

**ANNEX A – SPECIFICATION & PRICE PROPOSAL FORM**

**REQUEST FOR QUOTATION NO: PRF-SUD-NYL-2022-0651**

**Quotation TO BE RECEIVED – Closing Date 5 October 2022**

**Medical Drugs**

**I undertake if our quotation is accepted, to ensure the supply of any of the Essential Drugs in accordance with the required specification, quality, financial offer, and delivery period as specified in the bidding document, I agree to abide by this quote for a period of 45 days from the date fixed for the opening of the quotation in the invitation to tender document, and it shall remain binding upon us and may be accepted at any time before the expiration of the period.**

**The undersigned hereby accepts the ALIGHT General Terms and Conditions for provision of Essential Drugs, including ALIGHT payment terms as specified in this Tender.**

* **Fill the Attached BOQ**

**Name of Bidder …………………………………………………………………………………….. Designation ……………………………………………………………………………………..**

**Telephone No ……………………………………………………………………………………….Email Address …………………………………………………………………………………..**

**Company Name …………………………………………………………………………………………………………………………………………………………………………………………………**

**Company Address………………………………………………………………………………………………………………………………………………………………………………………………**

**Authorized Signature ………………………………………………………………………………. Agent Stamp ………………………………………………………………………………….**

**Date ………………………………………………………..**