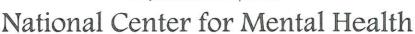


REPUBLIC OF THE PHILIPPINES Department Of Health





NOTICE OF AWARD

October 17, 2022

ONICARE PHARMA TRADING & GENERAL MDSE.

Blk 8, Lot 36, Villa Consolacion Subd.,

San Jose, Antipolo City

Tel No.: +63 587-3118; +63 9324249818

Email: cayabyabella@gmail.com

onicarepharma@gmail.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 | Furosemide 20 mg Brand: GENERIC Origin: Philippines | DMA22-19 | 2,000 | Tablet | PHP 1.60 | PHP 3,200.00 |
| 2 | Tranexamic Acid 500 mg Brand: HAEMOREX Origin: <i>Philippines</i> | DMA22-20 | 1,000 | Capsule | PHP 12.50 | PHP 12,500.00 |
| | | | • | TOTAL | AMOUNT: | PHP 15,700.00 |

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"





| Α. | | Five Percent (5%) of the Total Contract Price | |
|----|-------------------------------------|---|--|
| | Bank Guarantee | | |
| В. | Surety Bond callable upon demand | Thirty Percent (30%) of the Total Contract | |
| | issued by a surety or insurance | Price | |
| | company duly certified by Insurance | | |
| | Commission / GSIS | | |

• 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, | <u>.</u> |
|--------------------------------------|-------------------|
| NOEL V. REYES Medical Center Chie | , MD, FPPA, MMHoA |
| CONFORME: | |
| Authorized Represe | entative |
| Date and Time | |