



*This form itself must be submitted.
 Recopying is not allowed and may be a ground for disqualification*

REPUBLIC OF THE PHILIPPINES)
 MUNICIPALITY OF VIRAC)

BID SECURING DECLARATION
 Invitation to Negotiate: Procurement of Medical Equipment
 Project Identification No. 2021-05-030

To: Catanduanes State University
 Virac, Catanduanes

I/We, the undersigned, declare that:

1. I/We understand that, according to your conditions, bids must be supported by a Bid Security, which may be in the form of a Bid Securing Declaration.
2. I/We accept that: (a) I/we will be automatically disqualified from bidding for any contract with any procuring entity for a period of two (2) years upon receipt of your Blacklisting Order; and (b) I/we will pay the applicable fine provided under Section 6 of the Guidelines on the Use of Bid Securing declaration, within fifteen (15) days from receipt of the written demand by the procuring entity for the commission of acts resulting to the enforcement of the bid securing declaration under Sections 27.5, 34.2, 40.1, and 69.1, except 69.1(f), of the IRR of RA 9184; without prejudice to other legal action the government may undertake.
3. I/We understand that this Bid Securing Declaration shall cease to be valid on the following circumstances:
 - (a) Upon expiration of the bid validity period, or any extension thereof pursuant to your request;
 - (b) I am/we are declared ineligible or post-disqualified upon receipt of your notice to such effect, and (i) I/we failed to timely file a request for reconsideration or (ii) I/we filed a waiver to avail of said right;
 - (c) I am/we are declared as the bidder with the Lowest Calculated and Responsive Bid, and I/we have furnished the performance security and signed the Contract.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand/s this ____ day of _____, 20__ at _____.

 Affiant/s
 [Name/s and Signature/s of the Bidder's Authorized Representative
 and his/her/their legal capacity/ies]

 Name of Bidder Represented

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__ at _____, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity/ies as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her/their Competent Evidence of Identity.

Name	ID No.	Issued At	Issued On

NOTARY PUBLIC

Doc. No. _____;
 Page No. _____;
 Book No. _____;
 Series of 20__.



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TECHNICAL BID FORM

Bidders must state here either "Comply" or "Not Comply" against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. Statements of "Comply" or "Not Comply" must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate. A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidder's statement of compliance or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the applicable laws and issuances.]

Technical Specifications		Statement of Compliance <i>(Please state the brand and model being offered)</i>
Item	Specification	
1	Electric water pump 2Hp with tank (82-liter capacity)	
2	Drum 210 liter capacity	
3	Greenhouse anti -UV treated polyethylene 6mil thickness, 2.75x25m	
4	PVC pipe 3" diameter x 10ft	
5	PVC fittings 3" diameter	
6	Dry net 2mm 8ft x 60m	
7	PE pipe 1" diameter	
8	PE pipe 1/2" diameter	
9	GI pipe 1/2" diameter	
10	GI pipe 1" diameter	
11	GI pipe 3/4" diameter	
12	Welding Rod	
NOTE: LOT EVALUATION		

 Printed Name and Signature of Authorized Representative

 Name of Company

 Address and Telephone Number

 Date

GP