

Telephone: + 265 01 880 862

All Communications should be addressed to:
The Hospital Director



In reply please quote No.

31/QECH/IPDC/G/2025-26/035

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

To:

.....

.....

Date: 28 April, 2025

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 Connectors for CT Scan 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: Name **Fred Gondwe**

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.
- 4) Warranty period (where applicable): Months.
- 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.

Authorised By:

Signature: _____ Name: _____

Position: _____ Date: _____

Authorised for and on behalf of: _____ (DD/MM/YY)

Company: _____

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 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.

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

Item No	Description of Goods (Attach detailed specification if necessary)	Unit of Measure	Qty	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
1	MRI- Compatible pulse oximetry for adult	Each	2		
2	MRI- Compatible pulse oximetry for peds	Each	2		
3	MRI- Compatible stretchers	Each	2		
4	MRI- Compatible wheelchair	Each	2		
5	MRI- Compatible infusion pump	Each	1		
6	MRI- Compatible ECG Monitor	Each	2		
7	MRI- Compatible IV drip sets	Each	2		
8	MRI- Compatible ECG electrodes	Each	100		
SUB TOTAL					
VAT @ 16.5%					
PPDA LEVY 1%					
GRAND TOTAL					

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

[See attached specifications]

Authorised by:

Signature: _____ Name: _____

Position: _____ Date: _____

(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

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