

REPUBLIC OF THE PHILIPPINES Department Of Health



National Center for Mental Health

NOTICE OF AWARD

February 20, 2024

WISENHEIMER TRADING

81-D G. Roxas St., Manresa, Quezon City Tel No.: 0915-2248754 / 02 8370-0533 Email: wisenheimertrading@gmail.com

Sir / Madam:

Please be advised that based on the results of the **Public Bidding** conducted by the National Center for Mental Health for the **Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024**, the following item(s) are hereby awarded to your company:

ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
DM-070	100	TUBE	Clobetasol Cream 0.05%, 10 g Brand: TIMOVATE Origin: China	₱ 34.88	₱ 3,488.00
DM-109	100,000	TABLET	Carbamazepine 200mg Brand: LESTREMOR Origin: India	2.38	238,000.00
DM-161	4,800	CARPULE	Lidocaine HCl 20% Epinephrine carpule Brand: XYLODENT Origin: Pakistan	24.88	119,424.00
TOTAL AMOUNT					₱ 360,912.00

You are hereby required to submit the following within ten (10) calendar days:

 Notarized Contract Agreement Form (Legal Size) for the Public Bidding for the Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024

NOTE: The signatory shall be NOEL V. REYES, MD, FPPA, MMHOA, MEDICAL CENTER CHIEF II; and

- Notarized Performance Securing Declaration; or
- Performance Security in any forms and amount stipulated below:

A. Cash or Cashier's / Manager's Check Bank Guarantee Five Percent (5%) of the Total Contract Price

"There is no Health without Mental Health"





B. Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS

Thirty Percent (30%) of the Total Contract Price

LABELLING:

For each box, bottle, and corrugated carton, the following should be legibility imprint:

"Philippine Government Property

Department of Health

NOT FOR SALE"

Failure to provide any of the above-mentioned requirements shall constitute sufficient grounds for cancellation of this Award and forfeiture of the Bid Security.

Truly yours,

NOEL V. REYES, MD, FPPA, MMHoA

Medical Center Chief II 🔗

CONFORME

Name and Signature (Authorized Representative)

Date and Time