




**Opening Date:** 03/12/2018   
**Closing Date:** 10/12/2018   
**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** Nkonjeni hospital   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** Nkonjeni hospital  
**Date Submitted** 30/11/2018 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
451/18/19  
**Item Category:** Goods   
**Item Description:** SUPPLY HB METER

**Quantity (if supplies)** 36

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable   
**Date :**   
**Time:**  
**Venue:**

**QUOTES CAN BE COLLECTED FROM:** scm Nkonjeni hospital at 08h00 to 16h00

**QUOTES SHOULD BE DELIVERED TO:** Nkonjeni hospital tinderbox situated at security main gate

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

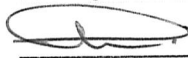
**Name:** Miss PT.Dlamini  
**Email:** thulisibalukhulu@gmail.com or Thokozane.Khumalo@kznhealth.gov.za  
**Contact Number:**

035 873 0013 ext 7019





**Finance Manager Name:**

Ms G.N Ngcobo

**Finance Manager Signature:**



**No late quotes will be considered**

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Note: