



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
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD
NOA-2024-106

OMNIBUS BIO-MEDICAL SYSTEMS, INC.
4/F Wilson Corporate Center, 225 Wilson St. Greenhills
San Juan City
Tel No. (02) 8722-4607/ 87271058
Fax No. 8722-4605

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-074.

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1			Supply of Labor, tools & Materials for the Installation of the Replacement for the Defective Part of Microscope at Cancer and Hema Center (Brand: Olympus)PN: 1507-419-0519-A-HEMA		
	1	pc	Spring (for Pinion Assembly), Olympus, Japan	1,250.00	1,250.00
	1	pc	Washer 2 (for adjustment knob), Olympus, Japan	1,860.00	1,860.00
	1	pc	Washer 3 (for adjustment knob), Olympus, Japan	1,250.00	1,250.00
	1	pc	Washer 4 (for adjustment knob), Olympus, Japan	1,250.00	1,250.00
	1	pc	Washer, C2-AS 1 (for adjustment knob), Olympus, Japan	1,250.00	1,250.00
			Warranty: Three (3) Months free on-call service check-up / SAVE		
			Delivery Schedule : Within ninety (90) calendar days from receipt of Purchase Order		
			Total Amount		6,860.00

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 

Kindly disregard and report any form of solicitation using the name of the Executive Director and/or the PCMC. These unsanctioned requests are unlawful and will not be tolerated

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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.

I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under R.A. 9184 Sec. 62.1.

- Bank Guarantee
- 1% Deduction from claims on the first payment for staggered deliveries

Authorized Signatory
(Signature over printed name)

Designation

Date

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