

REPUBLIC OF THE PHILIPPINES Department Of Health



National Center for Mental Health

NOTICE OF AWARD

October 10, 2023

I-SENZ MEDICAL INC.

Unit H 15/F 8Adriatico tower 1, P. Faura St., Cor. J. Bocobo St., Ermita Manila Tel No. 0923-6753019

Email Address: salvemacalinao.isenz@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 Medical Supplies and Devices CY 2023**, the following items are hereby awarded to your company:

ITEM	QTY	UNIT	ITEM CODE / SPECIFICATION	UNIT PRICE	TOTAL PRICE
CODE					
MSMD- 021	50	piece	Balance salt solution 500ml Country of Origin: Philippines	500.00	25,000.00
MSMD- 023	100	piece	Corneal knife 2.75mm Brand: Acucut Country of Origin: India	245.00	24,500.00
MSMD- 024	100	piece	Corneal Stab knife 15 degree Brand: Acucut Country of Origin: India	245.00	24,500.00
MSMD- 027	200	piece	Eye drape, sterile, half body with pouch Brand: Eyedrape Country of Origin: India	250.00	50,000.00
MSMD- 030	100	piece	Sodium Hyaluronate at least 1.5% viscoelastic eye gel, 1mL, pre-filled syringe Brand: Prolonn Country of Origin: India	800.00	80,000.00
MSMD- 031 <	50	piece	Tryphan blue ophthalmic solution, 1mL, vial Brand: Blue Rhexis Country of Origin: India	200.00	10,000.00
TOTAL AMOUNT:					₱ 214,000.00

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 Medical Supplies and Devices CY 2023

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

"There is no Health without Mental Health"





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

A.	Cash or Cashier's / Manager's Check	Five Percent (5%) of the Total Contract Price		
	Bank Guarantee			
В.	Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission /			
	GSIS			

NOTE: <u>Failure to provide any of the aforementioned requirements within ten (10) calendar days shall</u> 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:

Authorized Representative (Name & Signature)

Date and Time