

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-2022-095

OPHTHASWISSMED PHILIPIINES, INC.

3710 Robinsons Equitable Tower ADB Avenue, cor. Ortigas Center

Pasig City

Telephone No.: 8668-2700; 09178085766

E-mail Add: customerservice_ph@swissmed.asia

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2022-028

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1	1	lot	Preventive Maintenance Services, Commissioning/ Calibration and Troubleshooting for RETCAM3 Widefiled Retinal Camera with Flourescent Angiograph (Labor Only) (PN: 1712-419-2405A-PSURG, SN: RC7416)	40,000.00	40,000.00
			Scope of Works:		
			> Check Hardware		
			> Check Software and Application		
			> Check camera system video recording		
			> Check 12V battery pack		
			> Check 20V power supply		
			> Check light source Halogen Bulb		
			Delivery Schedule : Within two (2) weeks after confirmation of Purchase Order	9	
			TOTAL		40,000.00

Terms and Conditions:

- » The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Division.
- » PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

SONIA B. GONZALEZ, MD MScHSM, MPM

Executive Director



NOTICE OF AWARD NOA-2022-095 OPHTHASWISSMED PHILIPIINES, INC.

Conforme:
This is to certify that the company has authorized me to accept this award, sign all related document and hold the company bound by rules and laws applicable thereto.
I further certify that I have chosen the following mode (as checked) as the form of
 Bank Guarantee 1% Deduction from claims on the first payment for staggered deliveries
Authorized Signatory (Signature over printed name)
Designation
Date