



11/22  
w/c contract

# National Center for Mental Health

## NOTICE OF AWARD

November 17, 2023

### **PANAMED PHILIPPINES, INC.**

488 G. Araneta Avenue cor Del Monte  
Brgy. Sienna, Quezon City

Tel No.: 8559-9558; 8820-9780

Email Address: wcgarcia@panamed.com.ph

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 CODE	QTY	UNIT	ITEM DESCRIPTION / SPECIFICATION	UNIT PRICE	TOTAL PRICE
MSMD-064	30	piece	Cigarette drain (Penrose drainage tubing) size 1/2" - Pure rubber latex, X-ray opaque, 18" length (with at least 24 months expiration). Country of Origin: China	54.00	1,620.00
MSMD-065	30	piece	Cigarette drain (Penrose drainage tubing) size 1/4" - Pure rubber latex, X-ray opaque, 18" length (with at least 24 months expiration). Country of Origin: China	54.00	1,620.00
MSMD-066	30	piece	Cigarette drain (Penrose drainage tubing) size 1" - Pure rubber latex, X-ray opaque, 18" length (with at least 24 months expiration). Country of Origin: China	48.00	1,440.00
<b>TOTAL AMOUNT:</b>					<b>₱ 4,680.00</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 **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:



*"There is no Health without Mental Health"*

A. Cash or Cashier's / Manager's Check Bank Guarantee	Five Percent (5%) of the Total Contract Price
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, MMHoA**  
 Medical Center Chief II  

**CONFORME:**

  
 Authorized Representative (Name & Signature)

  
 Date and Time