






Quotation Advert

Opening Date: 24/01/2019 
Closing Date: 31/01/2019 
Closing Time: 11:00

INSTITUTION DETAILS


Institution Name: Gamalakhe CHC 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required:
Date Submitted: 23/01/2019 


ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
GCHC182/1819
Item Category: Select... 
Item Description: HYPODERMIC SYRINGES 2ML

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date :
Time:
Venue:

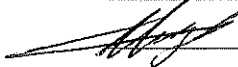
QUOTES CAN BE COLLECTED FROM: OFF RAY NKONYENI ROAD CORNER REV.SITHOLE & MICHAEL NSIMBI
ROAD GAMALAKHE 

QUOTES SHOULD BE DELIVERED TO: OFF RAY NKONYENI ROAD CORNER REV. SITHOLE & MICHAEL NSIMBI
ROAD GAMALAKHE TENDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MR F. MBALI
Email: Mbali.Fani@kznhealth.gov.za
Contact Number: 0393181113
Finance Manager Name: MR SE NGCOCO

Finance Manager Signature:



No late quotes will be considered