

Cell: 01 292 348

All correspondence
to be addressed to
The District Commissioner.



Nkhotakota District Council
Private Bag 48
Nkhotakota

Request for Quotations (FOR GOODS)

Procurement Number: KKDC/ HEALTH/MEDICALDRUGS/GOODS/ORT/2025-2026

To:

.....

..... Date: 12th December, 2025

The Procuring Entity named above invites you to submit your quotation for the goods described herein. Partial Quotations may be rejected, and the Purchaser reserves the right to award a contract for selected items only. Any resulting order shall be subject to the Government of Malawi General Conditions of Contract for Local Purchase Orders (available on request) except where modified by this Request for Quotations.

SECTION A: QUOTATION REQUIREMENTS:

- 1) Supply and delivery of **medical drugs for Nkhotakota District Hospital Under ORT Funds.**

Quotation prices should be based on: for goods supplied from outside of Malawi; CIP (carriage, Insurance paid) to **Nkhotakota District Council.**

- 2) The delivery period required **is 5 days** from date of order.
- 3) Quotations must be valid for **30 days** from the date for receipt given below
- 4) The warranty/guarantee offered shall be: **12 Months**
- 5) Quotations and supporting documents as specified in Section B must be marked with the Procurement Number given above, and indicate your acceptance of the terms and conditions
- 6) Quotations must be received, in sealed envelopes, not later than 4pm on **18th December, 2025.**
- 7) Quotations must be returned to: **The Procurement Unit, Nkhotakota District Council, P.O. Box 48, Nkhotakota. Contact: 0888115716.**
- 8) The attached Schedule of Requirements at Section C, details the items to be purchased. You are requested to quote your delivered price for these items by completing and returning Sections B and C.
- 9) You should write your own quotation apart from completing this form. Provide samples where necessary.

Quotations that are responsive, qualified and technically compliant will be ranked according to price. Award of contract will be made to the lowest priced quotation by item or by total through the issue of a Local Purchase Order.

Signed: Name: **Godfrey Chipanda**

Title/Position: **DISTRICT PROCUREMENT OFFICER**

For and on behalf of the Procuring and Disposing Entity (PDE)

Cell: 01 292 348

All correspondence
to be addressed to
The District Commissioner.



Nkhotakota District Council
Private Bag 48
Nkhotakota

Request for Quotations (FOR GOODS)

Procurement Number: KKDC/ HEALTH/MEDICALDRUGS/GOODS/ORT/2025-2026

Your quotation is to be returned on this Form by completing and returning Sections B and C including any other information/certification required within this RFQ.

SECTION B: QUOTATION SUBMISSION SHEET

- 1) Currency of Quotation: Malawi Kwacha
- 2) Delivery period offered: days/weeks/months from date of Purchase Order.
- 3) The validity period of this Quotation is:..... days from the date for receipt of Quotations.
- 4) Warranty period (where applicable):..... months.
- 5) We enclose the following documents:
 - i. Section C of the Request for Quotations completed and signed;
 - ii. A Copy of Trading Licence,
 - iii. A Copy of Pharmacy and Medicine Regulatory Authority certificate
 - iv. A Copy of Annual Tax Clearance Certificate (for the last Financial Year)
 - v. A Copy of PPDA Certificate
 - vi. A list of recent Government contracts performed,
 - vii. A Wholesale pharmacy licence
 - viii. Attach coloured copies of National ID.
- 6) We confirm that our quotation is based on the terms and conditions stated in your Request for Quotations referenced above, and that any resulting contract will be subject to the Government of Malawi General Conditions of Contract for Local Purchase Orders.
- 7) We confirm that the prices quoted are fixed and firm for the duration of the validity period and will not be subject to revision or variation.

Authorised By:

Signature: _____ Name: _____

Position: _____ Date: _____

(DD/MM/YY)

Authorised for and on behalf of:

Address:

If any additional documentation is attached to your quotation, a signature and authorisation at Section B and Section C is still required as confirmation that the terms

Cell: 01 292 348

All correspondence
to be addressed to
The District Commissioner.



Nkhotakota District Council
Private Bag 48
Nkhotakota

Request for Quotations (FOR GOODS)

Procurement Number: KKDC/ HEALTH/MEDICALDRUGS/GOODS/ORT/2025-2026

and conditions of this RFQ prevail over any attachments. If the Quotation is not authorised in Section B and Section C, the quotation may be rejected.

SECTION C: SCHEDULE OF REQUIREMENTS (TO BE PRICED BY BIDDER)

Item No	Description of Goods (Attach detailed specification if necessary)	Unit of measure	Qty	Unit Price	Total Price
1	Bisacodyl 5mg tablets	Bottle/ 1000	5		
2	Hydroxy-urea 100mh tablets	Box/100	20		
3	Ketoconazole 200mg tablets	Box/100	50		
4	Tramadol 50mg tablets	Box/100	100		
5	Simvastatin 10mg tablets	Pack of 28 tablets	30		
6	Clopixol depot 200mg/ml 1ml injection	Each	10		
7	Lignocaine 1% or 2%	Vials	500		
8	Ephedrine 30mg/ml 1ml injection	Each	300		
9	Flucloxacillin 250mg vial injection	Each	1000		
10	Haemacel infusion/injection	Each	15		
11	Hydralazine HCL 20mg/ml 1ml injection	Each	500		
12	Frusemide 10mg/ml	Each	500		
13	Benzoic acid 6% and salicylic acid 3% ointment	Each	10		
14	Calamine lotion 1.5%+ Sulphur 2% 500ml solution	Each	50		
15	Weak Iodine solution 0.5% 500ml solution/tincture	Each	30		

Cell: 01 292 348

All correspondence
to be addressed to
The District Commissioner.



Nkhotakota District Council
Private Bag 48
Nkhotakota

Request for Quotations (FOR GOODS)

Procurement Number: KKDC/ HEALTH/MEDICALDRUGS/GOODS/ORT/2025-2026

16	Gentian Violet paint 1% 500ml solution	Each	10		
17	Hydrocortisone skin ointment galenical	Each	300		
18	Isoflurane 100ml galenical	Each	3		
19	Betamethasone cream galenical	Each	300		
20	Polyglactin Vicryl suture size 1 surgical	Box of 12 suture	30		
21	Plaster zinc oxide surgical	Roll	200		
22	Catheter tube size 18 surgical	Each *	500		
23	POP Plaster of Paris 10cm x 2.7m surgical	Roll	500		
24	Hepatitis C Test kits	Each	500		
25	Blood giving set	Each	500		
				Sub Total	
				VAT 16.5%	
				Grand Total	

The following attachments are appended to clarify the Description of Goods:

[List any attachments providing additional specification of the goods required]

Authorised By:

Position: _____

Date: _____

(DD/MM/YY)

Authorised for and on behalf of: