



SURVIVAL HOSPITAL

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MINI-COMPETITION QUOTATION

QUOTATION No. NDY/2024/2025/SH/01

for

Supply of Medicine at Survival Hospital

11/06/2024

SECTION I: INVITATION TO TENDERERS



SURVIVAL HOSPITAL

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1. Subject to the open framework arrangement signed by your end for the procurement of Commonly Used Items and Services (CUIS), the Purchaser calls for a mini-competition quotation addressed to other suppliers who signed terms and conditions under the framework contract arrangement.
2. Schedule of Requirements and prices:

LOT NO. NDY/2024/2025/H/01

Supply of Medicine at Survival Hospital

Code: SH0001 - Supply of Medicine at Survival Hospital

DESCRIPTION	Expired date margin	UOM	QTY	UNIT PRICE	COSTS
Acetazolamide 250mg	Atleast 2 years	Box	10		
Acetylsalicylic Acid	Atleast 2 years	Box	25		
Aciclovir tablets 200mg	Atleast 2 years	Box	50		
Acne free cream	Atleast 2 years	Tube	20		
Acyclovir Eye ointment	Atleast 2 years	Tube	7.5		
Adenosine	Atleast 2 years	Box	15		
Albendazole BENPHARM	Atleast 2 years	Tablet BENPHARM	150		
Albendazole tabs 200mg Alben	Atleast 2 years	Pkt	150		
Albendazole tabs 400mg Anthel	Atleast 2 years	Pkt	150		
ALCOHOL SWAB	Atleast 2 years	BOX	25		
Allopurinol tabs Allopron 100mg	Atleast 2 years	Box	20		
Allopurinol tabs Allopron 300mg	Atleast 2 years	Box	20		
ALU Solid oral dosage form: 20mg + 120mg	Atleast 2 years	Pkt/24	100		
ALU Syrup	Atleast 2 years	syrup	50		
Amiodarone tabs 200mg	Atleast 2 years	Box	15		
Amlodipine AMTAS 10mg	Atleast 2 years	Pkt	12.5		
Amlodipine AMTAS 5mg	Atleast 2 years	Pkt	25		

Amlodipine Solid oral dosage form: 10mg	Atleast 2 years	Pkt	25		
Amlodipine Solid oral dosage form: 5mg	Atleast 2 years	Pkt	25		
Amoxycillin tabs 250mg	Atleast 2 years	Box	50		
Amoxyclav suspension 228mg/5ml	Atleast 2 years	Btl	25		
Amoxyclav syrup 156mg/5ml	Atleast 2 years	Btl	25		
Amoxyclav tabs 375mg	Atleast 2 years	Box	12.5		
Amoxyclav tabs 625mg	Atleast 2 years	Box	50		
Ampicillin Injection: 500mg	Atleast 2 years	Vial	25		
Ampicillin syrup	Atleast 2 years	Btl	40		
Ampicillin tabs 500mg	Atleast 2 years	Box	25		
Anti-acid liquid preparation(relcer,mucogel,altapha m,viscid)	Atleast 2 years	Btl	50		
Anti-D (Rho) Immunoglobulin Injection	Atleast 2 years	Btl	2.5		
Antihaemorrhoids suppository Ointment or cream : 25gm Or 30gm	Atleast 2 years	Tube	15		
Antihaemorrhoids suppository Ointment or SuppositOF/' 33mg/24mg	Atleast 2 years	Suppository	15		
Anti-rabies Immunoglobulin	Atleast 2 years	Btl	2.5		
Artemether + Lumefantrine	Atleast 2 years	Pkt/6	50		
Artemether Injection: 80mg/ml in 2ml	Atleast 2 years	Pkt	25		
Artesunate Injection: 120mg/0.5mI	Atleast 2 years	Ampoule	50		
Artesunate Injection: 30mg/0.5mI	Atleast 2 years	Ampoule	25		
Artesunate Injection: 60mg/0.5ml	Atleast 2 years	Ampoule	25		
Atenolol Solid oral dosage form: 100mg	Atleast 2 years	Box	20		
Atenolol Solid oral dosage form: 50mg	Atleast 2 years	Box	15		
Atorvastatin tabs 10mg- Atorem	Atleast 2 years	Box	15		
Atorvastatin tabs 20mg- Atorem	Atleast 2 years	Box	15		
Atropine Injection	Atleast 2 years	Ampoule	15		
Azithromycin Oral liquid form: 200mg/5mI	Atleast 2 years	Btl	50		
Azithromycin Solid oral dosage form: 250mg	Atleast 2 years	Pkt	50		
Azithromycin Solid oral dosage form: 500mg	Atleast 2 years	Pkt	100		
Bandage Crepe	Atleast 2 years	PCS	50		
Bandage Elastic Adhesive 4cm x 4m	Atleast 2 years	PCS	10		
Bandage Elastic Adhesive 7.5 cm x 4.5 m	Atleast 2 years	PCS	10		
Bandage hospital quality Size 10cm x 4 cm	Atleast 2 years	PCS	15		
Bandage hospital quality Size 15 cm 4 cm	Atleast 2 years	PCS	15		
Bandage Plaster of Paris 15 cm 2.7 cm	Atleast 2 years	PCS	5		
Bandage Plaster of Paris 7.5 cm 2.7 cm	Atleast 2 years	PCS	5		
Bendrofluazide	Atleast 2 years	Box	15		
Benzoic Acid Compound Ointment	Atleast 2 years	Tube	25		

Benzoyl peroxide forte	Atleast 2 years	Tube	15		
Benzoyl peroxide Gel GEL: 2.5%	Atleast 2 years	Tube	20		
Benzoyl peroxide Gel GEL: 5%	Atleast 2 years	Tube	20		
Benzylbenzoate Emulsion (BBE))	Atleast 2 years	Bottle	50		
Betamethasone cream	Atleast 2 years	Tube	25		
Betamethasone ointment	Atleast 2 years	Tube	25		
Blood Giving Set	Atleast 2 years	PCS	15		
BLOOD LANCET	Atleast 2 years	BOX	25		
Budesonide Inhalation	Atleast 2 years	Btl	5		
Calamine lotion 100ml	Atleast 2 years	Bottle	50		
Candersatan Tabs Solid oral dosage form: 16mg	Atleast 2 years	Box	20		
Candersatan Tabs Solid oral dosage form: 8mg	Atleast 2 years	Box	15		
Cannula	Atleast 2 years	PCS	50		
Captopril 25mg	Atleast 2 years	Box	20		
Carbimazole tabs 5mg	Atleast 2 years	Box	10		
Carvedilol tabs 12.5mg	Atleast 2 years	Box	25		
Carvedilol tabs 6.25mg	Atleast 2 years	Box	15		
Catheter	Atleast 2 years	PCS	10		
Cefalexin syrup 125mg/5ml	Atleast 2 years	Btl	40		
Cefalexin tabs 250mg.	Atleast 2 years	Btl	50		
CEFTRIAXONE INJ	Atleast 2 years	VIAL	25		
Cefuroxime Oral liquid form: 125mg/5ml	Atleast 2 years	Btl	25		
Cefuroxime tabs 250mg	Atleast 2 years	Box	25		
Cefuroxime tabs 500mg	Atleast 2 years	Box	25		
Cetirizine hydrochloride Oral liquid: 5mg/5ml	Atleast 2 years	Btl	50		
Cetirizine tabs10mg Alatro	Atleast 2 years	Box	50		
Chloramphenicol Eye Ointment	Atleast 2 years	Tube	10		
Chloramphenicol syrup	Atleast 2 years	Btl	25		
Chloramphenicol tabs 250mg	Atleast 2 years	Box	25		
Chlorpheniramine suspension	Atleast 2 years	Btl	25		
Chlorpheniramine tabs 4mg	Atleast 2 years	Box	50		
Cimetidine tabs 400mg	Atleast 2 years	Box	5		
Ciprofloxacin eye drops	Atleast 2 years	Btl	5		
Ciprofloxacin Powder for Injection: 1g in vial	Atleast 2 years	Vial	25		
Ciprofloxacin-Cprocin tabs 500mg	Atleast 2 years	Box	50		
Clarithromycin 500mg Claranta	Atleast 2 years	Pkt	15		
Clarithromycin Clarie od	Atleast 2 years	Pkt	25		
Clobetasol	Atleast 2 years	Tube	15		
Clopidogrel	Atleast 2 years	Box	15		
Clopidogrel + Aspirin	Atleast 2 years	Box	10		
Clotrimazole Cream form: 1% in 20g tube	Atleast 2 years	Tube	50		
Clotrimazole Pessary form: 100mg	Atleast 2 years	Pessaries/ pack of 6	25		
Clotrimazole Solid Powder form: 0.01g/g	Atleast 2 years	Bottle	15		
Clotrimazole Vaginal cream form: 30gm	Atleast 2 years	Tube	25		

Colostomy bag	Atleast 2 years	PCS	10		
Co-trimoxazole (Sulphamethoxazole + Trimetoprim) Oral liquid 240mg/5mI	Atleast 2 years	Btl	50		
Co-trimoxazole (Sulphamethoxazole + Trimetoprim) Solid oral dosage form: 480mg	Atleast 2 years	Box	50		
Cotton Wool 250 gm	Atleast 2 years	PCS	75		
Cough Mixture all kinds	Atleast 2 years	Btl	50		
CRUTCHES	Atleast 2 years	PCS	5		
D5 DEXTROSE INFUSION 500ML	Atleast 2 years	Btl	5		
Dexamethasone + Gentamycin eye/ear drops	Atleast 2 years	Btl	10		
Dexamethasone Chloramphenical	Atleast 2 years	Btl	10		
Dexamethasone Eye	Atleast 2 years	Btl	5		
Dexamethasone Injection: 4 mg/ml in1mI	Atleast 2 years	Ampoule	50		
Dexamethasone Solid oral dosage form: 0.5mg	Atleast 2 years	Box	25		
Dexamethasone/Neo mycin. Ear/Eye Drops	Atleast 2 years	Btl	10		
DEXTROSE NORMAL SALINE DNS 500	Atleast 2 years	Btl	5		
Diclofenac gel	Atleast 2 years	Tube	25		
DICLOFENAC Injection: 25mg/ml in 3mI	Atleast 2 years	Vial	25		
DICLOFENAC Solid oral dosage form:(sodium) 50 mg	Atleast 2 years	Box	25		
Diclopar MR	Atleast 2 years	Box	50		
Diclopar tabs 20/500mg	Atleast 2 years	Box	50		
DOCTORS KIT	Atleast 2 years	PCS	5		
Domperidone Solid Oral dosage form: 10mg	Atleast 2 years	Box	25		
Domperidone suspension 2mg/5ml	Atleast 2 years	Btl	15		
Doxycycline tabs 100mg	Atleast 2 years	Box	50		
Duo cotexin tabs adult 40mg/320mg	Atleast 2 years	Box	50		
Enalapril	Atleast 2 years	Box	15		
EPHEDRINE ADULT NASAL DROPS	Atleast 2 years	Btl	10		
EPHEDRINE CHILD NASAL DROPS	Atleast 2 years	Btl	20		
Epinephrine (Adrenaline) injection	Atleast 2 years	Ampoule	20		
Erythromycin Oral liquid 125mg/5mI	Atleast 2 years	Btl	50		
Erythromycin Solid oral dosage 250mg	Atleast 2 years	Box	50		
Esomeprazole 20mg Esoz	Atleast 2 years	Box	25		
Esomeprazole 40mg- Esomo	Atleast 2 years	Box	15		
Etamsylate	Atleast 2 years	Box	15		
EUSOL	Atleast 2 years	BTL	50		
Ferrotone capsules	Atleast 2 years	Box	25		
Ferrotone syrup	Atleast 2 years	Bottle FERROTNE	15		
Ferrous and Folic Acid-Ferrolc LF	Atleast 2 years	Box	50		
Flucamox caps 500mg	Atleast 2 years	Box	40		
Flucamox syrup	Atleast 2 years	Btl	25		
Fluconazole tabs 150mg Zocon	Atleast 2 years	Pkt	100		

Folic acid tabs 5mg	Atleast 2 years	Box	50		
Furosemide Injection: 10mg/ml in 2ml	Atleast 2 years	Vial	15		
Furosemide Solid Oral dosage form: 40mg	Atleast 2 years	Box	20		
Fusidic acid cream	Atleast 2 years	Tube	10		
Gauze 90cm x 25cm	Atleast 2 years	PCS	20		
GENTAMCIN INJ	Atleast 2 years	VIAL	50		
Gentian Violet	Atleast 2 years	Btl	25		
Glibenclamide tabs 5mg	Atleast 2 years	Box	15		
Gliclazide 80mg	Atleast 2 years	Box	10		
Gloves Examination Latex non-sterile Disposable - Large	Atleast 2 years	BOX	5		
Gloves Examination latex non-sterile Disposable - Medium	Atleast 2 years	BOX	5		
Gloves Examination Latex non-sterile Disposable - Small	Atleast 2 years	BOX	5		
Gloves Surgical Latex rubber sterile size 6.5 cm	Atleast 2 years	PCS	10		
Gloves Surgical Latex rubber sterile size 7 cm	Atleast 2 years	PCS	10		
Gloves Surgical Latex rubber sterile size 7.5 cm	Atleast 2 years	PCS	15		
Gloves Surgical Latex rubber sterile Size 8	Atleast 2 years	PCS	25		
Glucostic strips for sugar monitoring, each strip	Atleast 2 years	PCS	15		
Griseofulvin 500mg	Atleast 2 years	Box	50		
Heligo kit	Atleast 2 years	Box	25		
Heparin Injection: 5000 IU/ml 5mI	Atleast 2 years	Vial/ampoule	10		
Hydralazine- hydrochloride	Atleast 2 years	Box	15		
Hydrochlorthiazide + Losartan Solid oral dosage form: 12.5mg + 50mg	Atleast 2 years	Box	25		
Hydrochlorthiazide + Losartan Solid oral dosage form: 50mg	Atleast 2 years	Box	25		
Hydrocortisone cream	Atleast 2 years	Tube	25		
Hydrocortisone ointment	Atleast 2 years	Tube	25		
Hydrogen Peroxide 3% solution	Atleast 2 years	Btl	25		
Hydrogen Peroxide 6% solution	Atleast 2 years	Btl	25		
Hydroxypropylmethyl cellulose	Atleast 2 years	Btl	5		
Hydroxyurea	Atleast 2 years	Box	15		
Hyoscine butylbromide Injection: 20 mg/ml	Atleast 2 years	Vial	15		
Hyoscine butylbromide tabs 10mg	Atleast 2 years	Box	25		
Hyoscine suspenion 5mg/ml in 60mI	Atleast 2 years	Btl	15		
HYROGEN PEROXIDE	Atleast 2 years	Btl	25		
I.V Giving Set	Atleast 2 years	PCS	10		
Ibuprofen 200mg Ibufen	Atleast 2 years	Box	50		
Ibuprofen syrup 100ml-Ibumex	Atleast 2 years	Btl	50		
Ibuprofen syrup 60ml-Ibumex	Atleast 2 years	Btl	50		
Injection: 2mI	Atleast 2 years	Vial	10		
INSULIN Vial of 10mI BIOINSULIN 30/70	Atleast 2 years	Vial	5		
INSULIN Vial of 10mI MIXTARD 30/70	Atleast 2 years	Vial	5		

INSULIN Vial of 10ml INSUGEN	Atleast 2 years	Vial	5		
Irovel H tablets	Atleast 2 years	Box	15		
Isosorbide dinitrate 10mg	Atleast 2 years	Box	15		
Isotretinoin 10mg Acnotin	Atleast 2 years	Box	20		
Isotretinoin 20mg Acnotin	Atleast 2 years	Box	15		
Itraconazole Solid oral dosage form: 100mg	Atleast 2 years	Capsules	25		
Lansoprazole casules 30mg	Atleast 2 years	Box	15		
Levodopa + Carbidopa	Atleast 2 years	Box	25		
Levothyroxine EUTHYROX 100MG	Atleast 2 years	Box	10		
Levothyroxine Tablet EUTHYROX 50MG	Atleast 2 years	Box	10		
Lindane lotion 100ml	Atleast 2 years	Bottle	50		
Loratadine Oral liquid: 100mI	Atleast 2 years	Btl	25		
Loratadine Solid oral dosage form: 10mg	Atleast 2 years	Tablet	50		
Magnesium Trisilicate and Aluminium Hydroxide- Magnomint	Atleast 2 years	Box	50		
MANNITOL IV SOLUTION	Atleast 2 years	Btl	5		
Mebendazole Oral Liquid 100mg/5mli 30mI	Atleast 2 years	Btl	50		
Mebendazole Solid oral dosage : 100mg	Atleast 2 years	Box	25		
Mefenamic acid 250mg- Meflam	Atleast 2 years	Box	15		
Meloxicam 15mg M-cam	Atleast 2 years	Box	25		
Meloxicam 7.5mg M-cam	Atleast 2 years	Box	15		
meropenem injection 1gm/30ml	Atleast 2 years	Btl	10		
Metformin 1000mg	Atleast 2 years	Box	15		
Metformin tabs 500mg	Atleast 2 years	Box	15		
Metformin+ Glibenclamide Solid Oral dosage form: 500mg + 5mg	Atleast 2 years	Box	10		
Metformin+ Glimipride SITAGLIPTIN/METFORMIN 1000MG	Atleast 2 years	Box	2.5		
Metformin+ Glimipride Solid oral dosage form: 100mg	Atleast 2 years	Box	2.5		
Metformin+ Glimipride Solid Oral dosage form: 500mg + 1mg- ILET B1	Atleast 2 years	Box	10		
Metformin+ Glimipride Solid Oral dosage form:500mg + 2mg-ILET B2	Atleast 2 years	Box	10		
METHYLATED SPIRIT 100ML	Atleast 2 years	BTL	50		
METHYLATED SPIRIT 5L	Atleast 2 years	BTL	5		
Methyldopa	Atleast 2 years	Box	10		
Metoclopramide Injection: 5mg/2ml	Atleast 2 years	Vial	10		
Metoclopramide Solid Oral dosage form: 10mg	Atleast 2 years	Strp	20		
Metoclopramide suspension1mg/5mI	Atleast 2 years	Btl	15		
Metoprolol	Atleast 2 years	Box	15		
Metronidazole Injection: 5mg/ml	Atleast 2 years	Vial	10		
Metronidazole suspension 200mg/5ml	Atleast 2 years	Btl	50		
Metronidazole tabs 200mg	Atleast 2 years	Box	100		
Miconazole Oral gel: 20/0	Atleast 2 years	Tube	15		
Miconazole Topical 2% Cream	Atleast 2 years	Tube	20		

Miconazole Vaginal cream: 30gm	Atleast 2 years	Tube	20		
Miconazole Vaginal pessaries: 400mg	Atleast 2 years	Box	15		
Montelukast tabs 10mg	Atleast 2 years	Box	5		
Montelukast tabs 5mg	Atleast 2 years	Box	5		
Mupirocin	Atleast 2 years	Tube	20		
Muscle plus	Atleast 2 years	Box	25		
NASAL NORMAL SALINE DROPS	Atleast 2 years	Btl	20		
NEBULIZER MACHINE	Atleast 2 years	PCS	0.5		
Nifedipine Solid oral dosage form: 10mg	Atleast 2 years	Box	20		
Nifedipine Solid oral dosage form: 20mg	Atleast 2 years	Box	15		
Nystatin oral suspension 100,000IU/ml	Atleast 2 years	Btl	15		
Olanzapine 10mg Olangem	Atleast 2 years	Box	5		
Olanzapine 5mg Olangem	Atleast 2 years	Box	5		
Omeprazole 20mg	Atleast 2 years	Box	50		
Oxytocin	Atleast 2 years	Vial	5		
P2	Atleast 2 years	Pkt	250		
Pantoprozole Injection: 40mg/ml	Atleast 2 years	Vial/ampoule	10		
Pantoprozole Solid Oral dosage form: 40mg	Atleast 2 years	Box	15		
Paracetamol Infusion 10mg/ml	Atleast 2 years	Btl	25		
Paracetamol suppositories 125mg	Atleast 2 years	Pkt	15		
Paracetamol suppository 250mg	Atleast 2 years	Pkt	15		
Paracetamol suspension 120mg/5ml	Atleast 2 years	Btl	50		
Paracetamol tablets 250mg (Elymol,Sheladol,Regamol)	Atleast 2 years	Box	100		
Parafin Gauze Dressing 10cm x 5m	Atleast 2 years	PCS	25		
Penicillin syrup 125mg/5ml	Atleast 2 years	Btl	40		
Penicillin, benzathine benzyl	Atleast 2 years	Vial	50		
Penicillin, benzyl (X- pen)	Atleast 2 years	Vial	50		
Penicillin, Phenoxy methyl (Pen V) Solid oral dosage form: 250mg	Atleast 2 years	Box	50		
Phenobarbital Injection: 100mg in 2ml	Atleast 2 years	Vial	10		
Phenobarbital Solid Oral dosage form: 30mg	Atleast 2 years	Box	5		
Piroxicam 20mg- Piricam	Atleast 2 years	Box	25		
Plaster Wound Adhesive 5 cm x 4m	Atleast 2 years	PCS	50		
Potassium Permanganate	Atleast 2 years	Btl	50		
Povidone Iodine 100ml	Atleast 2 years	Btl	20		
Povidone iodine 250ml	Atleast 2 years	Btl	15		
Praziquantel Solid oral dosage form: 600mg	Atleast 2 years	Box	50		
Prednisolone Eye Drops	Atleast 2 years	Btl	5		
Pregabalin 150mg	Atleast 2 years	Box	25		
Pregabalin 75mg	Atleast 2 years	Box	25		
Propranolol tabs 40mg	Atleast 2 years	Box	15		
RINGER LACTATE RL 500L	Atleast 2 years	Btl	5		
Risperidone 2mg	Atleast 2 years	Box	5		
Rosuvastatin Solid oral dosage form: 20mg	Atleast 2 years	Box	15		

Rosuvastatin Solid oral dosage form: 10mg	Atleast 2 years	Box	20		
Salbutamol inhaler	Atleast 2 years	Btl	5		
Salbutamol respules: 0.5mg/ml	Atleast 2 years	Respules	10		
Salbutamol syru 100ml	Atleast 2 years	Btl	10		
Salbutamol tabs	Atleast 2 years	Box	15		
Salicylic acid+ Betamethasone	Atleast 2 years	Tube	20		
Scalp Vein set 21 G	Atleast 2 years	PCS	50		
Scalp Vein set 23 G	Atleast 2 years	PCS	50		
Scalp Vein set 25 G	Atleast 2 years	PCS	50		
Secnidazole	Atleast 2 years	Pkt	50		
Silver Sulfadiazine burnox cream	Atleast 2 years	Tube	20		
Snake Venom Polyvalent Antiserum	Atleast 2 years	Btl	2.5		
SODIUM CHLORIDE IV NS	Atleast 2 years	Btl	5		
Sodium cromoglycate	Atleast 2 years	Btl	5		
Sodium Valproate Solid Oral dosage form: 500mg	Atleast 2 years	Box	2.5		
Sodium Valproate syrup 200mg	Atleast 2 years	Box	5		
Spirolactone Spirolon 25mg	Atleast 2 years	Box	20		
STOOL SAMPLE COLLECTOR	Atleast 2 years	PCS	250		
Sulbactam + Ceftriaxone 1.5gm	Atleast 2 years	Btl	10		
Sulfadoxine + Pyrimethamine- Lefin	Atleast 2 years	Pkt	50		
Syringe Disposable Insulin with needle 1cc	Atleast 2 years	PCS	50		
Syringe Disposable with needle 10 cc	Atleast 2 years	PCS	50		
Syringe Disposable with needle 2 cc	Atleast 2 years	PCS	50		
Syringe Disposable with needle 5 cc	Atleast 2 years	PCS	50		
Tamsulosin hydrochloride, Solid oral dosage form: 0.4mg	Atleast 2 years	Box	10		
Tape Plastic Adhesive Micro Perfected 2.5 cm x 5m	Atleast 2 years	PCS	20		
Tape Plastic Adhesive Micro Perfected 5 cm x 5m	Atleast 2 years	PCS	15		
Telmisartan tabs 40mg 30's	Atleast 2 years	Box	15		
Telmisartan tabs 40mg plus hydrochlorthiazide	Atleast 2 years	Box	25		
Telmisartan tabs 80mg 30's	Atleast 2 years	Box	15		
Telmisartan tabs 80mg plus hydrochlorthiazide	Atleast 2 years	Box	25		
Terbinafine Cream form: 10mg/gm	Atleast 2 years	Tube	25		
Terbinafine Solid oral dosage form: 250mg	Atleast 2 years	Box	50		
Terimidol syrup	Atleast 2 years	Btl	25		
Tetracycline eye ointment	Atleast 2 years	Tube	15		
Tetracycline tablets	Atleast 2 years	Box	10		
Timolol Eye Drops	Atleast 2 years	Btl	5		
Tinidazole Solid oral dosage form: 500mg	Atleast 2 years	Pkt	50		
Tramadol Hydrochloride Injection: 50mg/ml	Atleast 2 years	Ampoule	10		
Tramadol Hydrochloride tabs 50mg	Atleast 2 years	Box	15		
Tranexamic acid Injection: 500mg/ml	Atleast 2 years	Vial	15		

Tranexamic acid Solid oral dosage form: 500mg	Atleast 2 years	Box	25		
Trust Lily	Atleast 2 years	Pkt	150		
Tube Nasal Feeding CH14	Atleast 2 years	PCS	5		
Tube Nasal Feeding CH5	Atleast 2 years	PCS	5		
Tube Nasal Feeding CH8	Atleast 2 years	PCS	5		
UPT	Atleast 2 years	BOX	250		
Urine Colletion Bag for Adults 2000 cc	Atleast 2 years	PCS	50		
URINE SAMPLE COLLECTOR	Atleast 2 years	PCS	250		
VACCUTAINER PURPLE	Atleast 2 years	PACK	50		
VACCUTAINER RED	Atleast 2 years	PACK	50		
VITAMIN B COMPLEX	Atleast 2 years	Box	50		
WATER FOR INJECTION	Atleast 2 years	Btl	25		
WHEEL CHAIR	Atleast 2 years	PCS	5		

3. Delivery Location **SURVIVAL HOSPITAL**

4. Delivery period offered is **14** days from date of the Local Purchase Order

5. The technical specification for items to be supplied.

6. The mini competition quotation submission deadline will be on **10:00 PM at 25/06/2024**. Mini competition Quotations will be opened promptly online on the submission deadline date and time.

SECTION II: INSTRUCTIONS TO TENDERERS

Instructions to Tenderers

1. The tenderer shall submit the following documents to its quotation;
 - 1.1 Manufacturer Authorization Letter (if any)
 - 1.2 A Sample of the goods shall be
2. Tender price rates quoted by the tenderer shall be fixed for the duration of the contract and shall not be subject to adjustment on any account.
3. The Supplier shall complete the Quotation Submission Form which is provided.
5. The Tenderer shall fulfill the following criteria with this mini-competition quotation:
 - 5.1. Confirm Tender Validity Period of **45 days**.
 - 5.2. Confirm with the delivery time of **14 days**.
 - 5.3. Comply with the technical specifications indicated.
 - 5.4. Terms of payment will be 50 percent (%) before receiving Goods and 50 percent (%) will be completed after receiving Goods.
 - 5.5. In case of a Tenderer offering to supply goods that the Tenderer does not manufacture or otherwise produce, the Tenderer must show that he has been duly authorized by the goods 'manufacturer to supply the goods in Tanzania by submitting efd and delivery note.

QUOTATION SUBMISSION FORM

[date].....

To: [Full address of Procuring Entity (PE)]

We agree to supply the goods specified in the Schedule of Requirement and prices of the

..... [name and identification number of

quotation] in accordance with the Conditions of Contract accompanying this Tender for the Contract

Price of [amount in numbers],

..... [amount in words] in Tanzanian Shillings.

We also offer to delivery the said goods within the period ofdays/weeks / months (delete as

necessary) as specified in the LPO, Special Conditions of Contract and General Conditions of Contract. This quotation and your written acceptance of it shall constitute a binding Contract between us. We understand that you are not bound to accept the lowest or any quotation you receive.

We agree to abide by this Tender for the Tender Validity Period and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

We are not participating, as Tenderers, in more than one Tender in this tendering process, other than alternative offers in accordance with the Tendering Documents.

We declares that our quoted price did not involve agreement with other tenderers for the purpose of tender suppression.

We hereby confirm that this quotation complies with the conditions required by the invitation for quotations.

Authorized Signature:

Name and Title of Signatory:

Date:

Name of Tenderer:

Address:

Manufacturer's Authorization Form

To:[*name of the Purchaser*]

WHEREAS[*name of the Manufacturer*] who are established and reputable manufacturers of[*name and/or description of the goods*] having factories at[*address of factory*]

do hereby authorize[*name and address of Agent*] to submit a quotation, and subsequently negotiate and sign the Contract with you against IFTNo.[*reference of the Invitation to Tender*] for the above goods manufactured by us.

We hereby extend our full guarantee and warranty of the General Conditions of Contract for the goods offered for supply by the above firm against this Invitation for Quotation.

[signature for and on behalf of Manufacturer]

Note: *This letter of authority should be on the letterhead of the Manufacturer and should be signed by a person competent and having the power of attorney to bind the manufacturer. It should be included by the Tenderer in its Tender.*

Performance Securing Declaration

Date:
.....[insert
date (as day, month and
year)]

Local Purchase Order
No.:.....[insert
Local Purchase Number]

To:
.....[insert complete name of Employer]

I/We, the undersigned, declare that:

- 1. I/We understand that, according to your conditions, we are required to guarantee the faithful performance by the Contractor of its obligations under the Contract.
- 2. I/We accept that: I/We will be disqualified from participating in public procurement for the period of time determined by the Public Procurement Regulatory Authority in accordance with the procedures stipulated in the Public Procurement Act and Public Procurement Regulations if I/We have failed to execute the Contract in accordance with the Terms and Conditions therein.

I/We understand that this Performance Securing Declaration shall cease to be valid upon satisfactory performance and final acceptance of the Works by the Employer.

Signed:..... [insert signature of person whose name and capacity are shown] in the capacity of[insert legal capacity of person signing the Performance Securing Declaration]

Name:[insert complete name of person signing the Performance Securing Declaration]

Duly authorized to sign the Contract for and on behalf of:..... [insert complete name of Contractor]

Dated on day of _,[insert date of signing]

Corporate Seal (where appropriate)