



Annex-1 Quotation Form

Name of Bidder: _____

Bidder Contact Details: (Phone No., Email) _____

Request for Quotation No: UNFPA/SYR/RFQ/RH/09-2022/20

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	500				
6	Fosmide 20mg	Ampoule	1500				
7	Hydrocortisone 100 mg	Vial	4000				
8	Atropine 1 mg	Ampoule	1000				
9	Gentamicin 80 mg	Ampoule	1000				
10	Lidocaine 2% / 50 ml	Vial	1000				
Total							

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