



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

Quezon Avenue, Quezon City 1100  
website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
Trunkline: 588-9900 DirectLine: 924-0836 Fax No: 924-0840

**NOTICE OF AWARD**  
**NOA-2020-187**

**MEDMASTER, INC.**

R19 Suntrust Capitol Plaza Building,  
Matalino St., Central, Quezon City  
Tel. No.: 8280-2855 Fax No.: 8937-237  
Email Add: [info@medmaster.com.ph](mailto:info@medmaster.com.ph)

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-2020-130 as per BAC Resolution No. R2020-12-567, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST (Php)
1	unit	<b>Supply and Delivery of Low Temperature Plasma Sterilizer</b> <b>Brand/Model: HMTS 80E HumanMeditek / 80E</b> <b>(see Annex "A" for detailed specifications)</b>	<b>Php4,993,400.00</b>

You are hereby required to provide on or before 14 JAN 2021 the Performance Security in either of the following form:

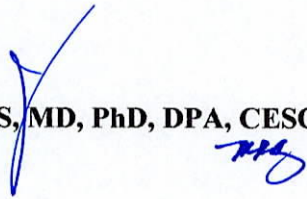
FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%) <b>Php249,670.00</b>
b.) Bank draft/guarantee or irrevocable letter of credit issued by a Universal 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%) <b>Php1,498,020.00</b>

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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.

Very truly yours,

**JULIUS A. LECCIONES, MD, PhD, DPA, CESO III**  
**Executive Director**



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**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.

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Authorized Signatory (Signature over printed name)

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Designation

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Date