



**NOTICE OF AWARD**

October 17, 2022

**ONICARE PHARMA TRADING & GENERAL MDSE.**

Blk 8, Lot 36, Villa Consolacion Subd.,  
San Jose, Antipolo City  
Tel No.: +63 587-3118; +63 9324249818  
Email: cayabyabella@gmail.com  
onicarepharma@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 (Additional) CY 2022**, the following list of items is hereby awarded to your company:

NO.	ITEM DESCRIPTION	ITEM CODE	QTY	UOM	UNIT PRICE	TOTAL PRICE
1	Furosemide 20 mg Brand: GENERIC Origin: <i>Philippines</i>	DMA22-19	2,000	Tablet	PHP 1.60	PHP 3,200.00
2	Tranexamic Acid 500 mg Brand: HAEMOREX Origin: <i>Philippines</i>	DMA22-20	1,000	Capsule	PHP 12.50	PHP 12,500.00
<b>TOTAL AMOUNT:</b>						<b>PHP 15,700.00</b>

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

- Contract Agreement Form (Legal Size) for the Public Bidding for the **Supply and Delivery of Drugs and Medicines (Additional) CY 2022**

**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

- LABELLING:

For each box, bottle, and corrugated carton, the following should be a 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:**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date and Time