

## Annex-1 Quotation Form

**Name of Bidder:** \_\_\_\_\_

**Bidder Contact Details: (Phone No., Email)** \_\_\_\_\_

**Request for Quotation No:** UNFPA/SYR/RFQ/RH/11-2021/30

**Currency of Bid price:** \_\_\_\_\_

**Delivery time (weeks from receipt of order till dispatch):** \_\_\_\_\_

**Expiration of Validity of Quotation (The quotation shall be:**

*Valid for a period of at least **three (3) months** after the Closing date.):* \_\_\_\_\_

**“Partial quotes are permitted per line. However, the bidder shall submit the offer for the full quantity”**

**Price Schedule:**

#	Item	UoM	Quantity	Unit Price	Total Price	Manufacturer / Trade name	Delivery Time
1	Iron carbonyl 50 mg + zinc sulfate 22.5 mg + folic acid 0.5	Capsule	500,000				
2	Calcium 500 mg + Vit D3 400 IU	Capsule	500,000				
3	Ondansetron	Tablets	125,000				
4	Metronidazole 750mg + Miconazole nitrate 200mg	Vaginal Ovule	100,000				
5	Ceftriaxone sodium 1g	Flacon	5,000				
6	Miconazole or ketoconazole 200	Tablets	75,000				
7	Miconazole 400 mg Or Tioconazole 300mg	Vaginal Ovule	25,500				
8	Hydrocortisone + Neomycin + Nystatin	Cream	25,000				
9	Brufen 400	Tablets	200,000				
10	Diclofenac sodium 75 mg	Ampoule	2,000				



11	Drotaverine hydrochloride	Ampoule	5,000				
12	Omperezole 40 mg	Capsule	10,000				
13	Meropenem 1g	Ampoule	1000				
14	Meropenem 0.5 g	Ampoule	1000				
<b>Total</b>							

I hereby certify that this company, which I am duly authorized to sign for, accepts the terms and conditions of UNFPA (<http://www.unfpa.org/resources/unfpa-general-conditions-contract> ) and we will abide by this quotation until it expires.

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Date and Place