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# Republic of the Philippines Professional Regulation Commission

**Bids and Awards Committee** 

#### **Central Office**

P. Paredes St., Sampaloc, Metro Manila Tel. Fax: 5-310-0037 Email: bac@prc.gov.ph





# Section VII. Technical Specifications

#### **Scope of Service**

The service provider shall be able to provide the supply, printing, and delivery of OMR ID/AS.

## **Technical Specification**

- Quantity: **556,204** (See Annex "A" for the quantity and serial numbers per profession)
- Size: 8 <sup>1</sup>/<sub>2</sub> x 13 <sup>1</sup>/<sub>2</sub>
- Quality: Single sided timing marks, page numbering electronic die cutting, UV ink and PRC hidden indicia to prevent photocopy, printed on imported OCR paper 110-115 gsm. Each bound by a security printed label, with assigned serial numbers
- Additional 1 ply Answer Sheet for the 9 ply 100 items pursuant to the Professional Regulatory Board of Veterinary Medicine Resolution No. 07 (s. 2024)
- 1. Compliance with the statements must be supported by evidence in a Bidder's Bid and cross-referenced to that evidence. Evidence shall be in the form of the manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data, brochures, etc., as appropriate.
- 2. 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.
- 3. 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 provisions of ITB Clause 4.

#### ACKNOWLEDGMENT AND COMPLIANCE WITH THE TERMS OF REFERENCE FOR THE PROCUREMENT FOR THE SUPPLY, PRINTING, AND DELIVERY OF OPTICAL MARK READER IDENTIFICATION AND ANSWER SHEETS (OMR ID/AS) FOR YEAR 2025

## SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE

DESIGNATION: \_\_\_\_\_ NAME OF COMPANY: