

Email:

**Contact Number:** 

## **Quotation Advert**

| Lander of University                     |   |             |
|--|---|-------------|
| Opening Date:                            | 19/09/2018  |             |
| Closing Date:                            | 26/09/2018  |             |
| 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 | THANDUSYISA ROAD, NGWELEZANE TOWNSHIP, EMPANGE  | ΞNI         |
| Date Submitted                           | 18/09/2018  |             |
| ITEM CATEGORY AND DETAILS                |   |             |
| Quotation Number:                        | ZNQ:<br>B1090/18-19   |             |
| Item Category:                           | Goods   | $\subseteq$ |
| Item Description:                        | DISPOSABLE MULTIBLE CLIP APPLIER. AT LEAST 20 CLIPS PER INTRUMEI<br>CLIP HEIGHT AT 6 MM AND WIDTH AT LEAST 4M FOR MAJOR INJURIES<br>THE OF THE NECT |             |
|  |   |             |
| Quantity (if supplies)                   | 01 PACK OF 15   |             |
| COMPULSORY BRIEFING SESSION / SITE VISIT |   |             |
| Select Type:                             | Not Applicable  | $\nabla$    |
| Date :                                   |   | 139         |
| Time:                                    |   |             |
| Venue:                                   |   |             |
|  |   |             |
| QUOTES CAN BE COLLECTED FROM:            | NGWELEZANA HOSPITAL SM DEPT   |             |
| QUOTES SHOULD BE DELIVERED TO:           | NGWELEZANA HOSPITAL, TENDER BOX NEXT TO OPD   |             |
| ENQUIRIES REGARDING THE ADVERT           | T MAY BE DIRECTED TO:   |             |
| Name:                                    | N.S MNGOMEZULU/ R.T MKHUMBUZI   |             |

nomathandazo.mngomezulu@kznhealth.gov.za

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Finance Manager Name: MR S.E NGWENYA

Finance Manager Signature:

No late quotes will be considered

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