

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:
349 / 2018/ 2019
Item Category: Goods 
Item Description: SUPPLY PORTABLE TOROMETER- OPHTHALMIC

Quantity (if supplies): 01 UNIT

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: MISVOLD 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