**Annex 2**

**FORM FOR SUBMITTING SUPPLIER’S QUOTATION**[[1]](#footnote-1)

***(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery****[[2]](#footnote-2)****)***

We, the undersigned, hereby accept in full the UNDP General Terms and Conditions, and hereby offer to supply the items listed below in conformity with the specification and requirements of UNDP as per RFQ Reference No. **RfQ18/01728**:

**TABLE 1: Offer to Supply Works Compliant with the Technical Specifications and Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No.** | **Description of Goods** | **Quantity** | **Unit price** **(in USD,****VAT exclusive)** | **Total Price per Item****(in USD,** **VAT exclusive)** |
|  | Neonatal CPR manikin | 1 |  |  |
|  | Newborn manikin for airway intubation and IV access simulation | 1 |  |  |
|  |  Infant CPR manikin | 1 |  |  |
|  | Child manikin for intubation and upper airway management techniques | 1 |  |  |
|  | Obstetrical manikin with surgical vacuum pump | 1 |  |  |
| **TOTAL Final and All-Inclusive Price Quotation** |  |

**TABLE 2 : Offer to Comply with Other Conditions and Related Requirements**

|  |  |
| --- | --- |
| **Other Information pertaining to our Quotation are as follows:** | **Your Responses** |
| ***Yes, we will comply*** | ***No, we cannot comply*** | ***If you cannot comply, pls. indicate counter proposal*** |
| Maximum delivery period not to exceed *60 calendar days* upon signature of PO Contractor by both parties |  |  |  |
| Warranty for a minimum period of *1 year*.  |  |  |  |
| Validity of Quotation *60 calendar days* |  |  |  |
| Instruction to users shall be provided in the original language, with the translation in Russian (optional English) |  |  |  |
| If the goods are supplied together with a software, it shall be provided in Russian language |  |  |  |
| Delivery on site shall be the responsibility of Supplier |  |  |  |
| All works for assembly shall be supported by Supplier |  |  |  |
| Training in Russian for all medical personnel who will be using these medical devices |  |  |  |
| All Provisions of the UNDP General Terms and Conditions |  |  |  |

All other information that we have not provided automatically implies our full compliance with the requirements, terms and conditions of the RFQ.

*[Name and Signature of the Supplier’s Authorized Person]*

*[Designation]*

*[Date]*

*Dully stamped*

1. *This serves as a guide to the Supplier in preparing the quotation and price schedule.*  [↑](#footnote-ref-1)
2. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-2)