



**NOTICE OF AWARD**

October 17, 2022

**ONE DEXCEL PHARMA INC.**

Unit 1405, One Park Drive, 11<sup>th</sup> Drive,  
Corner 9<sup>th</sup> Avenue, Bonifacio Global City,  
Taguig City, Metro Manila  
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Email: info1@onedexcelpharma.com;  
regulatory@onedexcelpharma.com;  
jhunk@onedexcelpharma.com

Sir / Madam:

Please be advised that based on the results of the Public Bidding conducted by the National Center for Mental Health for the **Supply and Delivery of Drugs and Medicines (Additional) CY 2022**, the following list of items is hereby awarded to your company:

NO.	ITEM DESCRIPTION	ITEM CODE	QTY	UOM	UNIT PRICE	TOTAL PRICE
1	Tetanus Antitoxin 1500 IU/ 0.7 ml, solution Origin: <i>China</i>	DMA22-39	1,500	Ampule	PHP 109.98	PHP 164,970.00
2	Phenytoin 100 mg Origin: <i>India</i>	DMA22-48	55,000	Capsule	PHP 14.98	PHP 823,900.00
<b>TOTAL AMOUNT:</b>						<b>PHP 988,870.00</b>

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

- Contract Agreement Form (Legal Size) for the Public Bidding for the **Supply and Delivery of Drugs and Medicines (Additional) CY 2022**

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

- Notarized Performance Securing Declaration; **or**
- Performance Security in any forms and amount stipulated below:

*"There is no Health without Mental Health"*



A. Cash or Cashier's / Manager's Check Bank Guarantee	Five Percent (5%) of the Total Contract Price
B. Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS	Thirty Percent (30%) of the Total Contract Price

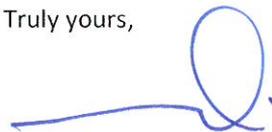
- LABELLING:

For each box, bottle, and corrugated carton, the following should be a legibility imprint:

**"Philippine Government Property  
Department of Health  
NOT FOR SALE"**

Failure to provide any of the above-mentioned requirements 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:**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date and Time