



Quotation Advert

Opening Date: 25/09/2018
 Closing Date: 02/10/2018
 Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Port Shepstone hospital
 Province: KwaZulu-Natal
 Department or Entity: Department of Health
 Division or section: Central Supply Chain Management
 Place where goods / services is required: PORT SHEPSTONE HOSPITAL
 Date Submitted: 25/09/2018

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
 PSH784/1819
 Item Category: Goods
 Item Description: DEVELOPMENT TEST OF VISUAL PERCEPTION -A KIT;
 DTVPA EXAMINERS MANUAL
 PICTURE BOOK
 25 PROFILE RECORD FORMS
 25 RESPONSE BOOKLETS

Quantity (if supplies) 1 KIT

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: PORT SHEPSTONE HOSPITAL
 NO 7 BAZLEY STREET

QUOTES SHOULD BE DELIVERED TO: PORT SHEPSTONE HOSPITAL
 NO 7 BAZLEY STREET

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: SM CELE
 Email: surendra.premnadu@kznhealth.gov.za
 Contact Number: 039-688 6129
 Finance Manager Name: MR. NSB RADEBE

Finance Manager Signature:

No late quotes will be considered