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| التاريخ | | Date | | : | | | | | | |  | | الرقم | | | | No. | | | | | | |  | : | | | | | | | |
| اسم الشركة | | Company Name | | : | | | | | | |  | | مسؤول التواصل | | | | Contact Person | | | | | | |  | : | | | | | | | |
| هاتف الشركة | | Telephone | | : | | | | | | |  | | الموقع الالكتروني | | | | Website | | | | | | |  | : | | | | | | | |
| العنوان | | Address | | : | | | | | | |  | | البريد الالكتروني | | | | e-Mail Address | | | | | | |  | : | | | | | | | |
|  | | |  | | | | |  | |  | | | |  | | | | |  |  | | | | | | | | |
| # | اسم المادة Name / Item | | | | المواصفات Item description/ | | | | الوحدة Unit | | الكمية Quantity | | | | المنشأ / العلامة التجارية  Origin / trademark | | | | | | السعرPrice | | | | | | العملة Currency | | | | تاريخ التسليم Delivery Date | | |
| الافرادي Unit price | | | الكلي Total Price | | |
| 1 | BIOCHEMISTRY ANALAYSER | | | | ملحق دفتر الشروط | | | | Device | | 1 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 2 | TUBE CENTRIFUGES | | | | ملحق دفتر الشروط | | | | Device | | 1 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 3 | HEMATOCRITE CENTRIFUGES | | | | ملحق دفتر الشروط | | | | Device | | 1 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 4 | MICROSCOPE | | | | ملحق دفتر الشروط | | | | Device | | 1 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 5 | Prothrombin ANALAYSER | | | | ملحق دفتر الشروط | | | | Device | | 1 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 6 | Serum pump | | | | ملحق دفتر الشروط | | | | Device | | 5 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 7 | Syringe pump | | | | ملحق دفتر الشروط | | | | Device | | 5 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 8 | Vein dicover | | | | ملحق دفتر الشروط | | | | Device | | 1 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 9 | Monitor \_ neonatal | | | | ملحق دفتر الشروط | | | | Device | | 4 | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 10 | Neonatal warmer | | | | ملحق دفتر الشروط | | | | Device | | **1** | | | |  | | | | | |  | | |  | | | € | | | |  | | |
| 11 | Intensive phototherapy (submarine) | | | | ملحق دفتر الشروط | | | | Device | | **1** | | | |  | | | | | |  | | |  | | | € | | | |  | | |
|  |  | | | |  |  |  | | | | |  | | | |  | |  | | | |  |  | | | | |  | |  | |
|  |  | | | |  |  |  | | | | |  | | | |  | | المجموع Grand Total / | | | | | | | |  | | | € | | |

ملاحظات:

1. تعتبر الاسعار المقدمة اعلاه صالحة لمدة .................... يوم من تاريخ تقديم عرض السعر هذا.
2. اوافق والتزم بكل ما ورد ضمن اعلان طلب عروض الاسعار الخاص بعرض السعر هذا، واتحمل التبعات القانونية والمالية المترتبة على مخالفتي لما ورد ضمن اعلان طلب عروض الاسعار الخاص بهذا العرض.

|  |  |
| --- | --- |
| الاسم Name / | : |
| المنصب Title / | : |
| التاريخ Date / | : |
| التوقيع والختم  Signature & Stamp | : |