

Opening Date:	<input type="text" value="24/08/2018"/>
Closing Date:	<input type="text" value="30/08/2018"/>
Closing Time:	<input type="text" value="11:00"/>
INSTITUTION DETAILS	
Institution Name:	<input type="text" value="Umzimkhulu hospital"/>
Province:	<input type="text" value="KwaZulu-Natal"/>
Department or Entity:	<input type="text" value="Department of Health"/>
Division or section:	<input type="text" value="Central Supply Chain Management"/>
Place where goods / services is required	<input type="text" value="Umzimkhulu hospital"/>
Date Submitted	<input type="text" value="23/08/2018"/>

ITEM CATEGORY AND DETAILS

Quotation Number:	<input type="text" value="ZNQ: 139 /18-19"/>
Item Category:	<input type="text" value="Goods"/>
Item Description:	<input type="text" value="A4 carbon paper pad"/>
Quantity (if supplies)	<input type="text" value="40 units"/>

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	<input type="text" value="Not Applicable"/>
Date :	<input type="text"/>
Time:	<input type="text"/>
Venue:	<input type="text"/>

QUOTES CAN BE COLLECTED FROM:	<input type="text" value="Umzimkhulu Hospital"/>
QUOTES SHOULD BE DELIVERED TO:	<input type="text" value="UMzimkhulu hospital tender box next to security gate"/>

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	<input type="text" value="Palesa or Brenda"/>
Email:	<input type="text" value="philani.mkhize@kznhealth.gov.za"/>
Contact Number:	<input type="text"/>