

Tender No:

UHKDU/PRO/SOGE/SVS/0449/2024

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.....



University Hospital Kotelawala Defence University
Werahara ,Boralesgamuwa
Sri Lanka
T:Phone: 0112044555
Fax: 0112044592
Web:mmc53uhkdu@gmail.com

04 / 11 / 2024.

INVITATION TO BID AND GENERAL CONDITIONS OF TENDER

1. The Vice Chancellor of the General Sir John Kotelawala Defence University, as the Chairman, Department Procurement Committee invites Bid/s from prospective Bidders for Printing Of Private Forms.

2. CLOSING DATE & TIME. The tender will close at 1400 hrs on 13 / 11 / 2024. Any Bid submitted after the closing time of the tender will be rejected & unopened such bids will be returned to the bidder.

3. VALIDITY OF BID. The bid submitted under this tender **must be valid for a period of 120 days from the date of closing of tender.**

4. BID BOND / GUARANTEE.

(a) If the quoted bid value exceeds Rs: 2,000,000.00, such Bids should be accompanied with 1% of Bid Value an “on demand” and “unconditional” Bid Bond/Guarantee for a sum of **Rs:** in the format given in Annex “C” through a recognized local Bank or Insurance Company registered in Sri Lanka which is authorized by the Insurance Board of Sri Lanka to issue such Bid Guarantees. All Bid Bond/Guarantees should be valid for at least 30 days more than the validity period of bids, ie, for 150 days from the date of Bid opening. **Cheques will not be accepted as Bid Guarantee.**

(b) Submission of insufficient Bid Bond/Guarantee value or period will be considered as a “**major deviation**” and such offer will not be considered for further procurement action and will be rejected.

5. VALUE ADDED TAX. The Bidders who bid for locally delivered items must have the VAT registration. The VAT portion must be shown separately in the price schedule in Annex “A” and VAT registration number must be indicated. If the quoted item is exempted from VAT or Bidding Company is not liable for VAT, reference number and date of relevant Act number/Gazette notification/a certificate (as applicable) **issued for the current financial year** from the Commissioner General of Inland Revenue to that effect should be submitted along with the Bid.

6. BID SUBMISSION. The **bidder must duly sign at the last page (before Annexes) of this document** indicating the name of the signatory and the name of the company & place the company common seal to confirm the acceptance of tender conditions. **The Bid/s that do not include authorized signature will be rejected.** The Bid/s duly signed by the bidder enclosed and sealed in an appropriate cover addressed to the following address should be sent by registered post or could be deposited in the **appropriate tender box placed at University Hospital Kotelawala Defence University, Werahara** (at the Main Entrance of University Hospital Kotelawala Defence University) on or before the time & date specified for the closing of tender. **The tender reference number, date & time of closing tender should be indicated & underlined at the top left corner of the envelop.**

Tender Ref No :.....
Closing Date & Time :1400 hrs on 13 / 11 / 2024.....

The Chairman,
Department Procurement Committee,
University Hospital Kotelawala Defence University,
Werahara,
Sri Lanka.

7. The Bid/s must be submitted in the attached schedule of prices in Annex “A” as applicable. However, bidders could use similar formats prepared with their own letter heads with all the details mentioned therein and submit in **three copies along with duly signed copy of a General Conditions of tender.** The Bid/s must contain **Technical Literature, Pamphlets, Drawings and Quality Standard Certificate etc** necessary to determine characteristics of items offered and in case of Machinery/Vehicles & Equipment, servicing and workshop data/after sales service, back up facilities or any other facilities provided by the supplier.

8. SUBMISSION OF SAMPLES/PAYMENT OF TESTING CHARGES.

When it is required to submit samples, **every offer** must be accompanied with pre - marked samples. The marking of samples **indicating the Bidder & Offer number** must be done and the samples must be handed over to the officer at same place where tender box is placed **on or before the closing date & time of the Bid.** Samples submitted after closing time of the Bid will be rejected. The documents such as Air Way Bills etc, will not be accepted in place of samples. When the testing charges are required to be paid, bidders shall pay testing charges separately **for all offers** indicated in their bid/s.

(1) **Samples.** Please submit samples.

(2) **Testing Charges.** A sum of Rs. **per offer** must be paid to the Bursar of KDU, prior to the submission of bid and a copy of the receipt must be annexed to the bid. It is the responsibility of bidder to inform the Cashier of the Account Office to note the tender number on the receipt issued for such payments.

9. BID OPENING. All duly received bids **will be opened immediately after the scheduled closing time of Bids at the same venue.** Bidders or their accredited agents could be present at the time of opening of bids.

10. PRICES. For locally delivered items (including locally manufactured items & foreign items imported by the bidders) price must be quoted in Sri Lankan Rupees, inclusive of all charges for delivery of items to University Hospital General Sir John Kotelawala Defence University Werahara,. Unit **price, VAT and Total price should be clearly indicated in schedule in Annex “A”.** Other than VAT, all other type of taxes (eg : NBT, BTT, etc.) should not be indicated separately and should be included in unit price.

11. RESTRICTED TENDERS. Invitation to Bids are circulated among the registered suppliers with Ministry of Defence (MOD), only bids submitted by registered suppliers will be allowed for consideration. However, Chairman, Department Procurement Committee reserves the right to invite the bids from multiple combinations of Procurement Methods as stipulated in Chapter III of the Government Procurement Guideline, 2006 to ensure highest competitiveness.

12 PERFORMANCE BOND/GUARANTEE. A successful bidder shall furnish a Performance Bond/Guarantee in the form of “On Demand” & “Unconditional” Bank/Insurance Guarantee for a sum equivalent to 10% of the contract value for every contract that exceeds Rs. 2,000,000.00 or equivalent amount in foreign currency through a recognized Commercial Bank registered in Sri Lanka or through an Insurance Company authorized by the Insurance Board of loss resulting from the supplier’s failure to complete his performance obligations under the contract. If the contracted supplier fails to deliver the items Sri Lanka to issue such Performance Guarantee for this purpose, within two weeks from the date of notification of award. The proceeds of the Performance Bond/Guarantee shall be payable to the Vice Chancellor of the General Sir John Kotelawala Defence University as compensation for any o time or fails to complete the works as per the agreed contract, **THE TOTAL VALUE OF THE PERFORMANCE BOND/GUARANTEE** will be forfeited. If only partial delivery is made during the agreed contract period, the corresponding value percentage of undelivered quantity from the Performance Bond/Guarantee will be forfeited.

13. SIGNING OF CONTRACT. The notification of award will be transmitted to the successful bidder by post, by fax or e-mail. This notification constitutes the formation of the contract. The successful bidder should submit his written acceptance for the award and performance bond / guarantee (For awards over Rs. 500,000.00 without VAT) within 14 days of receipt of such notification. Upon acceptance of the award and furnishing of the Performance Bond/Guarantee, the successful bidder will have to enter into a formal contract with the Vice Chancellor of the General Sir John Kotelawala Defence University by signing the Contract.

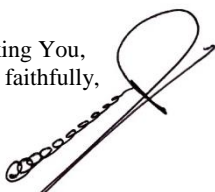
14. DELIVERY. Preference will be given for early delivery. In case of bulk supplies for locally manufactured items, the delivery of **total quantity must be completed within 120 days of signing of contract**, unless mutually agreed for extended delivery period with University Hospital Kotelawala Defence University. **The bidder/s must indicate the proposed delivery schedule in Annex “E”**. In the event of placing a purchase order with the successful bidder, the total quantity so ordered must be supplied as one consignment unless part deliveries are agreed upon in the contract. The deliveries not made as per agreed delivery schedule will be considered as bad performances by the suppliers and **no extended delivery period will be authorized**. Under extreme unavoidable conditions too, the Chairman, Department Procurement Committee (Vice Chancellor of the General Sir John Kotelawala Defence University) reserves the right to grant or refuse delivery period extensions only within the current financial year with or without liquidated claim for delayed deliveries and that decision will be final.

15. LIQUIDATED DAMAGES. In case of delivery period extensions requested by the successful bidder, a sum equivalent to 2% of the total value of the delayed supply per delay of one week or part thereof may be deducted from the payment due to the supplier from the University Hospital General Sir John Kotelawala Defence University as liquidated damages up to the maximum limit of 10% of the total value of delayed supplies.

16. PAYMENT TERMS FOR LOCALLY DELIVERED ITEMS. Payment will be made after acceptance of items which should be subjected to a pre-acceptance inspection/testing by University Hospital General Sir John Kotelawala Defence University authorities. The delivery made to University Hospital should not be considered as quantities taken over by University Hospital General Sir John Kotelawala Defence University until items are properly accepted after pre-acceptance inspection. Any item that does not conform to the specifications or already approved sample will be rejected & it is the responsibility of the supplier to remove them from University Hospital stores/premises within 07 working days of such intimation (either verbal or written) at his own cost and replace them with items conforming to specification within one month of such rejection. The bidder shall allow approximately 60-90 days period of credit from the date of acceptance of items for Account Office, University Hospital General Sir John Kotelawala Defence University to obtain liquid cash from General Treasury & release the payment.

17. RIGHTS OF THE PROCUREMENT COMMITTEE. The Department Procurement Committee reserve the right to accept or reject whole or part of this tender and their decision will be final. The successful bidders will be notified. Information with regard to rejected or unsuccessful bids will not be communicated.

Thanking You,
Yours faithfully,



.....
FOR PROCUREMENT MANAGER (GEN)
University Hospital Kotelawala Defence University

I/We agree to abide by the conditions of tender and undertake to supply the items as per delivery schedule mentioned in the contract, in the event of an order been placed with me/my firm/company as a result of this tender.

..... Signature
..... Name of Signatory

.....Name of the Company/Bidder

Date :- Company seal.....

SCHEDULE OF PRICES FOR LOCALLY DELIVERED ITE

S/N	ITEMS	UNIT	QTY	PRICE EACH SLRS	TOTAL PRICE SLRS
01	UHKDU (P) 024 Blood Sugar Monitoring Chart (A5 -60 GSM) Green Color	No's	20,000		
02	DRUG PRESCRIPTION & ADMINISTRATION RECORD (A3 -60 GSM ,DABLE SIZE)	No's	20,000		
03	HOSPITAL ADMISSION FORM (A3 BOTH SAIDE GSM 60)	No's	20,000		
04	REQUEST FOR CT SCAN (A4 DABLE SIZE GSM 60)	No's	20,000		
05	REQUEST FOR MRI SCAN (A4 SIZE GSM 60)	No's	20,000		
	Specification is attached here with Annex "B"				
	TOTAL				
	DISCOUNT				
	TOTAL(AFTER DISCOUNT)				
	VAT 18 %				
	GRAND TOTAL				

NOTE : IF POSSIBLE FORWARD YOUR PRICE QUOTATION WITH YOUR COMPANY LETTER HEAD & MOD REGISTER NO IS MANDATORY. FURTHER SAMPLES OF FORMS OBTAIN FROM FOLLOWING EMAIL :- MMC53@EMAIL.COM AND SAMPLES SHOULD ATTACHED WITH TOUR QUATATION.

- 2. a. warranty period :
- b. validity : 49 days from the date of closing of tender
- c. **payment term** : **credit**
- d. Country of Manufacture :
- e. Brand name :

3. VAT Registration No. :

4. Name of the Company :

5. Testing Charges Paid. : Rs.....
 Receipt No and Date :

6. Signature of Bidder :

7. Date. :

8. MOD registered No : Company Seal :

PROCURMENT MANAGER
 University Hospital
 General Sir John Kotelawala Defence University

DRUG PRESCRIPTION & ADMINISTRATION RECORD

Name:	Date of Birth:	Age:
BHT:	Weight:	Height:
Consultant Name:	Ward:	BMI:
	Date of Admission:	

PLEASE write in **BLOCK CAPITALS** using approved drug name.
REVIEW PRESCRIPTIONS DAILY

ALLERGIES AND DRUG SENSITIVITIES (include nature of allergy/sensitivity) <small>* Must be documented before prescription or administration of medicine except for exceptional circumstances</small>
Recorded by (name and position):

STAT PRESCRIPTIONS

ONCE ONLY Drug Name	Dose	Route	Date	Time	Prescriber Sig	Check by	Given by	Time	Pharm

AS REQUIRED (PRN) PRESCRIPTIONS

Drug Name	Date																				
Dose	Frequency	Time																			
PO/PR/MI/SC/IV	Date	Dose																			
Name & Sig of the Prescribing doctor	Pharmacy	Given by sig																			
Drug Name	Date																				
Dose	Frequency	Time																			
PO/PR/MI/SC/IV	Date	Dose																			
Name & Sig of the Prescribing doctor	Pharmacy	Given by sig																			
Drug Name	Date																				
Dose	Frequency	Time																			
PO/PR/MI/SC/IV	Date	Dose																			
Name & Sig of the Prescribing doctor	Pharmacy	Given by sig																			

Non- administration codes : 1. Patient unavailable 2. Patient Pasting 3. Omitted for clinical reasons 4. Patient refused 5. Medicine Unavailable 6. Patient self administered 7. No access to give the medicine

Regular Drugs

Drug Name		Date																	
Dose	Frequency	Time																	
PO/PR/MI/SC/IV	Date	Dose																	
Name & Sig of the Prescribing doctor	Pharmacy	Given by sig																	
Drug Name		Date																	
Dose	Frequency	Time																	
PO/PR/MI/SC/IV	Date	Dose																	
Name & Sig of the Prescribing doctor	Pharmacy	Given by sig																	
Drug Name		Date																	
Dose	Frequency	Time																	
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Drug Name		Date																	
Dose	Frequency	Time																	
PO/PR/MI/SC/IV	Date	Dose																	
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Drug Name		Date																		
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Name & Sig of the Prescribing doctor		Pharmacy	Given by sig																	
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PO/PR/MI/SC/IV	Date	Dose																		
Name & Sig of the Prescribing doctor		Pharmacy	Given by sig																	
Drug Name		Date																		
Dose	Frequency	Time																		
PO/PR/MI/SC/IV	Date	Dose																		
Name & Sig of the Prescribing doctor		Pharmacy	Given by sig																	
Drug Name		Date																		
Dose	Frequency	Time																		
PO/PR/MI/SC/IV	Date	Dose																		
Name & Sig of the Prescribing doctor		Pharmacy	Given by sig																	
Drug Name		Date																		
Dose	Frequency	Time																		
PO/PR/MI/SC/IV	Date	Dose																		
Name & Sig of the Prescribing doctor		Pharmacy	Given by sig																	
Drug Name		Date																		
Dose	Frequency	Time																		
PO/PR/MI/SC/IV	Date	Dose																		
Name & Sig of the Prescribing doctor		Pharmacy	Given by sig																	
Drug Name		Date																		
Dose	Frequency	Time																		
PO/PR/MI/SC/IV	Date	Dose																		
Name & Sig of the Prescribing doctor		Pharmacy	Given by sig																	

Non- administration codes : 1. Patient unavailable 2. Patient Pasting 3. Omitted for clinical reasons 4. Patient refused 5. Medicine Unavailable 6. Patient self administered 7. No access to give the medicine

Date DD/MM/YY			
Time (24 Hrs)			
Hospital Admission No.			
Admitted By	(Unit/Ward)	Admit To	(Unit/Ward)

Full Name		Name with Initials	
		NIC No.	
Address			
Contact No. (Mobile)		Contact No. (Home/Guardian)	
Date of Birth		Age	
Gender		Marital Status	
Male			
Female			

Emergency Contact
Guardian / Family Member Name

	Contact No.
Address	

Presenting Complaints in Brief

Management Plan

Admitting Details

Admitting Doctor's Name	
Consultant On Call	
Admit Time (24 Hrs)	
Signature of Admitting Doctor	

Working Diagnosis

Problem List

Plan

Diet Order

Normal Diet :

Diabetic Diet :

Other :

.....
.....
.....

Nutritional Referral Need :

Yes

No

Consultant Informed : Consultant Name **Time :** AM/PM

Surgeon Informed Yes No N/A

Anesthetist Informed Yes No N/A

Completed By:

Name of the Medical Officer :

Signature of the Medical Officer :

Presenting Complaint

Past Medical Hx

Past Surgical Hx

Medication Allergies and Intolerance

Drug	Dose	Frequency

Systemic Enquiry

Family Hx

Social Hx

Smoking : Yes/No Duration (Yes) No. Cigs/day Pack Years:

Alcohol Units/week :

Employment :
.....**Examination**

Temp : Height : Weight : BMI :

General Appearance : Jaundice / Anemia / Cyanosis / Clubbing / Lymphadenopathy

CVS

BP- / mmHg

Pulse :

JVP:

Apex Beat:

Heart Sounds:

S1

S2

Murmurs:

RS SpO2 : RR: PEFR :

Trachea

Expansion

Percussion Note

Breath Sounds

Legs / feet

Abdomen

CNS Involvement :

Yes

No

N/A

	Left	Right		Upper Limbs	
Pupils				Left	Right
Visual Fields			Tone		
Fundoscopy			Power		
Acuity			Reflexes		
CN II			Co-ordination		
III IV VI			Sensation		
V				Lower Limbs	
VII				Left	Right
VIII			Tone		
IX X XII			Power		
XII			Reflexes		
Cerebellar Signs			Co-ordination		
			Sensation		

Department of Radiology REQUEST FOR CT SCAN

Name:	Age:	Sex:
BHT Number:	Ward:	Date:
Region & Nature of the CT Scan:		
Indication for the CT Scan:		
<u>Clinical History</u> (Failure to provide the clinical data will result in rejection of the request)		
1. Diagnosis/ tentative diagnosis of the disease – Current symptoms & signs –		
2. Whether surgery done/ not – Type of the surgery –		
3. Tissue diagnosis –		
4. Recent CT/MRI scan findings – Photocopies attached <input type="checkbox"/>		
5. Recent USS findings – Photocopies attached <input type="checkbox"/>		
6. Other relevant details – UHKDU X-Ray No: <input style="width: 150px;" type="text"/>		
Chemotherapy - Awaiting <input type="checkbox"/>	Radiotherapy - Awaiting <input type="checkbox"/>	
- On <input type="checkbox"/>	- On <input type="checkbox"/>	
- Completed <input type="checkbox"/>	- Completed <input type="checkbox"/>	
History of drug or food allergy 1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>		
History of Bronchial Asthma 1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>		
Preparations 1) Keep fasting for 06 hours <input type="checkbox"/>		
2) Prednisolone 10 mg tds. from for three days till the date of examination <input type="checkbox"/>		
3) Serum creatinine <input type="checkbox"/>		
Informed consent of the patient:		
<u>Technical Instructions</u>		
Contrast: 1) IV <input type="checkbox"/>ml 2) Oral <input type="checkbox"/>dose 3) Rectal Contrast <input type="checkbox"/> 4) Other		
Film Series: 1) Pre Contrast <input type="checkbox"/> 2) 30 Seconds <input type="checkbox"/> 3) 30 Seconds <input type="checkbox"/> 4) Delayed <input type="checkbox"/>		
Date of appointment:/...../.....		Time of appointment:

◆ A request not signed by the Consultant will not be accepted.
 ◆ All radiographs & relevant investigation reports should be available at the time of appointment. Name of Radiographer

.....
 Name, signature & the stamp

විකිරණ දෙපාර්තමේන්තුව

ඩයි (Contrast) එන්නත් කිරීමේ සිදුකෙරෙන CT ස්කෑන් පරීක්ෂණය සඳහා සූදානම් වීමට රෝගීන් වෙත උපදෙස් ලබා දීම.

- 1) ඔබට ආහාර, ඖෂධ හෝ වෙනත් කිසියම් ආකාරයක අසාත්මිකතාවයක් (Allergy) පවතී නම් හෝ ඇදුම රෝගය සඳහා ප්‍රතිකාර ලබාගන්නේ නම් ඒ පිළිබඳ වෛද්‍යවරයා දැනුවත් කල යුතුය. එසේ අසාත්මිකතාවයක් (Allergy) හෝ ඇදුම රෝගය පවතී නම් වෛද්‍යවරයා විසින් ලබාදෙන Prednisolone 10mg පෙති දිනකට දෙවරක් බැගින් (උදෑසන 8 - රාත්‍රී 8) දින 03ක් ලබා ගැනීමෙන් පසුව පැමිණිය යුතුය.
- 2) පරීක්ෂණයට දිනකට පෙර බාහිර රෝගී අංශයට පැමිණ වාර්තාවේ නේවාසික රෝගියෙකු ලෙස ඇතුළත් විය යුතුය.
- 3) ඔබ දියවැඩියාව රෝගය සඳහා Metformin ලබා ගන්නේ නම් පරීක්ෂණය සිදු කිරීමට දින 3කට පෙර එම ඖෂධය ලබා ගැනීම නැවැත්විය යුතුය.
- 4) පරීක්ෂණයට පැය 06කට පෙර ආහාර ගැනීමෙන් වැළකිය යුතුය.
- 5) පරීක්ෂණයට පැය 02කට පමණ පෙර හොඳින් ජලය පානය කර පැමිණෙන්න.
- 6) පරීක්ෂණ දත්ත ඇතුළත් කිරීම සඳහා DVD - R තැටි දෙකක් රැගෙන පැමිණිය යුතුය.
- 7) ඔබ මෙම පරීක්ෂණය සිදු කිරීමට දින වෙන් කර ගත් පසු මෙම පරීක්ෂණය සිදු කිරීමට නියම කළ ස්ථානයේ සිටින වෛද්‍යවරයෙකු මුණ ගැසිය යුතුය.
- 8) සති 02ක් තුළ සිදු කළ Serum creatinine පරීක්ෂාවේ වාර්තාවක් තිබිය යුතුය.
- 9) පෙර සිදු කළ පරීක්ෂණ වාර්තාවල ඡායා පිටපත් රැගෙන පැමිණිය යුතුය.



Department of Radiology REQUEST FOR MRI SCAN

Name:	Age:	Sex:
BHT Number:	Ward:	Date:
Region & Nature of the MRI Scan:		
Indication for the MRI Scan:		
Clinical History (Failure to provide the clinical data will result in rejection of the request)		
1. Diagnosis/ tentative diagnosis of the disease – Current symptoms & signs –		
2. Whether surgery done/ not – Type of the surgery –		
3. Tissue diagnosis –		
4. Recent CT/MRI scan findings – Photocopies attached <input type="checkbox"/>		
5. Recent USS findings – Photocopies attached <input type="checkbox"/>		
6. Other relevant details – UHKDU X-Ray No: <input style="width: 150px;" type="text"/>		
Chemotherapy - Awaiting <input type="checkbox"/> - On <input type="checkbox"/> - Completed <input type="checkbox"/>	Radiotherapy - Awaiting <input type="checkbox"/> - On <input type="checkbox"/> - Completed <input type="checkbox"/>	
History of drug or food allergy 1) Yes <input type="checkbox"/>		2) No <input type="checkbox"/>
History of Bronchial Asthma 1) Yes <input type="checkbox"/>		2) No <input type="checkbox"/>
Preparations 1) Keep fasting for 06 hours <input type="checkbox"/>		
2) Prednisolone 10 mg tds. from for three days till the date of examination <input type="checkbox"/>		
3) Serum creatinine <input type="checkbox"/>		
Informed consent of the patient:		
Protocol		
Date of appointment:/...../.....	Time of appointment:	

- ◆ A request not signed by the Consultant will not be accepted.
- ◆ All radiographs & relevant investigation reports should be available at the time of appointment. Name of Radiographer.....

.....

Name, signature & the stamp
of the requesting Consultant

DELIVERY SCHEDULE

(IT IS MANDATORY TO FILL THE FOLLOWING SCHEDULE BY THE BIDDER) TENDER NO :

ITEM : QTY :

.....


DURATION	QTY
EX STOCK QTY (WITHIN 01 WEEK)	
01MONTH	
02 MONTHS	
03 MONTHS	
04 MONTHS	
TOTAL	

NAME OF THE BIDDER :

SIGNATURE OF BIDDER :

DATE :

COMPANY SEAL :


PROFORMANT MANAGER
University Hospital
General Sir John Kotelawala Defence University
Sri Lanka

SPECIMEN FORM OF BID SECURITY

By this Bond we (hereinafter called "the Bidder") and We (name of bank or insurance company) whose registered office is at (hereinafter called "the Surety") are held and firmly bound onto (hereinafter called the Authority") in the sum of for the payment of which sum the Bidder and the Surety bind themselves their successors and assigns jointly and severally by those presents.

Whereas the authority has invited the Tender and other persons to compete tenders in similar terms for the supply of and to submit the same for the consideration of the Authority, and the Bidder proposes to submit to the Authority a Bid (hereafter called "the Bid") in accordance with such invitation, the Bond shall provide security to the Authority that the Bidder will honour certain obligations to be undertaken by him in the Tender in accordance with the following conditions.

Now the Conditions of this Bond are:

- (a) That it shall remain in full force and effect until the earliest of
 - (i) (Date), being () days from (submission date), the date stipulated by the Authority for the submission of tenders, or any prolongation of such date above notified to the Authority by the Bidder and the Surety in writing.
 - (ii) In the event of acceptance of the Tender by the Authority, the date upon which the Bidder provides a performance security to the Authority in accordance with the terms of the contract thereby made between them, or
- (b) Subject to this Bond being in full force and effect, the Surety shall pay the full amount specified in this Bond upon receipt of first written demand form the Authority stating that.
 - (i) The Bidder has withdrawn his Tender during the validity of this Bond, or
 - (ii) The Bidder has failed to provide a performance security to the Authority in accordance with the terms of the tender within 14 days from receipt of intimation of award of the Tender.

No alteration in the terms of the Tender, nor any forbearance of forgiveness in or in respect of neither any matter or thing concerning the Tender on the part of the Authority, nor any objection from the bidder shall in any way release the Surety from any liability under this Bond.

The benefit of this Bond shall not be assignable by the Authority and upon its ceasing to be in full force and effect the Authority shall return the same to the Bidder.

This Bond shall be governed by the laws of Sri Lanka

I executed as a deed on this () day of () 20 ()

For and on behalf of the Bidder

For and on behalf of the Surety

Signed by -----

Signed by -----

In the capacity of -----

In the capacity of -----

and by -----

and by -----

In the capacity of -----

In the capacity of -----

Seal (where applicable)

Seal (where applicable)

PROJ. MGR
 University Hospital
 General Sir John Kotelawala Defence University
 Kandy