handle + blades) with standard 2.5 V vacuum bulb, | ☐ Yes ☐ No | Insert details of goods offered |
| \*full range of McIntosh & Miller blades | ☐ Yes ☐ No | Insert details of goods offered |
| \*latex free, 2.5 V handles work with both alkaline batteries or rechargeable batteries | ☐ Yes ☐ No | Insert details of goods offered |
| \*light transmission: 3,000~3,500 LUX with 2.5 V handles (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| \*Autoclavable up to 134° for 5 minutes (approx. 2,000 times and non-magnetic blades) (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Warranty: 3 years | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with a transportation case | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

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| --- | --- | --- | --- | --- |
| 14 | **Diagnostic Set** | **38 Sets** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Diagnostic Set including ophthalmoscope & Otoscope | ☐ Yes ☐ No | Insert details of goods offered |
| - with handle, bulb, head, and colour-coded lenses | ☐ Yes ☐ No | Insert details of goods offered |
| -Xenon 25V Bulb | ☐ Yes ☐ No | Insert details of goods offered |
| specula: Reusable specula (2.5 / 3.5 / 4.5 / 5.5 / 9.0mm) | ☐ Yes ☐ No | Insert details of goods offered |
| Single-use specula: 7 x 2.5mm and 7 x 4.00mm | ☐ Yes ☐ No | Insert details of goods offered |
| \*Spare bulbs for ophthalmoscope & otoscope | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with a transport case and a set of 250pcs (single use) specula and 250pcs single use of otoscope tips | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

1. **Related services – Installation, end users training, and commissioning.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/ lot** | **Description of the services** | **Qty** | **Unit** | **Is Bid compliant?** Bidder to complete | **Details of Services offered.** Bidder to complete |
| 1. | Weighing scale (Adult) | 16 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 2. | Weighing scale (Child) | 16 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 3. | Suction Machine | 8 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 4 | LED Examination Lamp (Angle poised lamp) | 16 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 5 | Neonatal Resuscitation kit | 8 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 6 | Manual Vacuum Aspiration (MVA) kit | 8 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 7 | Sphygmomanometer (Mercury Sphygmomanometer) | 16 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 8 | Stethoscope | 16 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 9 | Dental Sinus Lift Instruments | 6 | Sets | ☐ Yes ☐ No | Insert details of goods offered |
| 10 | Dental Ultrasonic scaler | 4 | Sets | ☐ Yes ☐ No | Insert details of goods offered |
| 11 | Otoscope (Handheld) | 10 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 12 | Ear syringe | 10 | Pcs | ☐ Yes ☐ No | Insert details of goods offered |
| 13 | Laryngoscope | 6 | Sets | ☐ Yes ☐ No | Insert details of goods offered |
| 14 | Diagnostics Set | 38 | Sets | ☐ Yes ☐ No | Insert details of goods offered |

1. **Delivery requirements and Comparative Data Table:**

|  |  |  |  |
| --- | --- | --- | --- |
| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| **Delivery time** | Bidder shall deliver the goods **within 10 Weeks** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | **CIF Incoterm 2020 Lagos Port of Entry, Nigeria**  **or**  **CPT Nnamdi Azikiwe International Airport, Abuja, Nigeria**  **Kindly note, you are to submit quotes for both Incoterms mentioned in this tender** | ☐ Yes ☐ No | Insert details |
| **Consignee details** | United Nations Office for Project Services (UNOPS), Nigeria | ☐ Yes ☐ No | Insert 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 ITB. | ☐ Yes ☐ No | Insert details |

1. **Inspections and tests**

The following inspections and tests shall be performed:

The goods will be inspected and tested by the consignee upon receipt of the goods at the at the delivery place. If any of the goods failed to meet the consignee minimum requirement as per the section II – Schedule of Requirement, the goods will be rejected and return to the supplier at the supplier own cost, and payment will not be made to the supplier until such goods are delivered

**Related services requirements**

[Provide details of how these services will be provided here]

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

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

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

**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 bid and bind [***insert full name of bidder***] should UNOPS accept this bid:

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

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

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

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

**Form E: Manufacturer’s Authorization Form (Lot-3)**

A letter issued by the manufacturer authorizing the applicant to participate in this particular ITB 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.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: UNOPS

**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 4.5 of the General Conditions of Contract for the Provision of 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 F: Performance Statement Form (Lot-3)**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Order placed by [Full address of purchaser]** | **Order no. & date** | **Description & quantity of ordered items** | **Value of order** | **Date of completion of delivery** | | **Remarks indicating reasons of late delivery, if any** | **Was the supply of goods satisfactory?** |
| **As per Contract** | **Actual** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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

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

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

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

**DRIVE Supplier Sustainability Questionnaire**

**Included in the eSourcing Platform**

**Section VI: Contract Forms**

**VI-1: UNOPS General Conditions of Contract**

In the event of a Contract, the following General Conditions of Contract will apply:

* UNOPS General Conditions of Contract for the provision of Goods

The conditions are available at: <https://www.unops.org/business-opportunities/how-we-procure>

**VI-3: UNOPS sample contract for [add contract type]**

The sample: **Contract for Supply of Goods** template is included in this ITB by this reference and is attached as a separate Pdf document.