

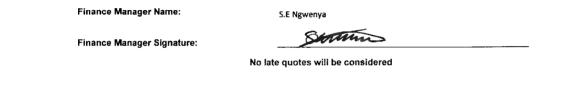
Contact Number:

Quotation Advert

| - House or Institutional | | |
|--|---|--------------|
| Opening Date: | 28/11/2018 | i ja |
| Closing Date: | 05/12/2018 | |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | V |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | NGWELEZANA HOSPITAL, THANDUYISE ROAD EMPANGEN | 1 380 |
| Date Submitted | 27/11/2018 | P |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: A18/18-19 | |
| Item Category: | Goods | \mathbf{v} |
| Item Description: | SUPPLY AND INSTALL DOSING PUMPS. IT MUST BE AN AUTOMATIC DOSING PUMPING 4 TYPES LIQUID SIMULTANEOUS | |
| | | |
| Quantity (if supplies) | 02 SETS | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | | |
| Select Type: | Not Applicable | ∇ |
| Date : | | 0 |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | NGWELEZANA HOSPITAL, THANDUYISE ROAD SCM DEPARTMENT | |
| QUOTES SHOULD BE DELIVERED TO: | NGWELEZANA HOSPITAL SCM TENDER BOX NEXT TO OPD | |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | | |
| Name: | RT MKHUMBUZI/N.S. MNGOMEZULU | |
| Email: | nomathandazo mngomezulu@kanhealth gov za | |

nomathandazo.mngomezulu@kznhealth.gov.za

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