**Annex 2**

**FORM FOR SUBMITTING SUPPLIER’S QUOTATION**

***(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery****[[1]](#footnote-1)****)***

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. **RfQ18/01687**:

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

|  |
| --- |
| **LOT 1** |
| **Item No.** | **Description of Goods** | **Quantity** | **Unit price** **(in USD,****VAT exclusive)** | **Total Price per Item****(in USD,** **VAT exclusive)** | **Total price****EXWORKS****(in USD,****VAT exclusive)****For information propose only** | **Weight of goods** **(per unit),****kg****For information propose only** | **Volume of goods****(per unit),****m3****For information propose only** |
| 1.1. | Examination table | 5 |  |  |  |  |  |
| 1.2. | Wall bactericidal lamp | 3 |  |  |  |  |  |
| 1.3. | Electronic baby scale | 2 |  |  |  |  |  |
| 1.4. | Gynecological examination table | 1 |  |  |  |  |  |
| 1.5. | X-ray film viewer | 2 |  |  |  |  |  |
| 1.6. | Sphygmomanometer | 2 |  |  |  |  |  |
| 1.7. | Weighing scale with height rod | 1 |  |  |  |  |  |
| **TOTAL Final and All-Inclusive Price Quotation for LOT 1** |  |  |

**\*evaluation of offer under Lot 1 shall be done per LOT including all items, based on Total Price DAP Hagimus, Causeni**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Lot****No.** | **Description of Goods** | **Quantity** | **Unit price** **(in USD,****VAT exclusive)** | **Total Price per Item****(in USD,** **VAT exclusive)** | **Total price****EXWORKS****(in USD,****VAT exclusive)****For information propose only** | **Weight of goods** **(per unit),****kg****For information propose only** | **Volume of goods****(per unit),****m3****For information propose only** |
| 2. | Laminar air flow chamber | 1 |  |  |  |  |  |
| 3. | Centrifuge | 1 |  |  |  |  |  |
| 4. | Semiautomated urine analyzer | 1 |  |  |  |  |  |
| 5. | Microscope | 1 |  |  |  |  |  |
| 6. | Cholesterol meter | 1 |  |  |  |  |  |
| 7. | Hemoglobinometer | 1 |  |  |  |  |  |
| 8. | Semiautomated chemistry analyzer | 1 |  |  |  |  |  |
| 9. | Autoclave | 1 |  |  |  |  |  |
| 10. | Dry Heat Sterilizer | 1 |  |  |  |  |  |

**\*evaluation of offers under Lot 2-10 shall be done per each LOT separately, based on Total Price DAP Hagimus, Causeni**

**TABLE 2 : Offer to Comply with Other Conditions and Related Requirements (same for all LOTs)**

|  |  |
| --- | --- |
| **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 on goods for a minimum period of *1 year*.  |  |  |  |
| Validity of Quotation *60 calendar days* |  |  |  |
| Instruction for the medical use in accordance with the legislation of Moldova. In case quoted medical devices are not registered, instructions for the use in the original language shall be provided, with the translation in Romanian or Russian (optional English) |  |  |  |
| Transportation in Hagimus village, Causeni rayon, within the required delivery period |  |  |  |
| Training in Romanian for all medical personnel who will be using these medical devices |  |  |  |
| If, at the moment of the quotation submission, the quoted devices are not registered in Moldova but comply with the quality requirements of this RfQ, supplier is responsible to register devices during 1 year after contract signature (if the case) |  |  |  |
| 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. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-1)