




Opening Date: 2019-04-23 
Closing Date: 2019-05-10 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Umphumulo hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required EYE CLINIC
Date Submitted 2019-04-24 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
B109/18-19
Item Category: Goods 
Item Description: OPHTHALMIC SET

Quantity (if supplies) 07

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: R74 GREYTOWN ROAD

QUOTES SHOULD BE DELIVERED TO: UMPHUMULO HOSPITAL

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: SPHELELE NGUBANE
Email: Sphelele.zincume@kznhealth.gov.za
Contact Number:

0324814181




Finance Manager Name:

Muareen Selepe

Finance Manager Signature:



No late quotes will be considered

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