



REPUBLIC OF THE PHILIPPINES  
Department of Health

**NATIONAL CENTER FOR MENTAL HEALTH**



## NOTICE OF AWARD

January 20, 2025

**EBA GENERISCH TRADING INC.**

#56 Kamias Rd., West Kamias, Quezon City

Tel. No.: (02) 8365-5473; 0917-5905183

Email Address: rphebgenerischtradinginc@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 2025 (EARLY PROCUREMENT ACTIVITY)**, the following items are hereby awarded to your company:

NO.	ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
1	DM25-155	20,000	tablet	Sambong 500 mg Brand: Awanay Origin: Philippines	₱ 2.95	₱ 59,000.00 ✓
2	DM25-193	1,100	bottle	Chlorhexidine Gluconate 4% topical solution Brand: Chlorklenz Origin: Philippines	230.00	253,000.00 ✓
TOTAL AMOUNT						₱ 312,000.00 ✓

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 DRUGS AND MEDICINES (SERVICE PATIENTS) CY 2025 (EARLY PROCUREMENT ACTIVITY)**

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

- Performance Security in any forms and amount stipulated below:

A. Cash or Cashier's / Manager's Check issued by a Universal of Commercial Bank.	Five Percent (5%) of the Total Contract Price
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*"There is no Health without Mental Health"*

9 De Pebrero St., Brgy. Mauway, Mandaluyong City


Trunkline: 8531-9001 Website: www.ncmh.gov.ph



B. Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, That it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	Five Percent (5%) of the Total Contract Price
C. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	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:**

**ROGELIO VELASCO**  
Authorized Representative (Name & Signature)

**02 - 28 - 25**  
Date and Time