o)Asa	health
	Department: Health PROVINCE OF KWAZULU-NATAL

Contact Number:

Health PROVINCE OF KWAZULU-HATAL	Quotation Advert	
Opening Date:	19/09/2018	E.o.
Closing Date:	26/09/2018	
Closing Time:	11:00	i anno
INSTITUTION DETAILS		
Institution Name:	Ngwelezane hospital	$oldsymbol{ol}}}}}}}}}}}}}$
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,E	MPANGENI 38
Date Submitted	18/09/2018	# <u>#</u>
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: B239/18-19	
Item Category:	Goods	$\overline{\mathbf{v}}$
Item Description:	CONDUCTING OF HAZARDOUS BIOLOGICAL AGENTS RISK A	
	BY APPROVED INSPECTION AUTHORITY (THOKOZANI CLINIC	<b>:</b> )
	BY APPROVED INSPECTION AUTHORITY (THOKOZANI CLINIC	)
Quantity (if supplies)	BY APPROVED INSPECTION AUTHORITY (THOKOZANI CLINIC	)
Quantity (if supplies)  COMPULSORY BRIEFING SESSION	1 UNITS	
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COMPULSORY BRIEFING SESSION Select Type:	1 UNITS I / SITE VISIT	<b>▽</b>
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COMPULSORY BRIEFING SESSION Select Type: Date: Time:	1 UNITS I / SITE VISIT	
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue:	1 UNITS I / SITE VISIT Not Applicable	
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	1 UNITS I / SITE VISIT Not Applicable  NGWELEZANE HOSPITAL, THANDUYISE ROAD SCM DEPT  ANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD	
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM:	1 UNITS I / SITE VISIT Not Applicable  NGWELEZANE HOSPITAL, THANDUYISE ROAD SCM DEPT  ANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD	

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**S.E NGWENYA** 

No late quotes will be considered

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Finance Manager Name:

Finance Manager Signature:

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