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| **BOQ Medical Equipment** |
| Each item shall be subjected to a two-year comprehensive warranty.The price should include delivery, testing and commissioning |
| **#** | **Item** | **Specifications** | **Qty** | **Unit Cost****In USD** | **VAT****In USD** | **Total Cost****In USD** |
| 1 | X-ray Radiographic unit, digital, single detector | **Please refer to the Specifications Document** | 1 |  |  |  |
| 2 | Dental Opera ng Unit | **Please refer to the Specifications Document** | 1 |  |  |  |
| 3 | Dental X-ray unit, wall mounted | **Please refer to the Specifications Document** | 1 |  |  |  |
| 4 | Dental Apex Locator | **Please refer to the Specifications Document** | 1 |  |  |  |
| 5 | Centrifuge, bench mounted, fixed rotor | **Please refer to the Specifications Document** | 1 |  |  |  |
| 6 | Electrocardiograph ECG, digital with trolley | **Please refer to the Specifications Document** | 2 |  |  |  |
| 7 | Diagnos c Set,Otoscope/Ophthalmoscope,Portable | **Please refer to the Specifications Document** | 4 |  |  |  |
| 8 | Oxygen Concentrator, 10 LPM | **Please refer to the Specifications Document** | 2 |  |  |  |
| 9 | Ultrasound printer | **Please refer to the Specifications Document** | 1 |  |  |  |
| 10 | Abdominal & endo-vaginal ultrasound convex probes for Vinno E10 Ultrasound | **Please refer to the Specifications Document** | 1 |  |  |  |
| 11 | Automated ExternalDefibrillator | **Please refer to the Specifications Document** | 1 |  |  |  |
| **Total** |  |

Name:……………………………………………………..

Signature:…………………………………………………

Stamp:……………………………………………………………..