

UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

Telegram" AFYA DODOMA
Email: temekerh@afya.go.tz



Medical Officer In-charge
Temeke Regional Referral Hospital
P.O Box 45232
Dar es Salaam

**Local Purchase Order for
Procurement of Goods**

Quotation No: PA/009/2021-22/HQ/G/06 LOT 8

**SUPPLY, INSTALL, TEST, TRAIN AND COMMISSION MEDICAL
EQUIPMENTS**

BETWEEN

TEMEKE REGIONAL REFERRAL HOSPITAL

AND

**JAFFERY IND. SAINI LTD
P.O Box 45232
DAR ES SALAAM**

A handwritten signature in black ink, located at the bottom right of the page.

To: **JAFFERY IND. SAINI LTD**

Your quotation with reference No. PA/009/2021-22/HQ/G/06 LOT 6 dated 01st December, 2021 is hereby by us and you are required to supply desktop computers with UPS and other equipments as detailed on the attached Schedule of Requirements and Prices against the terms and conditions contained in this Local Purchase Order (LPO). This order is placed subject to the attached Special Conditions of Contract (SCC) and General Conditions of Contract (GCC) for LPO, except where modified by the terms stated below.

TERMS AND CONDITIONS OF THIS LOCAL PURCHASE ORDER:

1. **Contract Sum:** Tanzania shillings one hundred twenty one million eight hundred fifty four thousand two hundred fifty only (Tshs. 121,854,250) VAT Inclusive
2. **Delivery Period:** The completion period of this services are at or before 30th June, 2022.
3. **Delivery point:** The goods are to be delivered at Temeke Regional Referral Hospital.

Contact Person: Notices, enquiries and documentation should be addressed to;
Medical Officer In-charge,
Temeke Regional Referral Hospital,
P.O Box 45232,
Dar es Salaam

4. **Payment to Supplier:**

Payment will be made within *thirty (30)* days on completion of satisfactory performance of the contract. The following documentation must be supplied for payments to be made:

- a) An original and two copies of an Invoice;
- b) Acceptance certificate signed by a responsible person or committee for certifying satisfactory completion of the order/service];
- c) Electronic Fiscal Device (EFD) receipt; and

5. The following documents form part of this Contract (LPO):

- a) Local Purchase Order (LPO)
- b) Letter of Acceptance
- c) Special Conditions of Contract for LPO
- d) General Conditions of Contract for LPO

SCHEDULE OF REQUIREMENTS AND PRICES

SN	DESCRIPTION OF GOODS	Unit of Measure	QTY	Unit PRICE	Amount
1.	ICU BEDS & MATTRESS	PCS	6	10,404,059	62,424,354
2	STRETCHER (HEAVY DUTY)	PCS	10	3,481,000	34,810,000
3	BEDSIDE LOCKER	PCS	12	581,740	6,980,880
4	CARDIAC TABLE	PCS	12	719,918	8,639,016
5	HOSPITAL BED WITH MATTRESS	PCS	12	1,720,000	9,000,000
SUB-TOTAL					121,854,250
18% VAT					Inclusive
TOTAL AMOUNT (VAT INCLUSIVE)					121,854,250

For Client:

MEKEKE REGIONAL REFERRAL HOSPITAL

P. O. Box 45232

Signature:

Name:

Designation:

Date:

For Supplier:

JAFFERY IND. SAINI LTD

Signature:

Name:

Designation:

Date:

UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

Telephone Address: "HEALTH",

Telephone:

Email: temekerh@afya.go.tz



The Office of Medical Officer In-charge
Temeke Regional Referral Hospital

P.O Box 45232

In reply please quote:

Ref.No. MNH/CSO/TENDER/VOL.IV/364/2022

Date: 06/06/2022

MANAGING DIRECTOR

JAFFERY IND. SAINI LTD,

P.O Box 5416,

DAR ES SALAAM,

TANZANIA

RE: LETTER OF ACCEPTANCE

Reference is made to the above subject.

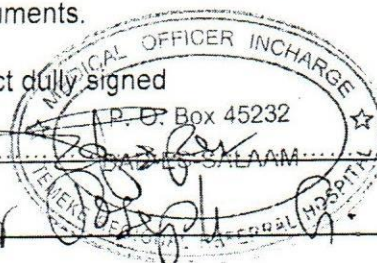
This is to notify you that your Tender No PA/009/2021-22/HQ/G/06 LOT 8 for Supply, Install, Test, Train and Commission Medical Equipments at a Contract Price of Tanzania shillings one hundred twenty one million eight hundred fifty four thousand two hundred fifty only (Tshs. 121,854,250) VAT Inclusive as corrected and modified in accordance with the instructions to bidders is hereby accepted by us as additional contract.

You are hereby instructed to proceed with the execution of the said additional Contract for the Supply, Install, Test, Train and Commission Medical Equipments in accordance with the Contract documents.

Please return the attached Contract duly signed

Authorized Signature: _____

Name and Title of Signatory: _____



Name of Client: **TEMEKE REGIONAL REFERRAL HOSPITAL**