

Contact Number:

Quotation Advert

| PROVINCE OF KWAZULU-HATAL | | |
|--|--|---------------|
| Opening Date: | 19/09/2018 | |
| Closing Date: | 26/09/2018 | 89 |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | \square |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | THANDUYISE ROAD, NGWELEZANE TOWNSHIP, EMPAN | GENI |
| Date Submitted | 18/09/2018 | 110 |
| ITEM CATEGORY AND DETAILS | and the second s | |
| Quotation Number: | ZNQ: A273/17-18 | |
| Item Category: | Goods | \subseteq |
| Item Description: | RIGID SIGMOIDOSCOPE | |
| | | |
| Quantity (if supplies) | 01 UNIT | |
| COMPULSORY BRIEFING SESSION / | SITE VISIT | |
| Select Type: | Not Applicable | \subseteq |
| Date : | | 1222 16221 |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | NGWELEZANE HOSPITAL SCM DEPT | - |
| QUOTES SHOULD BE DELIVERED TO: | NGWELEZANE HOSPITAL TENDER BOX NEXT TO OPD | |
| ENQUIRIES REGARDING THE ADVER | RT MAY BE DIRECTED TO: | |
| Name: | N.S MNGOMEZULU/ R.T MKHUMBUZI | |
| Email: | nomathandazo.mngomezulu@kznhealth.gov.za | |



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he completed Quotation Advert must be printed and signed by the Finance manager.