

PRICE SCHEDULE (Medical Supply)**Lot 3: Ref#: UA/MS/BHCs/004 (AFV Kabul Project)**

Note: The quantity mentioned in the list is for 7 BHC clinics in Three months. The supplier who wins the BID must supply this medicines to Union aid main stock as per purchase orders.

نوت: تعداد ذکر شده در لیست، برای ۷ کلینک BHC برای سه ماه میباشد. سپلایر که BID را برنده شود این ادویه را به دفتر مرکزی یونین اید سپلای کند

Item Name	Specification	Company	Unit Type	Qty	Unit price	Total Amount	Remarks
Crepe elastic bandage 10cm*4.5m, per (roll)	10cm*4.5m, per (roll)	CHINA /Equalent quality	Roll	500			
Adhasive tape 2.5x5m ,Roll	Roll	CHINA /Equalent quality	Roll	400			
Alchol pad 200/box	Box	CHINA/Equalent quality	Box	200			
surgical Cotton Hydrophyllic 400gr	Roll	Surgitex	Roll	50			
Guas Pade 10 x 10, Pack/10	Pack	HERO	Pack	100			
Gloves disposable Pack/100	Box	CHINA /Equalent quality	Box	150			
Gloves Stril. Siz 8, 7.5 - Pack/50 Pairs	Box	CHINA /Equalent quality	Box	10			
Face Masks	Box of 50 strip	CHINA /Equalent quality	Box	50			
Hand Sanitizer 500ml/bottle	500ml	CHINA /Equalent quality	Bottle	100			
Surgical blade	Box	ASHQARI SAHEB	Box	30			
Povidone Iodine solution 450ml 10%	Solution 10%, 450ml	Avison Pharma	Solution	100			
Syringe disposable 10ml - with needle	Syringe 10ml box of 100	CHINA	Box/100	50			
Syringe disposable 5ml - with needle	Syringe 5ml box of 100	CHINA	Box/100	100			
Tongue depressor (wooden), disposable	Wooden	ASCC	Box	100			
Infusion set	Unit	CHINA	Unit	2000			
Achuchik Strips	box	Achuchik	Box	20			
Urinary Catheter(folly) size 10G	Unit	ASCC	Unit	100			
Urinary Catheter(folly) size 16G	Unit	ASCC	Unit	100			
Total (AFN)							

Please make sure that following documents are submitted (dully singed and stamped): 1) Price Schedule 2) Tenderer's Relevant Experience 3) Tenderers Declaration (Signed/stamped) 4) Company Certificate of Registration 5) Copy of the valid TIN 6) Profile including copies of previous Purchased Orders/Contracts for relevant experiences provided in "Tenderer's Relevant Experience Form). **Bidder must provide its contact information like valid contact number and valid office address, non-provision of contact information may have serious impact on evaluation of your bids.**

Please note that previous experience is one of criteria for bid evaluation therefore non-submission may have impact on evaluation.

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Please mention your bid/quote on this form along with your signature and stamp on each page or in the same manner on your letterhead

Name of Bidder _____ Business Name _____

Signature & Stamp of Bidder _____

Date _____ Contact Number of Bidder _____

Office Address of Bidder _____

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