



Republic of the Philippines
DEPARTMENT OF HEALTH
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph
Trunkline: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

**NOTICE OF AWARD
NOA-2022-056**

ROBUSTAN INC.

Unit 906 South Center Tower
2206 Market Business Park
Muntinlupa City, Metro Manila
Tel. No.: 8842-6684/8842-6054/8836-105
Email Add: sales@robustan.com

Dear Sir / Madam:

This is to inform you that based on the result of the conducted Public Bidding for the project stated below under Invitation to Bid No. IB-2021-163 as per BAC Resolution No.R2022-02-077 , your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST (Php)
7	unit	PHOTOTHERAPY, BLUE LIGHT Brand: BILILED MAXI +, NOVOS MEDICAL SYSTEM (see Annex "A" for detailed specifications)	952,000.00 @ 136,000.00 /unit

You are hereby required to provide on or before 26 FEB 2022 the Performance Security in either of the following form:



FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%) <u>Php47,600.00</u>
b.) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank	
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%) <u>Php285,600.00</u>

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Failure to provide the Performance Security shall constitute sufficient ground for cancellation of the award and imposition of penalties/ forfeiture corresponding to the Bid Security posted.

We will furnish you the approved Purchase Order (PO) upon receipt of funds from the Department of Budget and Management (DBM)

Very truly yours,


SONIA B. GONZALEZ, MD MScHSM, MPM
OIC, Executive Director 

Conforme:

This is to certify that the company has authorized me to accept this award, sign all related documents and hold the company bound by rules and laws applicable thereto.

Authorized Signatory (Signature over printed name)

Date

