

## **Quotation Advert**

| Opening Date:                            | 05/09/2018   | <u> </u>                                |
|--|--|---|
| Closing Date:                            | 12/09/2018   | 131.63                                  |
| Closing Time:                            | 11:00  |   |
| INSTITUTION DETAILS                      |  |   |
| Institution Name:                        | Ngwelezane hospital  | $\sim$                                  |
| 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 EMPANGEI  | NI 38                                   |
| Date Submitted                           | 04/09/2018   | (To                                     |
| ITEM CATEGORY AND DETAILS                | and the second s |   |
| Quotation Number:                        | ZNQ:<br>B236/18-19   |   |
| Item Category:                           | Goods  | V                                       |
| Item Description:                        | CONDUCTING OF HARZADOUS BIOLOGICAL AGENT RISK ASSESSMENT APPROVED INSPECTION AUTHORITY ( NTUZE CLINIC)   | ·                                       |
|  |  |   |
| Quantity (if supplies)                   | 01   |   |
| COMPULSORY BRIEFING SESSION / S          | SITE VISIT   |   |
| Select Type:                             | Not Applicable   | V                                       |
| Date :                                   |  | *************************************** |
| Time:                                    |  |   |
| √enue:                                   |  |   |
| QUOTES CAN BE COLLECTED FROM:            | NGWELEZANA HOSPITAL, THANDUYISE ROAD SCM DEPT  |   |

THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: RT MKHUMBUZI/ NS MNGOMEZULU

Email: nomathandazo.mngomezulu@kznhealth.gov.za

**Contact Number:** 

QUOTES SHOULD BE DELIVERED TO: