c Ale	health
<b>EC. 7</b>	Departmont: Health
	PROVINCE OF KIYAZULU-HATAL

Contact Number:

## **Quotation Advert**

PROVINCE OF KIYAZULU-NATAL		
Opening Date:	2019-08-21	
Closing Date:	2019-08-29	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Mseleni hospital	$oxed{oxed}$
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Mseleni Hospital	
Date Submitted	2019-08-20	[10]
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 321/19/20-H	
Item Category:	Goods	$ \mathbf{\nabla} $
Item Description:	SUPPLY AND DELIVER HYDROCOLLOD GEL 15G BOX OF 10	
Quantity (if supplies)	100	
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Not Applicable	$\supseteq$
Date :		
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	SCM OFFICE /035 574 1003 / nozipho.ndlovu@kznhealth.gov.2a	
QUOTES SHOULD BE DELIVERED TO:	TENDER BOX / 035 574 1003 /mandla.zikhali@kznhealth.gov.za	
ENQUIRIES REGARDING THE ADVER	RT MAY BE DIRECTED TO:	
Name:	NOZIPHO NDŁOVU	
Email:	nozipho.ndlovu@kznhealth.gov.za	

nozipho.ndlovu@kznhealth.gov.za