



REPUBLIC OF THE PHILIPPINES

Department of Health

NATIONAL CENTER FOR MENTAL HEALTH



NOTICE OF AWARD

April 14, 2025

METRO DRUG, INC.

Sta. Rosa Estate, Brgy. Macabling,

Sta. Rosa, Laguna

Tel No.: +63 8424-1228/ 09178539770

Email: adizon@metrodrug.com.ph

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
TFB25-09	2,000	tablet	Acetazolamide 250mg Brand: CETAMID 250mg tablet by 100's Origin: Bangladesh	₱ 14.93	₱ 29,860.00
TFB25-13	12,000	tablet	Lithium Carbonate 450mg x100 Brand: LITCAB 450mg Sustained-Release tablet by 100's Origin: India	4.76	57,120.00
TOTAL AMOUNT					₱ 86,980.00

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

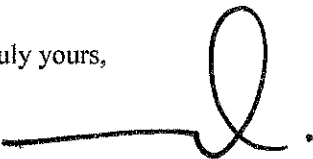



- Performance Security in any forms and amount stipulated below:

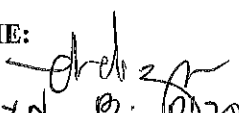
A. Cash or Cashier's / Manager's Check issued by a Universal of Commercial Bank.	
B. Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, That it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign 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, MMH_oA
 Medical Center Chief II 

CONFORME:


ANNIELYN B. DIZON
 Authorized Representative (Name & Signature)

4/28/25
 Date and Time