


Opening Date: 21/09/2018   
Closing Date: 11/10/2018   
Closing Time: 11:00



## INSTITUTION DETAILS

Institution Name: Mosvold hospital   
Province: KwaZulu-Natal  
Department or Entity: Department of Health  
Division or section: Central Supply Chain Management  
Place where goods / services is required: MOSVOLD HOSPITAL  
Date Submitted: 21/09/2018 

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
005 / 2018/ 2019  
Item Category: Goods   
Item Description: SUPPLY SYRINGE PUMP GIVING SET  
  
Quantity (if supplies): 100 PKT

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable   
Date:   
Time:   
Venue:   
  
QUOTES CAN BE COLLECTED FROM: MOSVOLD HOSPITAL SCM  
QUOTES SHOULD BE DELIVERED TO: MISOVOLD HOSPITAL TENDER BOX AT MAIN GATE

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MISS NONHLAHLA ZIKHALI  
Email: nonhlanhla.zikhali@kznhealth.gov.za  
Contact Number: 035 591 0122 ext 153  
Finance Manager Name: MRS N.P MYENI

Finance Manager Signature: 

**No late quotes will be considered**