



## Annex-1 Quotation Form

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

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

Request for Quotation No: UNFPA/SYR/RFQ/RH/08-2022/18

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	Lidocaine Gel 2%	Tube Gel	50				
2	Metoprolol 5mg /5ml	Ampoule	1000				
3	Dopegyt 250mg	Tablet	5000				
4	Nifedipine 10mg	Tablet	2000				
5	Salbutamol	Ampoule	1000				
6	Fosmide 20mg	Ampoule	1500				
7	Hydrocortisone 100 mg	Vial	4000				
8	Atropine 1 mg	Ampoule	500				
9	Gentamicin 80 mg	Ampoule	1000				
10	Lidocaine 2% / 50 ml	Vial	100				
<b>Total</b>							



United Nations Population Fund,  
UNFPA Syria  
Website: [www.unfpa.org](http://www.unfpa.org)

**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.**

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**Name and title**

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**Date and Place**