



## Quotation Advert

<b>Opening Date:</b>	05/09/2018	<input type="checkbox"/>
<b>Closing Date:</b>	12/09/2018	<input type="checkbox"/>
<b>Closing Time:</b>	11:00	
<b>INSTITUTION DETAILS</b>		
<b>Institution Name:</b>	Ngwelezane hospital	<input type="checkbox"/>
<b>Province:</b>	KwaZulu-Natal	
<b>Department or Entity:</b>	Department of Health	
<b>Division or section:</b>	Central Supply Chain Management	
<b>Place where goods / services is required</b>	TTTHANDUYISE ROAD NGWELEZAN TOWNSHIP EMPANGENI 3	
<b>Date Submitted</b>	04/09/2018	<input type="checkbox"/>
<b>ITEM CATEGORY AND DETAILS</b>		
<b>Quotation Number:</b>	ZNQ: B1045/18-19	
<b>Item Category:</b>	Goods	<input type="checkbox"/>
<b>Item Description:</b>	ADULT COILED 2 CUFF PERITONIAL DIALYSIS CATHETER 62CM KIT	
<b>Quantity (if supplies)</b>	30	
<b>COMPULSORY BRIEFING SESSION / SITE VISIT</b>		
<b>Select Type:</b>	Not Applicable	<input type="checkbox"/>
<b>Date :</b>		<input type="checkbox"/>
<b>Time:</b>		
<b>Venue:</b>		
<b>QUOTES CAN BE COLLECTED FROM:</b>	NGWELEZANA HOSPITAL, THANDUYISE ROAD SCM DEPT	
<b>QUOTES SHOULD BE DELIVERED TO:</b>	THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD	
<b>ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:</b>		
<b>Name:</b>	RT MKHUMBUZI /NS MNGOMEZULU	
<b>Email:</b>	nomathandazo .mngomezulu@kznhealth.gov.za	
<b>Contact Number:</b>		