health Department: Health PROVINCE OF KWAZULU-NATAL	
Opening Date:	
Closing Date:	
Closing Time:	
INSTITUTION DETAILS	

Contact Number:

Quotation Advert

LUANISCE OF MUSEUS ANNE		
Opening Date:	03/10/2018	۱
Closing Date:	10/10/2018	
Closing Time:	11:00	indaid:
INSTITUTION DETAILS		
Institution Name:	Ngwelezane hospital	\sim
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	1I 38i
Date Submitted	02/10/2018	
ITEM CATEGORY AND DETAILS		******
Quotation Number:	ZNQ:	
	A230/17-18	
Item Category: Item Description:	Services	\square
Quantity (if supplies)	01 UNITS	
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	.Not Applicable	\searrow
Date :		
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 ADVER	T MAY BE DIRECTED TO:	
Name:	NS MNGOMEZULU/RT MKHUMBUZI	
Email:	nomathandaro mngomezulu@kanhealth gov.zz	

nomathandazo.mngomezulu@kznhealth.gov.za

Page 2

035 901 7228/7180 Mr SE NGWENYA

No late quotes will be considered

bmit Save Save As... Close Print Preview

Finance Manager Name:

Finance Manager Signature:

Print this page