

Opening Date: 27/11/2018
Closing Date: 11/12/2018
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 (Maintenance Department)
Date Submitted: 27/11/2018

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
psh 1141/1819
Item Category: Goods
Item Description: REPLACE AUTOCLAVE IN THEATRE 5
NB: CONTRACTOR MUST BE CIDB ME GRADING: 2 GB.PE OR HIGHER

Quantity (if supplies) 1

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session
Date : 04/12/2018
Time: 09:00
Venue: PORT SHEPSTONE HOSPITAL (MAINTENANCE DEPARTMENT)

QUOTES CAN BE COLLECTED FROM: PORT SHEPSTONE HOSPITAL (BRIEFING SESSION)

QUOTES SHOULD BE DELIVERED TO: PORT SHEPSTONE HOSPITAL (TENDER BOX)

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MR SR MOODLEY
Email: surendra.premnadu@kznhealth.gov.za
Contact Number: 039-688 6235
Finance Manager Name: MR. NSB RADEBE

Finance Manager Signature:


No late quotes will be considered