**Section III: Returnable Bidding Forms**

**eSourcing reference**: RFQ/2025/55563

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.

**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:

* We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
* 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;
* 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 I: Instructions to Bidders, please disclose it here];;
* 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;
* 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;
* We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
* 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;
* 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.

RFQ reference no: RFQ/2025/55563

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

| **Item No** | **Description** | **Qty** | **Unit price DAP** | **Total price DAP** |
| --- | --- | --- | --- | --- |
| 1. | **Mobile Digital X-Ray System**  **As per the below Specifications and requirements** | 1 | insert | insert |
| 2. | **Other cost:** |  | insert | insert |
| **Total Price (USD)** | | | |  |

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.

* \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:RFQ/2025/55563

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section II: Schedule of Requirements to demonstrate compliance with UNOPS requirements and inserted 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.

**Technical specifications for goods – Comparative Data Table**

**Specify Brand Offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Item No** | **UNOPS minimum technical requirements** | **Quantity** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| 1. | **Mobile Digital X-Ray System**  **As per the below Specifications and requirements** | 1 | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Functional and Technical Specifications:** | | | | |
|  | * Advanced digital motorized mobile radiographic system | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * AI-driven image processing and clinical decision support | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Rugged and maneuverable | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Collapsible column | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Patient Barcode reader, Cordless Hand switch | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Please state system dimensions | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * RFID Badge reader, | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Generator & X-Ray tube** | | | | |
|  | * Power Output: 30kW at least | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Tube Current: 300 mA | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * kVp controls: 50 – 125 ±1 kVp increments | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * mAs controls: 0.2 – 630 mAs | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Frequency: >100 kHz | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Focal Spot: 0.6mm/ 1.2 mm | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Anode rotation speed: 3200 rpm | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * X-ray tube current: Large focus 500mA, Small focus 200mA | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Tube Voltage Nominal: 40-150 kV | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Anode heat units: 140 kHU maximum | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Column rotation: ± 270° | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Focal spot range from 62.5 cm to 200 cm | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Tube overload protection | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Wireless Flat Panel Detector** | | | | |
|  | * Detector type: Amorphous silicon with a Cesium Iodide (CSI) scintillator, single panel | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * One detector (Neonate) | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Active matrix: 2.5k x 3k pixels | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Weight of detector: less than 1.8kg | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Lithium ion battery with battery status indicator on the detector | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Number of batteries: 2 | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Battery operating time: 2 hours or more | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Please state battery charging time, number of exposures per battery charge | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Pixel size: 100 μm | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Limiting resolution: 5 lp/mm | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Wireless interface: 802.11n, 5 Ghz | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Ethernet interface: 1000 Mbps | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Wired connection | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Workstation** | | | | |
|  | * Computer based acquisition workstation with fully digital control panel | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Integrated flat panel monitor screen size: 19-21-inch capacitive touch screen | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Patient orientation feature to match detector position image display and DICOM header | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Multiple set of predefined and customizable image processing parameters for each anatomy, view, and patient size combination | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Multi-resolution processing for image enhancement | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Advanced Noise Reduction that reduces image noise while preserving detail | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * EMI reduction algorithm to reduce potential artefacts | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Tissue equalization algorithm | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Smart Windowing algorithm | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Intelligent Collimation Edge Detection | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Image storage capacity >5,000 uncompressed images | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Image processing time: less than 3 seconds | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Please state boot time | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Dose area product meter included | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Collimator** | | | | |
|  | * Consists of 2 sets of blades controlled via lateral and longitudinal knobs | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Light Field: LED lamp, automatic shut-off, configurable from 0 to 90 secs | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Brightness: 180 lux with DAP meter | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Collimator rotation: ±180° with detents at -180°, -90°, 0, +90°, and +180° | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Network** | | | | |
|  | * Fully DICOM 3.0 compatible with all standard DICOM specifications, with interface to hospital RIS/PACS network/system | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * CD/DVD -ROM, USB port | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Drive** | | | | |
|  | * Battery operated, self-propelled | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Battery type: Lead acid | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Charging time: 4.5 hours or less to go from 0% to 100% | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Power input: 100-240 V, 50/60 Hz | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Accessories** | | | | |
|  | * Light weight apron for adults. Size: Large | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **General** | | | | |
|  | * VCE and FDA approved | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Complete with all accessories and consumables needed to work completely as specified. | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Country of origin should be clear in the offer. | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Onsite application training for user | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * 3 years warranty from successful installation and operation | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Commitment from the manufacturer for the availability of spare parts for 10 years from equipment purchase date | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Service training for one engineer at the manufacturer’s premises | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * Soft copy & Hard copy of Service and operator Manuals included | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * A valid Manufacturer Authorization Letter is included | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * A commitment to conduct Preventive Maintenance during the warranty period as per the manufacturer recommendations | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | * References on same model offered | | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |

**Delivery requirements –– Comparative Data Table**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 3 - 4 months after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Red Crescent Society Hospital -PRCS in in Jerusalem | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Red Crescent Society Hospital -PRCS in  Jerusalem | ☐ Yes ☐ No | Insert details |
| **Export/Import licenses** | The supplier is responsible for obtaining at its own risk and expenses any export/import licenses or other official authorization and carry out all customs formalities necessary for the export/import of the goods.  Bidders shall explain their approach.  UNOPS will be only responsible for obtaining the approvals on tax exemption from the relevant authorities. | ☐ Yes ☐ No | Insert details |
| **Import Requirement** | Supplier shall not deliver the products before receiving written instructions from UNOPS, and  No Shipment is allowed before proper approval of tax exemption  documents from relevant authorities. | ☐ 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 +/- **100%,** without any change in the unit prices or other terms and conditions of the ITB. | ☐ Yes ☐ No | Insert details |

**0**

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: :RFQ/2025/55563

Name of Bidder: [insert name of Bidder]

List similar contracts within the last three (3) years your company completed successfully for the same required products.

| **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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_