

## REQUEST FOR QUOTATION (RFQ)

RFQ Reference: 4200518835

Date: 27 August 2023

### **SECTION 1: REQUEST FOR QUOTATION (RFQ) for the provision of Medicines, medical supplies, and equipment for medical teams in south Libya**

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods, works and/or services as detailed in Annex 1 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 3: Technical and Financial Offer

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using **Annex 2: Quotation Submission Form and Annex 3 Technical and Financial Offer**, by the method and by the date and time indicated. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

Thank you and we look forward to receiving your quotations.

Approved by:

Name: Procurement Team

Title: Libya Procurement Team

Date: 27 August 2023

## SECTION 2: RFQ INSTRUCTIONS AND DATA

<b>Deadline for the Submission of Quotation</b>	<p><b>07 Sep 2023</b></p> <p>If any doubt exists as to the time zone in which the quotation should be submitted, refer to <a href="http://www.timeanddate.com/worldclock/">http://www.timeanddate.com/worldclock/</a>.</p>
<b>Method of Submission</b>	<p>Quotations must be submitted as follows:</p> <p><input type="checkbox"/> E-tendering  <input checked="" type="checkbox"/> Email  <input type="checkbox"/> Courier / Hand delivery  <input type="checkbox"/> Other</p> <p>Bid submission address: <a href="mailto:iomlibyaproposal@iom.int">iomlibyaproposal@iom.int</a></p> <ul style="list-style-type: none"> <li>▪ File Format: PDF</li> <li>▪ File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard.</li> <li>▪ All files must be free of viruses and not corrupted.</li> <li>▪ Max. File Size per transmission: 25MB</li> <li>▪ Mandatory subject of email: <b>4200518835 _Company name</b></li> <li>▪ Multiple emails must be clearly identified by indicating in the subject line “email no. X of Y”, and the final “email no. Y of Y”.</li> <li>▪ It is recommended that the entire Quotation be consolidated into as few attachments as possible.</li> <li>▪ The proposer should receive an email acknowledging email receipt.</li> </ul>
<b>Cost of preparation of quotation</b>	<p>IOM shall not be responsible for any costs associated with a Supplier’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.</p>
<b>Supplier Code of Conduct</b>	<p>All prospective suppliers must read the UN Supplier Code of Conduct and acknowledge that it provides the minimum standards expected of suppliers to the UN. The Code of Conduct, which includes principles on labour, human rights, environment and ethical conduct may be found at: <a href="http://ungm.org">Supplier Code of Conduct (ungm.org)</a>.</p>
<b>Conflict of Interest</b>	<p>UN encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ.</p>
<b>General Conditions of Contract</b>	<p>Any Purchase Order or contract that will be issued as a result of this RFQ shall be subject to the IOM General Conditions of Contract for provision of goods/services/transportation/medical services available at <a href="https://www.iom.int/do-business-us-procurement">https://www.iom.int/do-business-us-procurement</a>.</p>
<b>Eligibility</b>	<p>Local bidders registered in Libya have the legal capacity to enter into a binding contract with IOM and Should have Libyan license and registration (MoH).</p>
<b>Currency of Quotation</b>	<p>Quotations shall be quoted in USD</p>
<b>Duties and taxes</b>	<p>The International Organization for Migration is exempt from all direct taxes, except charges for public utility services, and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below:</p> <p>All prices shall:</p> <p><input type="checkbox"/> be inclusive of VAT and other applicable indirect taxes</p>

	<input checked="" type="checkbox"/> be exclusive of VAT and other applicable indirect taxes
<b>Language of quotation and documentation including catalogues, instructions and operating manuals</b>	English
<b>Documents to be submitted</b>	Bidders shall include the following documents in their quotation: <input checked="" type="checkbox"/> Annex 2: Quotation Submission Form duly completed and signed <input checked="" type="checkbox"/> Annex 3: Technical and Financial Offer duly completed and signed and in accordance with the Schedule of Requirements in Annex 1 <input type="checkbox"/> Other
<b>Quotation validity period</b>	Quotations shall remain valid for 60 days from the deadline for the Submission of Quotation.
<b>Price variation</b>	No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted at any time during the validity of the quotation after the quotation has been received.
<b>Partial Quotes</b>	<input type="checkbox"/> Not permitted <input checked="" type="checkbox"/> Permitted
<b>Payment Terms</b>	<input checked="" type="checkbox"/> 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation. <input type="checkbox"/> Other
<b>Contact Person for correspondence, notifications and clarifications</b>	Focal Person: Procurement Team E-mail address: iomlibyaproposal@iom.int
<b>Clarifications</b>	Requests for clarification from bidders will not be accepted any later than 4 days before the submission deadline. Responses to request for clarification will be communicated through email by 30 August 2023
<b>Evaluation method</b>	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other
<b>Evaluation criteria</b>	<input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 1 <input checked="" type="checkbox"/> Full acceptance of the General Conditions of Contract <input checked="" type="checkbox"/> Comprehensiveness of after-sales services <input checked="" type="checkbox"/> Earliest Delivery /shortest lead time <input checked="" type="checkbox"/> Others <i>-Eligible Interested vendors and suppliers who will pass the vendor eligibility could be asked to present a physical sample delivered to IOM-Libya office (Hal Al Kuwait , Janzour)</i>
<b>Right not to accept any quotation</b>	IOM is not bound to accept any quotation, nor award a contract or Purchase Order
<b>Right to vary requirement at time of award</b>	At the time of award of Contract or Purchase Order, IOM reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum 40% of the total offer, without any change in the unit price or other terms and conditions.
<b>Type of Contract to be awarded</b>	Purchase Order
<b>Expected date for contract award.</b>	30 September 2023
<b>Policies and procedures</b>	This RFQ is conducted in accordance with Policies and Procedures of IOM
<b>UNGM registration</b>	IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at <a href="http://www.ungm.org">www.ungm.org</a> . The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award of USD 100,000 and above, the Bidder is recommended to register on the UNGM

	prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has implemented an assisted vendor registration functionality that allows IOM procurement personnel to add local vendors to the UNGM.
<b>Samples</b>	Where required as per Section 5: Schedule of Requirements, free, non-returnable samples shall be provided by the bid submission deadline for evaluation and testing by IOM or their representative, of the item and/or the packing and packaging, prior to any award. Samples will be subject to technical review and laboratory analysis where appropriate. Samples provided to IOM are non-returnable unless otherwise stated. Samples should be marked with the ITB number. If a bidder fails to provide samples or documents requested by IOM in a timely manner, IOM may declare the bid unsuccessful.

### ANNEX 1: SCHEDULE OF REQUIREMENTS

#### Technical Specifications for Goods:

Item No	Minimum technical requirements	Unit	Quantity
1	Albendazol 400mg Tablets	Pack of 1 Tablet	30
2	Amaryl 2mg (Glimepiride) Tablet	Pack of 30 Tab	130
3	Amaryl 6mg (Glimepiride) Tablet	Pack of 30 Tab	130
4	Amlodipine 5mg Tablet	Pack of 28 Tablet	250
5	Amlodipine 10mg Tablet	Pack of 28 Tablet	250
6	Antacid oral suspension Sachets	10 ml sachet	2400
7	Aspirin 75 mg Tablet	Pack of 56 Tab	150
8	Augmentin 156 mg/5ml	Bottle 100 ml	90
9	Augmentin 1g Tablet	Pack of 14 Tab	250
10	Azithromycin 500mg Tablet	Pack of 3 Tab	250
11	Bisoprolol fumarate 5mg Tablet	Pack of 28 Tab	50
12	Candesartan cilexetil 16 mg/Hydrochlorothiazide 12.5 mg Tablet	Pack of 30 Tab	100
13	Carbimazole 5 mg tablet	Pack of 100 Tab	10
14	Cefixime 400 mg Capsule	Pack of 5 Cap	120
15	Ceftriaxone 1g IM/IV	Pack of 1 Vial	250

<b>16</b>	Chlorpheniramine Syrup 2mg/5ml	Bottle 100 ml	100
17	Ciprofloxacin 500mg Tablet	Pack of 10 Tab	350
18	Ciprofloxacin hydrochloride 0.3% eye/ear drops	Bottle 10ml	100
<b>19</b>	Clopidogrel 75 mg Tablet	Pack of 28 Tab	30
20	Diamicron (Gliclazide) 60mg MR Tablet	Pack of 30 Tab	100
21	Diclofenac Sodium 1% Gel	30 g Gel Tube	400
<b>22</b>	Diclofenac Sodium 50 mg Tablet (Really extra)	Pack of 10 Tab	1000
23	Diclofenac Sodium 75mg/3ml Injection	Pack of 5 Amp	50
24	Eucarbon Tablet	Pack of 20 Tab	100
<b>25</b>	Folic Acid 5mg Tablet	Pack of 28 Tab	150
26	Fucicort (Fusidic acid 20mg/g and betamethasone valerate 0.1% ) ointment	15g Tube	225
27	Gentamicin 0.3% eye drops	Singel Pack	100
<b>28</b>	Glibenclamide 5mg Tablet	Pack of 60 Tab	120
29	Hydrocortisone 100mg Vial	Vial	60
30	Hyoscine Butylbromide 10 mg Tablet	Pack of 20 Tab	300
<b>31</b>	Ibuprofen 400mg Film Coated	Pack of 24 Tab	250
32	Insulin NovoRapid Penfill 100 units/ml	3 ml Pen	60
33	Insulin Lantus 100 IU/ml, Solution for Injection	3ml Pen	60
<b>34</b>	Levothyroxine 50 mcg Tablet	Pack of 50 Tab	100
35	Levothyroxine 100 mcg Tablet	Pack of 50 Tab	100
36	Librax Tablet (5 mg chlordiazepoxide /2.5 clidinium bromide	Pack of 30 Tab	250
<b>37</b>	Lisinopril 10mg Tablet	Pack of 28 Tab	70
38	Mebo Cream (25%w/w B-sitosterol)	15 g Tube	100
39	Metformin 500 Mg Tablet	Pack of 30 Tab	250
<b>40</b>	Metformin 850 Mg Tablet	Pack of 30 Tab	250
41	Metronidazole 500mg Tablet	Pack of 20 Tab	150
42	Multivitamins Children's Syrup	Bottle 100 ml	120
<b>43</b>	Nefopam 20mg/2 ml injection	Pack of 5 Amp	5

44	Omeprazole 40 mg Vial	Pack of 1 vial	150
45	Osteocare tablet (Calcium and minerals )	Pack of 30 Tab	150
46	Paracetamol 125mg Syrup	Bottle 100 ml	175
47	Paracetamol 500 mg Tablet	Pack of 100 Tab	250
48	Prisoline eye drops	15 ml Dropper Bottle	150
49	Rhinostop Tablet	Pack of 20 Tab	250
50	Tamsulosin 0.4mg Tab	Pack of 30 Tab	60
51	Telmisartan 80 mg /12.5 mg hydrochlorothiazide	Pack of 28 tab	150
52	Tobradex eye drops	Singel Pack	60
53	Trio - Clar Capsule ( Clarithromycin 500 mg + Tinidazole 500 mg + Omeprazole 20 mg )	Pack of 42 Cap	60
54	Trifed Syrup	Bottle 100 ml	200
55	Uricol Sachet	Pack of 12 sach	400
56	Vitamin B complex Tablet	Pack of 30 Tab	250
57	Vitamine B complex IM injection	Pack of 5 Amp	100
58	Vitamin C (Ascorbic Acid) 500mg	Pack of 20 Tab	600
59	Vitamin D 50000 IU	Pack of 15 Tab	150
60	Xylometazoline 0.05% nasal drops	Singel Pack	120
61	Xylometazoline 0.1% nasal drops	Singel Pack	120
62	Foley Catheter, 100% Silicone, 18 Fr	EA	30
63	400 Liters single glass Door Pharmacy Refrigerator. Stainless steel/Aumlnum plate. four Casters. Input Voltage: 220- 240V/50Hz Dimensions: 680 x 735 x 1756mm (W x D x H)Multi air flow system, Adjustable spill-proof shelves. Temprature Range 2°C~8°C. Audible and visual alarms, Led light	EA	1
64	Decal B12 Syrup (Calcium:-Vitamin D3- Vitamin B12) .	Bottle of 120 ml	60
65	Janumet (Sitagliptin and Metformin) 50/1000 tablet	Pack of 56 Tab	30
66	Janumet (Sitagliptin and Metformin) 50/500 tablet	Pack of 56 Tab	30

67	Vitamin D drops 400 IU	Bottle of 30 ml	50
68	Mometasone Furoate 50mcg spray	120 Nasal Spray	30
69	Skinoren cream Azelaic Acid 20 %.	Tube of 30 Gram	30
70	Minor surgical kit. All tools are made from high-grade surgical stainless steel (TC Olsen Hager Needle Holder 5.5" (14cm)+ TC Mayo Scissors 5.5" (14cm) +Kelly Forceps 5.5" (14cm) Straight+Kelly Forceps 5.5" (14cm) Curved+Adson Forceps 4.75" (12cm)+Adson Forceps 1x2 Teeth 4.75" (12cm)+Mosquito Forceps 5" (12.5cm) Straight+Mosquito Forceps 5" (12.5cm) Curved+Iris Scissors 4.5" (11.4cm)+Spencer Scissors 4.5" (11.4cm)+Dressing Forceps 6.25" (16cm)+Scalpel Handle # 3+Scalpel Handle # 4	EA	1
71	Transportation to Sabha	EA	1

#### Delivery Requirements

Delivery Requirements	
<b>Delivery date and time</b>	Bidder should address their delivery on ANNEX 3
<b>Delivery Terms (INCOTERMS 2020)</b>	DAP
<b>Customs clearance (must be linked to INCOTERM)</b>	<input type="checkbox"/> Not applicable Shall be done by: <input type="checkbox"/> Name of organisation <input checked="" type="checkbox"/> Supplier/bidder <input type="checkbox"/> Freight Forwarder
<b>Exact Address(es) of Delivery Location(s)</b>	IOM office Sabha
<b>Distribution of shipping documents (if using freight forwarder)</b>	N/A
<b>Packing Requirements</b>	As per information provided on above table
<b>Training on Operations and Maintenance</b>	N/A
<b>Warranty Period</b>	<b>-All Medicines must have min 18 Months Shelf life; expiration date must exceed 18 months at the date of delivery.</b> <b>-All Medical equipment must have at least 1-year warranty.</b>
<b>After-sales service and local service support requirements</b>	N/A
<b>Preferred Mode of Transport</b>	Land
<b>Other information</b>	N/A

## ANNEX 2: QUOTATION SUBMISSION FORM

*Bidders are requested to complete this form, including the Company Profile and Bidder's Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. 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.*

Name of Bidder:		
RFQ reference:	4200518835	Date:

### BIDDER'S DECLARATION OF CONFORMITY<sup>1</sup>

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I hereby represent and warrant that neither the vendor, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor is financially sound and duly licensed.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor complies with all applicable laws, ordinances, rules and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will in all circumstances act in the best interests of IOM.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the vendor any direct or indirect benefit arising from the contract.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has not misrepresented or concealed any material facts during the contracting process.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will respect the legal status, privileges and immunities of IOM as an intergovernmental organization.



<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that neither the vendor nor any persons having powers of representation, decision-making or control over the vendor or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the "UN Sanctions List") or are the subject of any sanctions or other temporary suspension. The vendor will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that, the vendor will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition and transparency, and will avoid any conflict of interest.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor undertakes to comply with the Code of Conduct, available at <a href="https://www.unhcr.org/Public/CodeOfConduct">https://www.unhcr.org/Public/CodeOfConduct</a> .
<input type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the vendor to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I certify that I am duly authorized to sign this Declaration and on behalf of the vendor I agree to abide by the terms of this Declaration for the duration of any contract entered into between the vendor and IOM.
<input type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the vendor, with immediate effect and without liability, in the event of any misrepresentation made by the vendor in this Declaration.

Signature: \_\_\_\_\_ Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

<sup>1</sup> This form is mandatory to fill in and sign by every vendor who submits quotation.

### ANNEX 3: TECHNICAL AND FINANCIAL OFFER - GOODS

Bidders are requested to complete this form, sign it and return it as part of their bid along with Annex 2: Quotation Submission Form. 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.

Name of Bidder:		
RFQ reference:	4200453216	Date:
Please send pictures as samples or provide full items details in text to evaluate your proposal		

Currency of the Quotation: USD						
INCOTERMS: DAP						
Item No	Description	Unit	Qty	Delivery Time	Unit price	Total price
1	Albendazol 400mg Tablets	Pack of 1 Tablet	30			
2	Amaryl 2mg (Glimepiride) Tablet	Pack of 30 Tab	130			
3	Amaryl 6mg (Glimepiride) Tablet	Pack of 30 Tab	130			
4	Amlodipine 5mg Tablet	Pack of 28 Tablet	250			
5	Amlodipine 10mg Tablet	Pack of 28 Tablet	250			
6	Antacid oral suspension Sachets	10 ml sachet	2400			
7	Aspirin 75 mg Tablet	Pack of 56 Tab	150			
8	Augmentin 156 mg/5ml	Bottle 100 ml	90			
9	Augmentin 1g Tablet	Pack of 14 Tab	250			
10	Azithromycin 500mg Tablet	Pack of 3 Tab	250			
11	Bisoprolol fumarate 5mg Tablet	Pack of 28 Tab	50			
12	Candesartan cilexetil 16 mg/Hydrochlorothiazide 12.5 mg Tablet	Pack of 30 Tab	100			

13	Carbimazole 5 mg tablet	Pack of 100 Tab	10			
14	Cefixime 400 mg Capsule	Pack of 5 Cap	120			
15	Ceftriaxone 1g IM/IV	Pack of 1 Vial	250			
16	Chlorpheniramine Syrup 2mg/5ml	Bottle 100 ml	100			
17	Ciprofloxacin 500mg Tablet	Pack of 10 Tab	350			
18	Ciprofloxacin hydrochloride 0.3% eye/ear drops	Bottle 10ml	100			
19	Clopidogrel 75 mg Tablet	Pack of 28 Tab	30			
20	Diamicron (Gliclazide) 60mg MR Tablet	Pack of 30 Tab	100			
21	Diclofenac Sodium 1% Gel	30 g Gel Tube	400			
22	Diclofenac Sodium 50 mg Tablet (Really extra)	Pack of 10 Tab	1000			
23	Diclofenac Sodium 75mg/3ml Injection	Pack of 5 Amp	50			
24	Eucarbon Tablet	Pack of 20 Tab	100			
25	Folic Acid 5mg Tablet	Pack of 28 Tab	150			
26	Fucicort (Fusidic acid 20mg/g and betamethasone valerate 0.1% ) ointment	15g Tube	225			
27	Gentamicin 0.3% eye drops	Singel Pack	100			
28	Glibenclamide 5mg Tablet	Pack of 60 Tab	120			
29	Hydrocortisone 100mg Vial	Vial	60			
30	Hyoscine Butylbromide 10 mg Tablet	Pack of 20 Tab	300			
31	Ibuprofen 400mg Film Coated	Pack of 24 Tab	250			
32	Insulin NovoRapid Penfill 100 units/ml	3 ml Pen	60			
33	Insulin Lantus 100 IU/ml, Solution for Injection	3ml Pen	60			
34	Levothyroxine 50 mcg Tablet	Pack of 50 Tab	100			
35	Levothyroxine 100 mcg Tablet	Pack of 50 Tab	100			

36	Librax Tablet (5 mg chlordiazepoxide /2.5 clidinium bromide)	Pack of 30 Tab	250			
37	Lisinopril 10mg Tablet	Pack of 28 Tab	70			
38	Mebo Cream (25%w/w B-sitosterol)	15 g Tube	100			
39	Metformin 500 Mg Tablet	Pack of 30 Tab	250			
40	Metformin 850 Mg Tablet	Pack of 30 Tab	250			
41	Metronidazole 500mg Tablet	Pack of 20 Tab	150			
42	Multivitamins Children's Syrup	Bottle 100 ml	120			
43	Nefopam 20mg/2 ml injection	Pack of 5 Amp	5			
44	Omeprazole 40 mg Vial	Pack of 1 vial	150			
45	Osteocare tablet (Calcium and minerals )	Pack of 30 Tab	150			
46	Paracetamol 125mg Syrup	Bottle 100 ml	175			
47	Paracetamol 500 mg Tablet	Pack of 100 Tab	250			
48	Prisoline eye drops	15 ml Dropper Bottle	150			
49	Rhinostop Tablet	Pack of 20 Tab	250			
50	Tamsulosin 0.4mg Tab	Pack of 30 Tab	60			
51	Telmisartan 80 mg /12.5 mg hydrochlorothiazide	Pack of 28 tab	150			

52	Tobradex eye drops	Singel Pack	60			
53	Trio - Clar Capsule ( Clarithromycin 500 mg + Tinidazole 500 mg + Omeprazole 20 mg )	Pack of 42 Cap	60			
54	Trifed Syrup	Bottle 100 ml	200			
55	Uricol Sachet	Pack of 12 sach	400			
56	Vitamin B complex Tablet	Pack of 30 Tab	250			
57	Vitamine B complex IM injection	Pack of 5 Amp	100			
58	Vitamin C (Ascorbic Acid) 500mg	Pack of 20 Tab	600			
59	Vitamin D 50000 IU	Pack of 15 Tab	150			
60	Xylometazoline 0.05% nasal drops	Singel Pack	120			
61	Xylometazoline 0.1% nasal drops	Singel Pack	120			
62	Foley Catheter, 100% Silicone, 18 Fr	EA	30			
63	400 Liters single glass Door Pharmacy Refrigerator. Stainless steel/Aumlnum plate. four Casters. Input Voltage: 220- 240V/50Hz Dimensions: 680 x 735 x 1756mm (W x D x H)Multi air flow system, Adjustable spill-proof shelves. Temprature Range 2°C~8°C. Audible and visual alarms, Led light	EA	1			
64	Decal B12 Syrup (Calcium:-Vitamin D3- Vitamin B12) .	Bottle of 120 ml	60			
65	Janumet (Sitagliptin and Metformin) 50/1000 tablet	Pack of 56 Tab	30			

66	Janumet (Sitagliptin and Metformin) 50/500 tablet	Pack of 56 Tab	30			
67	Vitamin D drops 400 IU	Bottle of 30 ml	50			
68	Mometasone Furoate 50mcg spray	120 Nasal Spray	30			
69	Skinoren cream Azelaic Acid 20 %.	Tube of 30 Gram	30			
70	Minor surgical kit. All tools are made from high-grade surgical stainless steel (TC Olsen Hager Needle Holder 5.5" (14cm)+ TC Mayo Scissors 5.5" (14cm) +Kelly Forceps 5.5" (14cm) Straight+Kelly Forceps 5.5" (14cm) Curved+Adson Forceps 4.75" (12cm)+Adson Forceps 1x2 Teeth 4.75" (12cm)+Mosquito Forceps 5" (12.5cm) Straight+Mosquito Forceps 5" (12.5cm) Curved+Iris Scissors 4.5" (11.4cm)+Spencer Scissors 4.5" (11.4cm)+Dressing Forceps 6.25" (16cm)+Scalpel Handle # 3+Scalpel Handle # 4	EA	1			
71	Transportation to Sabha	EA	1			
Total Price						
Transportation Price						
Insurance Price						
Installation if any Price						
Training if any Price						
Other Charges if any (specify)						
<b>Total Final and All-inclusive Price</b>						

**Compliance with Requirements**

	You Responses		
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Minimum Technical Specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Term (INCOTERMS)	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	
Warranty and After-Sales Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	
Payment terms	<input type="checkbox"/>	<input type="checkbox"/>	
Other requirements <i>[pls. specify]</i>	<input type="checkbox"/>	<input type="checkbox"/>	

**Other Information:**

Estimated weight/volume/dimension of the Consignment:	
Country/ies of Origin: <i>(if export licence required this must be submitted if awarded the contract)</i>	

I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted.	
<i>Exact name and address of the company</i> Company Name Address:  Phone No.: Email Address:	Authorized Signature: Date: Name: Functional Title of Authorised Signatory: Email Address: