

Email:

Contact Number:

Quotation Advert

| A CONTROL OF INITIAL CONTROL | | |
|--|--|-------------------------|
| Opening Date: | 03/10/2018 | 6181 |
| Closing Date: | 10/10/2018 | 110 |
| Closing Time: | 11:00 | , |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | \sum_ |
| 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 EMPANGEI | NI 381 |
| Date Submitted | 02/10/2018 | |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: B436/18-19 | |
| Item Category: | Services | \square |
| Item Description: | STERILE DISPOSABLE AUTO-LOCK RETRACT SYRINGE WITH NEEDLE | |
| | SIZE 3ML | |
| | | |
| Quantity (if supplies) | 1000 UNITS | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | | |
| Select Type: | Not Applicable | $\overline{\mathbf{v}}$ |
| Date : | | 100 |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | NGWELEZANA HOSPITAL, THANDUYISE ROAD SCM DEPT | |
| QUOTES SHOULD BE DELIVERED TO: | THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD | |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | | |
| Name: | NS MNGOMEZULU/RT MKHUMBUZI | |

nomathandazo.mngomezulu@kznhealth.gov.za

Finance Manager Name:

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Finance Manager Signature:

No late quotes will be considered

035 901 7228/7180

Mr SE NGWENYA

The completed Quotation Advert must be printed and signed by the Finance manager.