



REPUBLIC OF THE PHILIPPINES
Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
Nueve de Febrero Street, Mandaluyong City, Philippines
BIDS AND AWARDS COMMITTEE



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SECTION VII
Technical Specifications

ITB No. 005-2023

INSTRUCTION: Bidders must state here either “Comply” or “Not Comply” against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. Statements of “Comply” or “Not Comply” must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer’s un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate. A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidders statement of compliance or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the provisions of ITB Clause 3.1(a) (ii) and/or GCC Clause 2.1(a)(ii).

ITEM	SPECIFICATION	STATEMENT OF COMPLIANCE
	UTP Outdoor Cable CAT 6	
	UTP Indoor Cable CAT 6	
	Information Outlet (for Faceplate) CAT 6	
	Faceplate Duplex with Ancobox Set	
	9v Battery	
	RJ 45	
	Cable Tie (Small)	
	Cable Tie (Long)	
	Access Points	
	SSD 480GB Sata 2.5	
	Gigabit LAN Card	
	Memory DDR4 8 GB	
	Memory DDR3 8 GB	

ATX Power Supply Unit (TRUE RATED 550W)	
Processor Intel (i5, atleast 11 th gen) Based compatible with Sock 1200, integrated with HD graphics	
22 inches LED Monitor	
CPU Case	
Wired Keyboard	
Wired Mouse	
USB 3.0 to LAN	
Motherboard compatible with Sock 1200	
CCTV IP camera	
CCTV Analog Camera	
CCTV DVR (IP)	
CCTV DVR (Analog)	
CCTV Universal Power Supply	
Hard Drive 2TB SATA for Surveillance (CCTV)	

CONFORMED BY: _____

Authorized Representative
(Signature over printed name)

DATE: _____