



QUOTATION NO: KEBS QUOT/205/2019/2020
SUPPLY OF CLINICAL DRUGS AND DRESSINGS

Kenya Bureau of Standards
Head office
P. O. Box 54974 – 00200
Tel: 020 6948333/518
Fax: +254 20 609660
NAIROBI

DECEMBER 2019.

1. You are invited to submit a quotation on the item listed.
2. This quotation should be deposited in the **QUOTATION BOX** provided in the main reception on or before **10. 00AM.On 10th December, 2019.**
3. Your quotation should include all government taxes

1. QUOTATION PRICE

Kenya shillings (in words)

In figures

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2. VALIDITY PERIOD

- The bid shall remain valid for a period of 120 (One Hundred and twenty) days from the date of submission.

3. LIST OF ITEMS REQUIRED

LIST OF ITEMS REQUIRED FOR CLINICAL DRUGS AND DRESSINGS

| NO | ITEM DESCRIPTION | UNIT | QTY RQD | UNIT PRICE | TOTAL COST | DELIVERY TIME | REMARKS |
|----|---|----------|------------|---------------|---------------|------------------|---------|
| 1 | White bed sheets | Pcs | 4 | | | | |
| 2 | Blankets | Pcs | 1 | | | | |
| 3 | White pillow case | Pcs | 2 | | | | |
| 4 | Yellow stepping bin | Pcs | 1 | | | | |
| 5 | Red stepping bin | Pcs | 1 | | | | |
| 6 | Black stepping bin | Pcs | 1 | | | | |
| 7 | Disposable waste paper Red ,Yellow and Black | Doz | 3 | | | | |
| 8 | Steranois solution | 5 litres | 1 | | | | |
| 9 | Green hospital sheet | Pcs | 2 | | | | |
| 10 | Drug envelopes | 2x1000 | 2 | | | | |
| 11 | Neubulizer | Pcs | 1 | | | | |
| 12 | Ventolin solution vial | Bottles | 2 | | | | |
| 13 | Normal saline | Bottles | 2 | | | | |
| 14 | Blood pressure machine (OMRON) | Pcs | 1 | | | | |
| | Blood pressure electrical cable | Pcs | 1 | | | | |
| | Blood pressure large cuff | Pcs | 1 | | | | |
| 15 | Blood sugar test kit (OPTIUM exceed) | Pcs | 1 | | | | |
| 16 | Adrenaline inj (AMP) | Bottles | 5 | | | | |
| 17 | Hydrocortisone vial | Bottles | 5 | | | | |
| 18 | T.T Ampoules | Bottles | 15 | | | | |
| 19 | Myogin caps | 1x10 | 10 | | | | |
| 20 | Panadol advantage tables | 5x100 | 5 | | | | |

| | | | | | | | |
|----|---------------------------------|-------|-----|--|--|--|--|
| 21 | Cetamol tablets | 5x100 | 5 | | | | |
| 22 | Tinidazole tablets-4S | 1x4 | 20 | | | | |
| 23 | Syringes 5ML with needle G21 | Pcs | 50 | | | | |
| 24 | Sterile gauge swabs | 2x100 | 100 | | | | |
| 25 | Elastoplast | 2x100 | 100 | | | | |
| 26 | Betapyn tablets | 10x18 | 10 | | | | |
| 27 | Blood sugar strips (OPTIUM) | 1x50 | 1 | | | | |
| 28 | Nifedipine 20mg | 1x30 | 1 | | | | |
| 29 | Aldomet 500mg | 1x30 | 1 | | | | |
| 30 | Myocor | 2x10 | 10 | | | | |
| 31 | Ximecor 500mg | 1x10 | 15 | | | | |
| 32 | Corclav 625mg | 2x7 | 5 | | | | |
| 33 | Esoxium 20mg | 3x10 | 10 | | | | |
| 34 | Azithrax 500mg | 1x3 | 20 | | | | |
| 35 | Utivanic 500mg | 1x10 | 10 | | | | |
| 36 | Acecor P | 3x10 | 10 | | | | |
| 37 | Centrizine tablet | 100 | 2 | | | | |
| 38 | Celestamine | 30 | 10 | | | | |

MANDATORY REQUIREMENTS

All bidders are required to attach copies of the following mandatory requirements:

1. Certificate of registration and /or incorporation
2. Valid KRA TAX Compliance Certificate
3. Indicate whether you are an authorized dealer or representative of the products you are selling
4. Duly filled confidential business questionnaire (must be filled, signed and stamped by authorized signatory).

7.0 CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in Part 1 and either Part 2 (a), 2(b) or 2(c) whichever applies to your type of business.

You are advised that it is a serious offence to give false information on this form.

Part 1 General

Business Name
Location of Business Premises
Plot No, Street/Road
Postal address Tel No. Fax Email
Nature of Business
Registration Certificate No.
Maximum value of business which you can handle at any one time –
Kshs.....
Name of your bankers
Branch

| | |
|--|---|
| | <p style="text-align: center;">Part 2 (a) – Sole Proprietor</p> <p>Your name in full.....Age..... Nationality.....Country of Origin..... Citizenship details.....</p> <p>Date.....Signature of Tenderer.....</p> |
| | <p style="text-align: center;">Part 2 (b) – Partnership</p> <p>Given details of partners as follows Name Nationality Citizenship details Shares</p> <p>1. 2. 3. 4.</p> <p>Date.....Signature of Tenderer.....</p> |
| | <p style="text-align: center;">Part 2 (c) – Registered Company</p> <p>Private or Public State the nominal and issued capital of company Nominal Kshs. Issued Kshs. Given details of all directors as follows Name Nationality Citizenship details Shares</p> <p>1. 2. 3. 4.</p> <p>Date..... Signature of Tenderer.....</p> |

Signature and Stamp of Bidder

Name of Bidder (in CAPITALS)

Address.....

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Date