

## **Quotation Advert**

Opening Date:	25/01/2019
Closing Date:	01/02/2019
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Madadeni hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	STORES
Date Submitted	24/01/2019
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: 1131/18-19
Item Category:	Goods
Item Description:	OPHTHALMIC MICRO SURGICAL BLADE/KNIFE LANCE TIP 15% - STERILE
Quantity (if supplies)	1000 UNITS
Quantity (if supplies)  COMPULSORY BRIEFING SESSION / S	1000 UNITS
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COMPULSORY BRIEFING SESSION / S	SITE VISIT
COMPULSORY BRIEFING SESSION / S Select Type:	SITE VISIT
COMPULSORY BRIEFING SESSION / S Select Type: Date :	SITE VISIT
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COMPULSORY BRIEFING SESSION / S Select Type: Date: Time:	SITE VISIT
COMPULSORY BRIEFING SESSION / S Select Type: Date: Time: Venue:	Not Applicable
COMPULSORY BRIEFING SESSION / S Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM:	Not Applicable  MADADENI HOSPITAL - SCM OFFICES  ADMINISTRATION BUILDING , MADADENI HOSPITAL - TENDER BOX
COMPULSORY BRIEFING SESSION / S Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	Not Applicable  MADADENI HOSPITAL - SCM OFFICES  ADMINISTRATION BUILDING , MADADENI HOSPITAL - TENDER BOX
COMPULSORY BRIEFING SESSION / S Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERS	Not Applicable  MADADENI HOSPITAL - SCM OFFICES  ADMINISTRATION BUILDING , MADADENI HOSPITAL - TENDER BOX  T MAY BE DIRECTED TO:
COMPULSORY BRIEFING SESSION / S Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER' Name:	MADADENI HOSPITAL - SCM OFFICES  ADMINISTRATION BUILDING , MADADENI HOSPITAL - TENDER BOX  T MAY BE DIRECTED TO:  1.B. HLATSHWAYO
COMPULSORY BRIEFING SESSION / S Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER' Name: Email:	MADADENI HOSPITAL - SCM OFFICES  ADMINISTRATION BUILDING , MADADENI HOSPITAL - TENDER BOX  T MAY BE DIRECTED TO:  J.B. HLATSHWAYO  bongani.hlatshwayo@kznhealth.gov.za  034-328 8355
COMPULSORY BRIEFING SESSION / S Select Type: Date: Time: Venue:  QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:  ENQUIRIES REGARDING THE ADVER' Name: Email: Contact Number:	MADADENI HOSPITAL - SCM OFFICES  ADMINISTRATION BUILDING , MADADENI HOSPITAL - TENDER BOX  T MAY BE DIRECTED TO:  J.B. HLATSHWAYO  bongani.hlatshwayo@kznhealth.gov.za