



REPUBLIC OF THE PHILIPPINES  
Department of Health

NATIONAL CENTER FOR MENTAL HEALTH



04/25/25

## NOTICE OF AWARD

April 14, 2025

### **KIPSON PHARMACEUTICAL TRADING**

Global 24 Center, 953 Nueve De Pebrero St.

Brgy. Mauway Mandaluyong City

Tel No.: +(02) 8735-2633; +63 917-1283840

Email: kipsonpharmatrading@gmail.com

Sir / Madam:

Please be advised that based on the results of the **NEGOTIATED PROCUREMENT- TWO FAILED BIDDINGS** conducted by the National Center for Mental Health for the **SUPPLY AND DELIVERY OF DRUGS AND MEDICINES (SERVICE PATIENTS) CY 2025**, the following items are hereby awarded to your company:

ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
TFB25-06	1,000	tablet	Bisacodyl 5mg tablet Brand: DYLAX Origin: India	₱ 9.00	₱ 9,000.00
TFB25-10	1,000	tablet	Furosemide 20 mg Brand: GENERIC Origin: Philippines	5.00	5,000.00
TFB25-12	500	ampule	Tetanus Antitoxin 1500 IU/1 ml, solution Brand: ANTITET 1500 IU Origin: China	125.95	62,975.00
TOTAL AMOUNT					₱ 76,975.00

You are hereby required to submit the following **within ten (10) calendar days**:

- Notarized Contract Agreement Form (Legal Size) for the **NEGOTIATED PROCUREMENT- TWO FAILED BIDDINGS FOR THE SUPPLY AND DELIVERY OF DRUGS AND MEDICINES (SERVICE PATIENTS) CY 2025**

**NOTE:** The signatory shall be **NOEL V. REYES, MD, FPPA, MMHoA, MEDICAL CENTER CHIEF II**; and

*"There is no Health without Mental Health"*

9 De Pebrero St., Brgy. Mauway, Mandaluyong City

Trunkline: 8531-9001 Website: www.ncmh.gov.ph





- Performance Security in any forms and amount stipulated below:

A. Cash or Cashier's / Manager's Check issued by a Universal of Commercial Bank.	
B. Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, That it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	Five Percent (5%) of the Total Contract Price
C. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty Percent (30%) of the Total Contract Price

**NOTE: Failure to provide any of the aforementioned requirements within ten (10) calendar days shall constitute sufficient grounds for cancellation of this Award and forfeiture of the Bid Security.**

Truly yours,

  
**NOEL V. REYES, MD, FPPA, MMHoA**  
 Medical Center Chief II

**CONFORME:**   
 EMMIE JOYCE ANN CANUA  
 Authorized Representative (Name & Signature)  
 4-21-25  
 Date and Time