



# National Center for Mental Health

## NOTICE OF AWARD

October 10, 2023

### **P.T. CERNA CORPORATION**

4137 Ponte St. Brgy. Sta. Cruz, Makati City  
Tel No.: (02) 8519-6214; (02) 8890-2802  
Email Address: ptccmeditec@yahoo.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 Medical Supplies and Devices CY 2023**, the following items are hereby awarded to your company:

NO.	QTY	UNIT	ITEM CODE / SPECIFICATION	UNIT PRICE	TOTAL PRICE
MSMD-020	24	piece	Polypropylene monofilament, round 5-0, 17mm, 1/2c, 90cm (with at least 24 months expiration). Country of origin: India	560.00	13,440.00
MSMD-028	12	piece	Silk Suture, Reverse Cutting, Size 6-0, Black, 18", Needle HE-7, 3/8 - 1/2 Circle (with at least 24 months expiration). Country of origin: India	450.00	5,400.00
MSMD-073	20	piece	Polypropylene knitted non-absorbable Mesh, undyed, 7.6cm x 15cm (with at least 24 months expiration). Country of origin: India	2,250.00	45,000.00
<b>TOTAL AMOUNT:</b>					<b>₱ 63,840.00</b>

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 Medical Supplies and Devices CY 2023**

**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
---	---

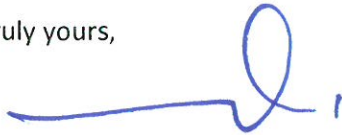
*"There is no Health without Mental Health"*



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
---	--

**NOTE: Failure to provide any of the aforementioned requirements within ten (10) calendar days shall constitute sufficient grounds for cancellation of this Award and forfeiture of the Bid Security.**

Truly yours,



**NOEL V. REYES, MD, FPPA, MMH<sub>o</sub>A**  
 Medical Center Chief II

CONFORME:

  
 Authorized Representative (Name & Signature)

10/16/23  
 Date and Time