

Contact Number:

Quotation Advert

| PROVINCE OF KWAZIR IJ-RATAL | | |
|--|---|---|
| Opening Date: | 31/10/2018 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Closing Date: | 07/11/2018 | 2000 |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | إي |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | STORE DEPT NGWELEZANA HOSPITAL, THANDUYISE ROA | D EI |
| Date Submitted | 30/10/2018 | 90 |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ; A259/18-19 | |
| Item Category: | Goods | Y |
| Item Description: | FOLDABLE LENSES 22.50, 23.00, 21.50 | |
| | | |
| Quantity (if supplies) | 150 BOXES/01 | |
| COMPULSORY BRIEFING SESSION / | | |
| Select Type: | Not Applicable | V |
| Date : | | 200 |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | SCM DEPT NGWELEZANA HOSPITAL, THANDUYISE ROAD | |
| QUOTES SHOULD BE DELIVERED TO: | THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD | |
| ENQUIRIES REGARDING THE ADVER | T WAY BE DIRECTED TO: | |
| Name: | NS MNGOMEZULU/RT MKHUMBUZI | |
| Email: | namathandaya magamayulu Okashashth agu sa | |

nomathandazo.mngomezulu@kznhealth.gov.za

Finance Manager Signature:

035 901 7228/7180 Finance Manager Name: Mr SE NGWENYA

No late quotes will be considered

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