

Opening Date: 30/07/2018
Closing Date: 07/08/2018
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: 30/07/2018

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
PSH 492-1819
Item Category: Goods
Item Description: DEVELOPMENT TEST OF VISUAL PERCEPTION -THIRD EDITION

Quantity (if supplies) 50 BOOKLETS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: PORT SHEPSTONE HOSPITAL
NO. 7 BAZLEY STREET

QUOTES SHOULD BE DELIVERED TO: PORT SHEPSTONE HOSPITAL
NO.7 BAZLEY STREET

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: SM CELE
Email: surendra.premnadu@kznhealth.gov.za
Contact Number: 039-688 6129
Finance Manager Name: MR. NSB RADEBE

Finance Manager Signature: 

No late quotes will be considered