



Quotation Advert

Opening Date: 2019-12-05
Closing Date: 2019-05-12
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Hillcrest hospital
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required Hillcrest Hospital
Date Submitted 2019-12-05

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
07/12/2019
Item Category: Goods
Item Description: Hand evaluation kit (7 Piece)

Quantity (if supplies) 01

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable
Date :
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: SCM Department, Hillcrest Hospital, 50 Hospital Road, Hillcrest

QUOTES SHOULD BE DELIVERED TO: Tender Box, Hillcrest Hospital, 50 Hospital Road, Hillcrest, 3650

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: R. Chonnoolal
Email: revaan.chonnoolal@kznhealth.gov.za
Contact Number: 0317615908
Finance Manager Name: S. Catchobos

Finance Manager Signature: