

REQUEST FOR QUOTATION

RFQ Reference: PROC DOC24-182

Date: 18 November 2024

Subject of RFQ): **Medical Equipment**

International Organization for Migration kindly requests your quotation for the provision of the goods, works and/or services described in the RFQ submission form below.

When preparing your quotation, please be guided by the RFQ information below. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

RFQ INFORMATION

Deadline for the submission of quotation	EXTENDED to 01 December 2024 If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/ .
Method of submission	Quotation must be submitted as follows: <input type="checkbox"/> E-tendering <input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Courier / Hand delivery (in sealed pocket)
Cost of preparation of quotation	IOM shall not be responsible for any costs associated with a vendor’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.
Contractual Terms	Any Purchase Order that will be issued as a result of this RFQ shall be subject to the IOM standard terms for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement or IOM standard contract templates.
Documents to be submitted	Bidders shall submit and sign the-bid submission form below.
Quotation validity period	The quotation shall remain valid for 30 days from the deadline for the submission.
Price	Quotations shall be for the goods, works, Transportation, Installation and/or services stated in the Specification/TOR/SOW
Partial quotations	<input type="checkbox"/> Not permitted <input checked="" type="checkbox"/> Permitted You may quote for the available equipment in your company
Clarifications	Contact person for correspondence, notifications and clarifications Contact person: Procurement Unit of IOM-Tehran E-mail address: iomtehranprocurement@iom.int • Please use the Subject of RFQ for your emails.
Evaluation method	<input type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input checked="" type="checkbox"/> Other (Cumulative evaluation of price, quality and delivery date .etc)
Right not to accept any quotation	IOM is not bound to accept any quotations, nor award a contract or purchase order
Expected date for contract/PO award.	4 December 2024

Thank you and we look forward to receiving your quotation.

Issued by: Procurement Unit

QUOTATION SUBMISSION FORM

RFQ Reference: Medical Equipment	Date: Click or tap to enter a date.
RFQ ref no: PROC DOC24-182	

Requirements (Specs/TOR/SOW)

Row	Item	Specification
1	Defibrillator/AED	With Semi-automatic and Fully Automatic protocols, minimum shock energy options: 120J, 150J and 200J, Charge time: less than 15 s, having ECG Viewing Window, ability to record ECG and CPR for min 1 hour, Zoll or equivalent
2	Trolley	with 5 drawers in standard size (Max:96*55*100cm), plastic body and wheel (not metal), 2 first drawer must have medication shelf, all drawer in same colour, have drawer lock, should have Oxygen tank, and safety box holders.
3	Glucometer	Accu-Chek Active, Rosemax HS200, Beurer GL 42 Blood Glucose Testing Machine or equivalent in quality and technical specs with CE and FDA certificate with 100 test strips
4	Pulse Oximeter	Beurer P030, brisk P016, micro life Oxy200 or equivalent in quality and technical specs with CE or FDA certificate
5	O2 tank with manometer (for clinic)	5 litter of capacity with monometer, compatible with the tank container of the Emergency trolley, in white colour, with cap protector, must have Iran National Standards Organization (INSO) certificate
6	Ambo bag adult (with face mask)	Ambo Bag Adult with face mask, CE or FDA certificate
7	Ambo bag paediatric (with face mask)	Ambo bag paediatric with face mask, CE or FDA certificate
8	Medical flashlight	Medical pen light with CE or FDA approval, Zenith med or rose max or equivalent in quality

Delivery Requirements: As soon as possible

Currency of the Quotation: Iranian Rials (IRR)					
INCOTERMS: DAP					
Item No	Description	UOM	Qty	Unit price	Total price
1	Defibrillator/AED	PCS	1		
2	Trolley	PCS	1		
3	Glucometer	PCS	2		
4	Pulse Oximeter	PCS	3		
5	O2 tank with manometer (for clinic)	PCS	1		
6	Ambo bag adult (with face mask)	PCS	2		
7	Ambo bag paediatric (with face mask)	PCS	2		
8	Medical flashlight	PCS	4		
Total Price					
VAT					
Transportation Price					
Total Final and All-inclusive Price					

Note** For Technical Evaluation, please share the catalogue or specification of the items quoted above in a separate sheet.

BIDDER'S DECLARATION OF CONFORMITY¹

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I hereby represent and warrant that neither the vendor, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor is financially sound and duly licensed.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor complies with all applicable laws, ordinances, rules and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will in all circumstances act in the best interests of IOM.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the vendor any direct or indirect benefit arising from the contract.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has not misrepresented or concealed any material facts during the contracting process.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will respect the legal status, privileges and immunities of IOM as an intergovernmental organization.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that neither the vendor nor any persons having powers of representation, decision-making or control over the vendor or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the "UN Sanctions List") or are the subject of any sanctions or other temporary suspension. The vendor will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that, the vendor will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition and transparency, and will avoid any conflict of interest.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor undertakes to comply with the Code of Conduct, available at https://www.ungm.org/Public/CodeOfConduct .

¹ This form is mandatory to fill in and sign by every vendor who submits quotation

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the vendor to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I certify that I am duly authorized to sign this Declaration and on behalf of the vendor I agree to abide by the terms of this Declaration for the duration of any contract entered into between the vendor and IOM.
<input type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the vendor, with immediate effect and without liability, in the event of any misrepresentation made by the vendor in this Declaration.

Signature: _____

Name: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

Date: [Click or tap to enter a date.](#)