



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

Quezon Avenue, Quezon City 1100  
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Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE OF AWARD**  
**NOA-2024-171**

**AMI EQUIPMENT SERVICES & SOLUTIONS, INC.**

Unit 1012 Medical Plaza Ortigas, No. 25 San Miguel Ave. \\  
Ortigas Center, Pasig City  
Tel. No.: 0287067300  
E-mail Add.: [bidding@amicorp.com.ph](mailto:bidding@amicorp.com.ph)

Dear Sir / Madam:

This is to inform you that based on the result of the conducted Competitive Bidding for the project stated below under Invitation to Bid No. IB-2024-092 as per BAC Resolution No. R2024-12-701, your proposal was found to be responsive.

ITEM DESCRIPTION	TOTAL COST
<b>Supply, Delivery, Testing &amp; Commissioning of One (1) Unit Infusion Device Analyzer (Heavy Duty) Brand/Model: Rigel Medical/England/Mutiflo (see attached Annex A for the detailed offer)</b>	<b>Php1,999,000.00</b>

02 JAN 2025

You are hereby required to provide on or before \_\_\_\_\_ 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>Php99,950.00</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>Php599,700.00</b> \

*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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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,

  
**SONIA B. GONZALEZ, MD, MScHSM, MPM**  
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)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date

***Kindly disregard and report any form of solicitation using the name of the Executive Director and/or the PCMC.  
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