All Communications should be addressed to: The Hospital Director



31/OECH/IPDC/G/2025-26/034

In reply please quote No.

Ministry of Health, Queen Elizabeth Central Hospital P.O. Box 95, BLANTYRE MALAWI.

	Date: 28 nd April, 2025
To:	

The Procuring Entity named above invites you to submit your quotation for the provision of goods as 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) Description of Supply and Delivery: Supply and delivery of MRI-compatible Equipment's for Radiology Department
- 2) The delivery period is: 5 days from date of order.

Quotations must be valid for **30 days** from the date for receipt given below.

- 3) The warranty/guarantee offered shall be: NA.
- 4) 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.
- 5) Quotations must be received, in sealed envelopes, no later than: 10:00 Hrs. on 6th May, 2025.
- 6) Quotations must be returned to: The Internal Procurement Committee, Queen Elizabeth Central Hospital, P.O. Box 95, Blantyre. Att: The Principal Procurement Officer, Tel; 0995399754;
- 7) 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.
- 8) 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:	Nama	Fred	Candra
Signed:	rvame	rrea	Gonawe

Title/Position Principal Procurement Officer

For and on behalf of the Purchaser

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.

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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.
- 5) We attach the following documents:
 - i. Section C of the Request for Quotations completed and signed;
 - ii. A copy of our Trading Licence,
 - iii. A copy of our Annual Tax Clearance Certificate (for the last Financial Year),
 - iv. A list of recent Government contracts performed, at least two copies.
 - v. Copy of valid PPDA Certificate
- 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.

Name:		
Date:		
(DD/MM/YY)		

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 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.

Company:

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

Ite m No	Description of Goods (Attach detailed specification if necessary)	Unit of Measure	Qty	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price Kwacha
1	MRI- Compatible resuscitation trolley	Each	2		
2	MRI –safe Oxygen pipe port	Each	1		
3	Non fabric blankets	Each	6		
4	Plastic chairs	Each	2		
5	Metal detector (garrett/minelab)	Each	1		
6	MRI-Safe intubation kit	Each	2		
7	forceps	Each	20		
8	MRI-Safe oxygen mask	Each	20		
l		'	SUB TOTA	AL	
			VAT @ 16.	.5%	
			PPDA LEV	VY 1%	
			GRAND T	OTAL	
	The following attachments an [See attached specifications] Authorised by:	e appended	l to clarify th	ne Description of G	oods:
	Signature:		Na	me:	
	Position:		Da	te: <u>(DD/MM/Y)</u>	<i>Y</i>)
	Authorised for and on behalf of	<u>:</u>			

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