Department: Health PROVINCE OF KWAZULU-NATAL	Quotation Advert	
Opening Date:	23/08/2018	
Closing Date:	04/09/2018	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Port Shepstone hospital	
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	PORT SHEPSTONE HOSPITAL	
Date Submitted	23/08/2018	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: PSH707/1819	
Item Category:	Goods	
Item Description:	DIATHERMY SCRATCH PAD	
Quantity (if supplies)	200 UNITS	
Quantity (if supplies)  COMPULSORY BRIEFING SESSION /		
COMPULSORY BRIEFING SESSION	SITE VISIT	
COMPULSORY BRIEFING SESSION / Select Type:	SITE VISIT	
COMPULSORY BRIEFING SESSION / Select Type: Date:	SITE VISIT	
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COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue:	SITE VISIT  Select  PORT SHEPSTONE HOSPITAL	\$
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue:	SITE VISIT  Select  PORT SHEPSTONE HOSPITAL	<ul><li>\$</li><li>\$</li></ul>
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET	~
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER	PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET	~
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME:	PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  RT MAY BE DIRECTED TO: MISS B.A NCANE	~
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email:	PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  RT MAY BE DIRECTED TO:  MISS B.A NCANE  surendra.premnadu@kznhealth.gov.za	~
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email: Contact Number:	PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  RT MAY BE DIRECTED TO:  MISS B.A NCANE  surendra.premnadu@kznhealth.gov.za 039-688 6129	~
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email:	PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  PORT SHEPSTONE HOSPITAL NO.7 BAZLEY STREET  RT MAY BE DIRECTED TO:  MISS B.A NCANE  surendra.premnadu@kznhealth.gov.za	~